

Correspondence.

Iodin-Carbon-Disulphid Inhalations in Respiratory Diseases.

COLUMBIA, ALA., Dec. 3, 1904.

To the Editor:—In the *New York Medical Journal*,¹ April 25, 1896, Drs. Stovall and Twitty report results from the use of iodine-carbon-disulphid inhalations in respiratory diseases. I have tested the remedy in my practice and offer the results to the profession in the interest of a subject which is closely related to the welfare of all classes of people. The profession is slow to accept new theories or methods of treatment, but this treatment has proved in my hands a most useful agent in combating the various laryngeal, bronchial and pulmonary disorders; and physicians elsewhere, after testing its merits, have spoken in unmistakable terms with reference to its practical value.²

Professor Coromilas,³ at a meeting of the Chicago Medical Society, gave his conclusions, reached after treating a test series of 66 cases by the hypodermic administration of carbon disulphid. The results were eminently satisfactory, enabling him to use the word "specific" in estimating the value of the compound. The following is a summary of his investigations:

1. The disulphid of carbon as administered by him has no disagreeable results.

2. Because of its parasitic, antizymotic, antiseptic and inoffensive action, it is capable of penetrating all tissues and in this manner cures tuberculosis.

3. It has a strong action against the bacillus of tuberculosis.

4. It should not remain unknown, but should take its place in therapeutics as one of the specifics of our time, capable of doing immense service to suffering humanity.

While I am disposed to discredit the use of the word "specific," yet the professor's conclusions are practically identical with my own, as well as with those previously enunciated by Drs. Stovall and Twitty. There can be no doubt of the value of the hypodermic administration of this preparation as a means of impressing the system, but as the professor claims that the disulphid is strongly antagonistic to the tubercle bacillus, it would seem reasonable to suppose that inhalation would be the most direct method of application in phthisis pulmonalis. My colleagues in this city advance this argument, in writing on the subject, claiming, as they do, the superiority of the direct method by inhalation. In my own opinion the addition of iodine, as they suggest, adds very much to the therapeutic value of the remedy; this combination precludes its use hypodermically, and has an agreeable effect on the solution when used as an inhalant.

Because of the difficulty of performing intratracheal injections the services of a laryngologist are often required when this procedure is necessary.

It is not my intention to go into details appertaining to any particular phase of the subject, but rather to impress on the profession the great value of this new remedy, which, with hygienic measures, is of great assistance in battling against respiratory diseases. The physicians to whom I have referred as originators of the idea have given their experiences in detail in contributions to different journals, as well as having issued a pamphlet explanatory of the method. I will not consume time and space with clinical histories, but will say in conclusion that physicians who are interested in the treatment of respiratory diseases will do well to study closely this method of treatment, and that Drs. Stovall and Twitty will take pleasure in replying to any correspondence.

C. L. C. ATKESON, M.D.

[EDITOR'S NOTE.—Dr. Atkeson does not give instructions nor technic regarding the use of this preparation. To remedy this omission we repeat the description which was quoted from Drs. Stovall and Twitty in THE JOURNAL, June 13, 1896:

1. Drs. Stovall and Twitty: "Inhalations of Iodin and Carbon Disulphid in Tuberculous Pulmonary Disease."

2. E. g., Dr. Giarth: Philadelphia Med. Council, Aug., 1904.

3. Prof. Coromilas, Athens, Greece: THE JOURNAL, Nov. 26, 1904.

"We are quite positive that by deep inspiration the remotest recesses and apical caseations are reached. The good effects are manifest during the first day's trial, and the night cough which is so troublesome and exhausting is much improved; and this is among the first benefits derived. Expectoration is lessened in quantity and the quality is made decidedly better in a short time. The sulpho-carbon compound is put down as poisonous, and we have watched very closely for any untoward symptoms attributable to its inhalation, but, so far, have failed to note any objection to its use under proper precautions and directions from the physicians. About a 12 per cent. solution, or, more accurately, one of a dram of iodine to the ounce of disulphid, is what we have used in practice. (Later recommendation is as follows: The strength of the solution varies from 10 to 60 grains of iodine to the ounce, according to special requirements, deep-seated disease indicating a stronger percentage of iodine than does catarrh of the upper tract. The weaker solutions also admit of nasal inhalation as well as oral.) Owing to the solubility of rubber and kindred matter in the disulphid, it is rendered inadmissible as material for an inhaler, which should be made of glass preferably. A cheap, convenient instrument may be improvised by using a small test tube with a sponge in the bottom saturated with the liquid; it will be necessary to replace the sponge frequently, because of the corrosive action of the medicine. For lung and laryngeal treatment, the inhalation is to be made through the mouth with the instrument pushed far back, approximating the opening of the larynx. The frequency with which it may be used is variable according to the individual condition and effects; we may say, on an average, once every two hours during the day. The disulphid has a bad odor which is objectionable to some patients. We have experimented with a view to rendering it more agreeable and have made various additions and modifications, resulting with no advantage considerable enough to justify the use of anything additional, inasmuch as such a change might possibly lessen the practical value of the original formula. Menthol is perhaps the best harmless addition that we have attempted (15 grains to the ounce). We should be very glad if the profession would prove the efficacy of the treatment and report the results." Drs. Stovall and Twitty have since advised the use of the bent tube inhaler, known as the Giarth modification. They give the following directions for use: "The fluid is dropped to saturation on the gauze, avoiding using an excess; also being careful that it does not come in contact with the cork inserted in the end of the inhaler. When ready for use (mouth inhalation) hold the tube two or three inches from mouth, inhaling carefully, avoiding as far as possible the induction of violent fits of coughing which a too vigorous application of the fluid might produce. By beginning cautiously the patient will be more easily controlled and the sooner will become accustomed to its vigorous application. It is very necessary to know and to inform the patient that a few inhalations even may give rise to unpleasant sensations, such as vertigo, or fullness about the head, which should serve as a warning to stop inhaling until these sensations pass off. Usually the vertigo is only transient, and a few moments will witness a return to the normal state. As a rule, one can draw five or six deep inspirations, rest a short time and repeat. Unless the cough is too violent or other bad effects supervene, the patient may be allowed to repeat the inhaling act five or six times at one sitting. It is always advisable to have the patient in half reclining or sitting posture. Every four hours during the day is often enough, in the beginning, to take the treatment. As toleration is established, it may be advisable to use every two hours, if no contraindication presents itself."

Insane Wards in General Hospitals.

PITTSBURG, PA., Jan. 27, 1905.

To the Editor:—In his interesting description of the new City Hospital of Nuremberg,¹ Dr. Barker mentions that 31 of its 946 beds are allotted to insane patients. One could

1. THE JOURNAL A. M. A., Jan. 14, 1905.

wish that he had furnished some information as to just how this division of the hospital is equipped and how it is managed, for, in my opinion, the attempt to treat disease which exhibits "insanity" as a symptom or group of symptoms in a general hospital marks a distinct step in advance. It is an effort to follow out in practice the theory that "insanity" is a manifestation of sickness, as is headache or edema or convulsions or vomiting or paralysis, dependent, like any of these symptoms, on underlying bodily alterations. To treat "insanity" in a general hospital is an object lesson, to the profession and laity alike, of immense value. In no other way, I believe, is it so apt to be studied on a proper basis by physicians; and by no other method may we hope to do so much to combat the old idea of the laity that "insanity" is a curse or disgrace, and to teach them that it is one of many manifestations of bodily disease in which the brain shares. By no other plan are "insane" patients so apt to be brought early for hospital treatment. The plan has far more to commend it than that of pure psychopathic hospitals unattached to general hospitals, which by the laymen will doubtless be called "insane asylums" no matter how modern their methods, and to which the old-time stigmata will doubtless attach. For some ten years I have been one of the visiting physicians to the insane department of St. Francis Hospital of this city, and on the basis of this experience I have ventured the foregoing observations. I do not know of another general hospital in this country like St. Francis of Pittsburg with an insane department as an intimate part of a general hospital. I am convinced that much good would result if one or more hospitals in each large city of the country would provide wards (properly equipped, of course) for a few insane patients. Acute cases only should be taken.

THEODORE DYLLER.

Editor, in pointing out that the sore spot in A. B. C.'s college is in the weakness of the colleagues. What is the condition in a college when a respectful petition presented by students could lead to their expulsion? I fear that if the accused professor is not up-to-date in his science he is quite so in some of his business methods. It is not necessary to say that the college is not in Russia; in every large city in this country at least one representative of the type will be found.

HENRY LEFFMANN.

GRATUITOUS SERVICES BETWEEN PHYSICIANS AND DENTISTS.

X. says that he attended a dentist's wife and that the dentist objected to the bill for services, claiming at first that the charge was too large and later claiming that it is improper for physicians to charge anything for services rendered dentists. X. says he can not find that any of the physicians in his city have ever been treated gratuitously by physicians or have been in the habit of rendering gratuitous services to dentists. X. asks for information. In some localities physicians and dentists render services to one another gratuitously. The usual custom is to give a discount. X. also details the operations, etc., included in the services referred to, and asks if his charges were not very moderate. We prefer not to express an opinion, but to leave this point to be decided on the basis of the custom of the profession of X.'s city, both as to scale of fees and as to discounts, etc., to the dental profession.

LICENSE TO PRACTICE IS PERMANENT.

HEBARDVILLE, Ky., Dec. 27, 1904.

To the Editor:—Feb. 11, 1903, the State Board of South Dakota granted me license to practice medicine in that state. Since then they have passed some stringent laws. Have I the right to practice medicine under the license I hold without any further examination?

L. O. JONES.

ANSWER.—Yes; although Section 22 of the medical practice act of South Dakota states specifically that the new act, which went into force March, 1903, is not applicable (among others) "to resident physicians and surgeons of this state regularly licensed and practicing in this state at the time of the taking effect of this act."

Marriages.

CHARLES H. SHERMAN, M.D., to Mrs. M. E. Herrington, both of Dallas, Texas, January 15.

BASIL M. TAYLOR, M.D., to Miss Cora Bartlette Corte, both of Greensburg, Ky., January 18.

HENRY T. BRAY, M.D., to Miss Elizabeth V. O'Connell, both of New Britain, Conn., January 11.

GEORGE F. PAINE, M.D., St. Louis, to Miss Dorothy Frye of Salida, Colo., at St. Louis, January 22.

GEORGE W. CROSBY, M.D., to Miss Rosa Hall, both of Sheboygan, Wis., at Milwaukee, January 16.

J. ALEXANDER ST. PIERRE, M.D., Three Rivers, Que., to Miss Blanche Barsalon of Montreal, January 26.

BERT RODENBAUGH, M.D., Barberton, Ohio, to Miss Grace Robinson of Youngstown, Ohio, January 3.

ROMEO RODERICK STEVENSON, M.D., Sioux Falls, S. D., to Miss Emilie F. Avery of Chicago, January 25.

WILLIAM A. BROCK, M.D., Leesburg, Ky., to Miss Sallie E. Nichols of Silas, Ky., at Lexington, Ky., January 18.

SETH MARION BILLINGS SMITH, M.D., Crandon, Wis., to Miss Elizabeth Porter of Wausau, Wis., January 25.

E. JULIUS BOEBER, M.D., Kansas City, Mo., to Miss Helen Moeller of Kiel, Germany, at El Paso, Texas, January 18.

T. ROBERT W. WILSON, M.D., Baltimore, to Miss Lillian B. Thackston of Greenville, S. C., at Baltimore, January 17.

Deaths.

William Harrison Jones, M.D. Howard University Medical Department, Washington, D. C., 1887, a prominent colored physician of Harrisburg; a member of the American Medical Association, and at one time president of the Harrisburg Academy of Medicine, died at his home in Harrisburg, January 19, from pneumonia, after a short illness, aged 46. At a special meeting of the Academy of Medicine, remarks eulogistic of the deceased member's private and professional life were made by Drs. Hugh Hamilton, Hiram McGowan, David S. Funk, John W. Ellenberger, John F. Culp and Jerome Z. Gerhard.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

ANTIQUATED TEACHING IN MEDICAL COLLEGES.

PHILADELPHIA, Jan. 28, 1905.

To the Editor:—I have been much interested in the letter in THE JOURNAL, Jan. 28, 1905, p. 307. It is not necessary for the correspondent to make known his local habitation or his name. It is, indeed, a condition that confronts us, not a theory. Many a gray-haired college professor will recognize the picture, and say sadly, with Sir Andrew Aguecheek, "That's me, I warrant you." In the present rapid onward rush of scientific progress few, if any, teachers at the end of twenty years can represent the existing state of their science. The question, however, arises at once as to what constitutes up-to-date teaching. The charges that A. B. C. brings are not entitled to consideration unless itemized. It is easy for some junior to assert flippantly that "Dr. X. is an old fogey," and it is also easy to develop a spirit among students that will lead to murmurs against the senior teacher. Instructors, demonstrators and quiz teachers are brought into close personal relations with students and are often possessed of considerable personal magnetism. The desire to succeed to the chair may be very strong, and the medieval method of poisoning the "old man" being no longer available, the safer and often effective method of poisoning the minds of his pupils and his colleagues is carried out. The charge of the teaching being behind the times could be used to vacate the larger proportion of professional chairs. How many competent teachers of botany are still teaching that stamens and pistils are sexual organs? Yet the view is quite abandoned by many biologists. On the other hand, the periodic system in the classification of elements practically dominates chemistry to-day, yet Berthelot considers it as comparable in its absurdity to the views held by the alchemists. When I was a student at Jefferson College Dr. S. D. Gross, easily first among American surgeons, taught with great positiveness that soft and hard chancre are due to the same virus. He stood almost alone in this respect. His colleagues and his principal assistant knew his error, and knew the practical objection to the view, yet an effort to displace him on this account would have found very few supporters. I fear that from the very nature of the case your correspondent can not give us the data. The name and place, as I have said, are of no moment. We ought to have specific instances of shortcoming. Does the professor teach the uric acid theory of gout? Does he hesitate to accept the recent views as to the nature of the proteid molecule? Does he insist that some of the long-known vegetable alkaloids are as efficient as the popular coal-tar synthetics? You are right, Mr.