

result, and in two others with one in five. In thirty cases of death followed by an autopsy, the clinical and bacteriological diagnosis was confirmed by the autopsy. Out of 36 deaths the sero-diagnosis was positive in 35 cases, in the thirty-sixth case it was hardly perceptible with a 1 in 10 solution. As a means of diagnosis this method is excellent, as applied to 289 patients forty hours after admission, it was positive in 215 cases. Dr. Lobiosen examined also a certain number of other patients, 151 in all, and obtained a 1 to 10 reaction in 25 cases and a 1 to 25 in 4 others. Sixty-one healthy subjects gave 8 positive reactions at 1 to 10, and 1 at 1 to 25. It would seem to the author that the sero-diagnosis was only of value in case 1 to 50 dilutions gave a result.

#### Mercurial Injections.

Dr. Dienpart has just published a work on the treatment of syphilis by injections, in which he analyzes the results of 1062 observations, most of which have been collected in the service of Dr. DuCastel. Seventy-eight injections of calomel were followed by rather indifferent therapeutic results, and gave rise to such complications as pain, inflammatory nodi, but there was neither stomatitis nor diarrhea. One hundred and fifty injections of salicylate of mercury were made according to the formula of Dr. Hallopeau, 14 centigrams being used each time. No serious accidents occurred, but the curative action hardly seemed sufficient. Three hundred and nineteen injections of gray oil were followed by frequent stomatitis, and only cured slight cases, and their use in ordinary practice is rather difficult. Fifteen observations were furnished by Professor Dieulafoy where the solution of biniodid and oil was employed. The results were excellent, especially in visceral syphilis, but a daily visit is found necessary in such cases. The best preparation is the bichlorid serum of Cheron, which only needs to be injected once a week. There is a special tonic action due to the use of the saline solution. The results were most satisfactory.

#### Pozzi's Speech at Opening of Gynecological Course.

Dr. Pozzi, who has been named professor of gynecology, gave his first lecture at the Broca hospital two weeks ago. He showed in his speech how difficult it had been to obtain the creation of a professorship of gynecology in Paris, and how he had been working to achieve this during the last seventeen years. It was after a trip to Freiburg in Breisgau, where he visited Professor Hegar's service, that he made out a report which he sent into the faculty, which refused to consider his proposal to deliver lectures. In 1887 he was able to give a supplementary course, and he had always tried to obtain for gynecology a better footing than that which it had at first enjoyed. Specialists were looked upon with some disfavor at first, in France, and the services they could render were but tardily acknowledged. Dr. Pozzi gave a short history of the progress of surgical science, and spoke of the conservative tendencies which were beginning to be felt.

inexpedient and unwise to be recognized formally by the Association. It is apparent to everyone that it would be suicidal for the Association to take part in controversies on unsettled questions where good men equally competent differ widely as to the facts and their meaning. The Association should always represent the best judgment and convictions of facts that are beyond the range of partisan controversy, and should never be at the mercy of a few men who may force their indorsement of any theory or resolution, particularly by methods that are unusual and in the spirit of dogmatism. All such resolutions point out a source of weakness in the organization, and also indicate a recklessness on the part of partisans who take advantage of this fact. It is very evident that at the next meeting some important changes in the constitution and by-laws should be passed to make it impossible for any faction to commit the Association to the indorsement of views and theories which they wish to formulate. If these canteen resolutions are sustained as the experience of the American Medical Association, the door is open for any supporters of other radical theories or statements which may be offered and pressed to a final vote of acceptance at the right moment by shrewd promoters. I am positive in the assertion that these resolutions utterly fail to represent the conservative judgment of the Association, for the reason that there are medical men as competent to judge, and authorities as reliable, who denounce the canteen and all efforts to reinstate it. In this conflict of theory and opinion the great army of the profession refused to be committed to any one view, but hold themselves open for farther and more conclusive evidence. All scientific sense and good judgment is outraged by immature conclusions and attempts to force opinions and secure their indorsement as final. While the Association as a body is always open to hear the evidence offered by both sides, its final judgment and conclusion to be of any value must be of slow growth and be above all possible suspicion of bias and feeling. If these resolutions do nothing more than awaken the Association to the need of providing against any farther possibility of its prestige and influence being bought and sold to the shrewd manipulator with some motive behind, they will have accomplished a great work.

Outside of the merits of this question, all such resolutions commit the Association to battle grounds of partisanship from which nothing but evil can come. The recognition and acceptance of facts is as inevitable as the growth of the seasons, and no controversy or indorsement is needed, and the canteen or anti-canteen will be decided higher up, and on a very different plane from that of its present partisans.

T. D. CROTHERS, M.D.

## Correspondence.

#### The Canteen.

HARTFORD, CONN., June 27, 1901.

*To the Editor:*—I have received some letters from members of the Association who were not present at the St. Paul meeting inquiring if the canteen resolutions passed expressed the judgment of the Association at this meeting. I answer, emphatically, "No." No reliable grouping of facts and conclusions on a question on the good or the bad results from the canteen can be settled from six months' experience or the personal observation of any small number of men, and no question of practical science should ever be forced on the Association in the last hour of its session as if afraid of an open, fair discussion. Beyond this the passage of these resolutions was dangerously revolutionary, indicating the possibility of committing the Association to the indorsement of theories and conclusions which any group of men may formulate and shrewdly wait for an opportunity to have them passed. From the earliest time this Association has refused to sell its influence and prestige for the advancement of any partisan or disputed questions. Almost every year resolutions have been offered indorsing various disputed questions of science and hygiene, some of which were of great interest. These resolutions have always been sent back from the committees to whom they were referred as

#### "A New Operative Method for Exposing the Seminal Vesicles and Prostate for Extirpation"—A Reply.

NEW YORK CITY, June 29, 1901.

*To the Editor:*—I am very sorry that Dr. Pyle in his letter in the issue of June 15, questioning my claim to originality with reference to the above operative procedure which appeared in THE JOURNAL of May 4, did not incorporate my reply to the letter he had previously sent me on the subject; had he done so I should not now have occasion to continue the correspondence.

On May 24, I received the following communication from Dr. Pyle:

[Copy]

"TOLEDO, OHIO, May 23, 1901.

"Dr. Eugene Fuller, New York:

"Dear Doctor:—I have had the pleasure of reading your article in THE JOURNAL of the A. M. A., upon a supposed "New Method" of removing the prostate gland, etc. I am somewhat surprised to see from New York sources so many slight modifications of the same operation which I performed and fully laid claim to over eight years ago. About every year some surgeon in or about New York brings out a modification of my operation and claims it as his own without even a mention of my publication or claims. This is, indeed, unjust and unprofessional if the facts are known to the new claimants. I hope that you will make known to the readers of the AMERICAN MEDICAL ASSOCIATION JOURNAL that you have advanced no new ideas,