

Widal's Typhoid Agglutination Reaction.

ST. PAUL, MINN., Sept. 19, 1897.

To the Editor:—I have read with a great deal of interest an editorial appearing in your issue of September 18, entitled "Evidence which tends to weaken the value of Widal's Typhoid Agglutination Reaction." I had read the discussion upon this subject which took place at the last meeting of the AMERICAN MEDICAL ASSOCIATION, and was very much impressed with the fact that where the most careful work has been done there has seemed to be the least divergence of opinion as to the value of this reaction, and the general nature of the reports made as well as the special report made by the Committee seemed to me to leave but little that could cast any doubt upon the specificity of the reaction. The discussion at the recent meeting of the British Medical Society in Montreal, to which I listened with a great deal of interest and instruction, still more firmly established the value of this test. There would really seem to be but two sources of error in the performance of this test at the hands of competent and careful men. One is the fact that the reaction may be absent upon certain days of the disease; this is really very rarely the case and merely indicates the necessity for making more than the one test where a negative result is obtained. The second lies in the fact that occasionally an impure culture, supposed to be typhoid, may give misleading reactions.

There can be no doubt that over refinement in technique has led to some errors of observation, and that on the other hand the acceptance of reports from general hospitals where this test has been performed by several different men leads to error of observation for precisely the same reason that we find similar errors constantly occurring under the same condition where other clinical tests are involved. My own experience based upon the use of the very simplest technique as outlined in my papers published in the *Medical Record* of November 14 and Dec. 5, 1896, has continued to be in all respects favorable to the test which, as I stated at that time, I believe to be worth all the other symptoms of typhoid put together as a means of differential diagnosis. I wrote this letter merely because the editorial question seems to me to unduly magnify certain unimportant differences of opinion upon the question of technique and thus obscure the more important fact that there is but little actual difference of opinion as to the immense clinical value of the test.

Yours truly,

CHAS. LYMAN GREENE, M.D.

Chelidonium Majus for Inoperable Cancer.

CHICAGO, Sept. 20, 1897.

To the Editor:—In a previous number of the *JOURNAL* I gave an account of the plan of treating inoperable cancer advocated by Dr. Denicenco of Russia. The method consists of injections of two parts of extract of celandin to one of glycerin. The mixture is thrown into the substance of the tumor and also painted on the surface, and some of it taken by the mouth.

Prof. John V. Shoemaker of Philadelphia publishes in the *JOURNAL* of September 4 an account of five cases in which he tried Denicenco's plan, without getting any effect whatever on the tumors.

On the other hand I tried it in one case, and found that the tumor sloughed out as if destroyed by a caustic, with a great relief of the patient from pain and distress, corresponding closely to the experience of Dr. Denicenco.

Professor Shoemaker's great eminence in pharmacology and therapy insures the carefulness of his tests, yet the total failure to produce any caustic effect in the tumor shows that something was wrong. Perhaps the sample of chelidonium furnished him was inert, or the mixture may have deteriorated after it was made. Dr. Denicenco says his mixture must be constantly renewed, as it rapidly loses strength if kept.

I knew one instance where a well educated physician used for three weeks a fluid extract instead of a solid one, thus making his mixture far too weak. It produced no effect whatever, but when he injected a preparation three times stronger the tumor soon mortified and sloughed out, to the great relief of the patient.

The facts thus far show that a good article, prepared in full strength and not allowed to stand long after the mixture is made, will display its caustic power. It is necessary the herb should be fresh, or at least not very old.

Dr. Denicenco claims that in addition to the local destruction of the primary tumor "the glands become normal." If this is true it is very important, but it seems at first glance at least improbable. I have not had a chance to test the correctness of this statement about the glands, because the latter organs in my case were internal and out of reach.

At present, if there is any value in this plan, it is only for cases which are inoperable, or in which the patient will not consent to operation.

The article of Dr. Denicenco (or Denissenko, as some render the name) first appeared in the *Wratch* of St. Petersburg.

EDMUND ANDREWS, M.D.

65 Randolph Street.

Venesection and Oxygen.

CHICAGO, Sept. 20, 1897.

To the Editor:—Apropos of the paper by Dr. J. W. Hoff on "Blood-Letting as a Therapeutic Remedy," in the August 28 issue of the *JOURNAL*, and the letter of Dr. F. Walton Todd in issue of September 18, I am led to relate some of my experiences with blood-letting.

I have perhaps not bled more than a half dozen patients, but have been many times deterred from doing it on account of the popular prejudice against blood-letting.

I have records of two cases which I think especially worthy of report.

The first is that of a man about 30 years old, admitted to Cook County Hospital, Chicago, in August, 1888, during my service as house physician. The patient was suffering from sunstroke. He was unconscious, breathing stertorously, somewhat cyanotic, with pupils dilated and pulse full and bounding. A vein at the elbow flexure was opened and blood allowed to flow until the patient breathed quietly—perhaps twenty to thirty ounces in all. After thirty minutes the patient was conscious and able to talk. Recovery was rapid.

The second case is that of a young man, aged 19. On June 8, 1893, at 9 p. m. I was called and found him suffering great thoracic pain. He had a severe rigor during the afternoon. Temperature 101 F.

June 9—Temperature 101-103, pulse 110; delirious. Pneumonitis left lower lobe.

June 10—Temperature 101, pulse 100. Flighty, but otherwise appears to be doing well.

June 11—Was called in haste at 2:30 a. m. Found the patient gasping for breath; bronchi and throat choked with mucus; respiration 48, pulse 150 and very weak; cyanosis; axillary temperature 105 F.; patient comatose and could not be roused. Spir. ammon. aromat. and spir. frumenti given hypodermically every fifteen to thirty minutes; appeared to cause improvement in all respects. However, at 7 a. m. he relapsed into a worse state than before; respiration 60; lungs, bronchi, trachea and pharynx choked with mucus; pulse 165 per minute, but full; temperature not taken, but apparently very high.

At this juncture I called Dr. A. J. Ochsner, who resided just across the street, in consultation. We quickly decided that the only possible chance of saving the patient was by venesection, to which the parents consented. Since it appeared to us that the patient could not live even fifteen

minutes we prepared him hastily and opened the median basilic vein at the elbow flexure. Between two and three pints of very dark blood, which coagulated almost immediately, was taken. Before the blood ceased flowing the cyanosis had given place to a bright red color, the pulse was improved and respiration much easier. Digitalis and atropin were given hypodermically. He continued to improve for forty-five minutes, then again failed rapidly. Respiration 60, pulse 160 to 175 per minute—at times uncountable.

We gave up then, but I remained to see the end. At 8:30 a. m. he seemed about to take his last breath, but rallied slightly and at 9 o'clock I decided to renew the fight. I sent for oxygen gas and at 10 a. m. gave the first inhalation, having meanwhile continued stimulation and administered a nutritive enema. At first the oxygen was given every ten minutes. At 11 a. m. I left him, still unconscious, but much improved. At 1 p. m. I returned and he greeted me with "Hello, Doctor!" Respiration at this time 60, but not labored; pulse 160; axillary temperature at 3:30 p. m., 105.

June 12—Temperature 101.5 to 103; pulse 132 to 150; respiration 38 to 50. Recovery was slow but complete.

I have not the least doubt that the blood-letting was the primary means of saving this patient's life, though without the oxygen he would probably have died in spite of the bleeding.

E. J. MELLISH, M.D.

Blood-letting.

ONEIDA, NEW YORK, Sept. 19, 1897.

To the Editor:—I wish to add my mite and endorse every word in regard to blood-letting by Dr. Todd of San Francisco. In a practice of forty years I have invariably resorted to venesection in all cases of puerperal convulsions and have been fortunate in never losing a patient, and I have had my ratio of cases. Out of nearly two thousand in number, my rule is to bleed at once and repeat if necessary, which has very seldom been the case.

I also bleed in cases of pneumonia and la grippe, especially where the attack is severe, in young and robust patients, and the result has been immediate relief and usually rapid recovery. Not long since I was called in consultation with a young physician; the patient was a robust full-blooded man aged 43 years, who had been sick about a week with inflammation of the right lung. He was suffering terribly from difficulty of breathing, pulse full and hard, finger nails and lips cyanosed, and I advised bleeding and took twenty ounces; before bandaging the arm his pulse had decreased from 120 beats to 96. He made a good recovery with no repetition of his bad symptoms. I fully concur with the venerable doctor in all he says in the last section of his valuable article. H. W. CARPENTER, M.D.

Antiseptic Treatment of Typhoid Fever.

WAVERLY, N. Y., Sept. 17, 1897.

To the Editor:—I simply wish, in the interest of a number of your subscribers, to "say good-bye" to Dr. ——. It seems a misfortune that you should be obliged or called upon to publish such jargons, but we your readers become disgusted and hope the columns of the JOURNAL, which we all so much admire, may be kept as free as possible from such rubbish. I am not an advocate of "the Woodbridge treatment," or any man's method, but the principle of treatment advocated so bravely by Dr. Woodbridge I have followed with 100 per cent. of recoveries in eighty-three cases (consecutive).

Respectfully, R. S. HARNDEN, M.D.

ANSWER: The Editor is of opinion that the widest latitude should be given gentlemen wishing to comment upon any topic of interest to any considerable number of the profession. It is in fact the "public opinion" department of our JOURNAL, and we venture the assertion that few of those who read the

JOURNAL at all fail to read the "correspondence columns." Neither the Trustees nor the Editor assume any responsibility for the individual opinions of the writers, which indeed must stand or fall upon their own merits or demerits, but we are sure that in the main the letters are full of interest, and have a snap and virility which can not be very prominent in the more formal scientific articles.—ED.

Pederasty vs. Prostitution.

NEW YORK, N. Y., Sept. 20, 1897.

To the Editor:—Referring to Dr. Howard's article, "Pederasty vs. Prostitution," in the JOURNAL of May 15, I would state the following facts: "In Japan, where prostitution is licensed, in some of the provinces tea girls and archery-gallery girls have assumed the position of unlicensed prostitutes. In the two provinces which have produced the greatest statesmen of that country, notably the statesmen who overthrew the old Tycoon and restored the power of the Mikado, Choishin and Tatsuma, pederasty is wide-spread and licensed prostitution was never permitted. In these provinces and among those who hail from these provinces the homo-sexual vice is shamelessly rampant; it is even theoretically defended with would be scientific arguments. In the Saigo rebellion in 1877 a Minister of the Interior was assassinated because he loved the *bichonen* of another statesman. Bichonen is the name given to the *puer*. The Japanese pederasts contend that the practice is an evidence of mental vigor, as showing a power of resistance to the charms of women. It is but telling the simple truth to say that these men from the provinces addicted to the homo-sexual vice represent the ablest minds and the best fighting blood of the empire. The whole modern progress of Japan is due to them.

The harlots of Japan do not represent by any means the "education, wit and wealth" of the country, although in very ancient times all the women of the Taira family, one of the five greatest of Japan, were driven into prostitution by a hostile and victorious clan. It was from this tragic event that the custom arose among the common people to marry prostitutes in order to obtain noble wives.

ALBERT S. ASHMEAD, M.D.

On the Excretion of Urea.

AMSTERDAM, N. Y., Sept. 20, 1897.

To the Editor:—The remarks of Dr. E. P. Stimson in the last number of the JOURNAL upon some statements of mine at the Niagara Falls meeting of the American Association of Obstetricians and Gynecologists, when the subject of eclampsia was under discussion, claim some recognition.

My point was that the elaboration of Haine's modification of Häser's method for the determination of the *total urinary solids* by Dr. Etheridge of Chicago was a very valuable means of detecting renal inadequacy. I placed this in contrast to the Doremus test for *total amount of urea*. The reporter failed to fix the difference, and the figures were therefore senseless.

To those who are unfamiliar with this method of estimating the total urinary solids, references may be found in the Transactions of the Medical Society of New York, for 1896; Gould's Year-Book, for 1897; *Chicago Medical Recorder*, July 1895.

CHARLES STOVER, M.D.

Some Reasons for "Hard Times" Among Physicians.

CHICAGO, Sept. 16, 1897.

To the Editor:—I am very sorry that I can not comply with your letter at the present moment, but will try my best to make it good at my very earliest convenience. From five medical journals, I limited myself to two, including your JOURNAL, so hard is the time on the general practitioner of Chicago. If all the hospitals and dispensaries of Chicago be closed up at