

them where mosquitoes do not thrive. A change of environment is quite beneficial; it induces appetite, it cheers them up and gives them, by contact with strangers, who know nothing of their ailment, a new lease on life.

In the treatment of these cases my experience has been that it is unwise to keep them in the dark as to their condition. It is better to tell them frankly that you are sure they have the disease if you really are sure. This refers to patients over fifteen years of age and who are sound mentally.

#### AUTHORS' ABSTRACTS

##### Medicine

*Light as a Cause of Disease.* Thos. W. Murrell, Richmond, Va. *Virginia Medical Semi-Monthly*, Vol. XXI, No. 22, February 23, 1917, p. 558.

The only essential difference in the body of the Caucasian and the Negro is the excessive pigment screen in the latter. This screen makes the Negro immune to actinic effect of light. Light irritation causes degenerative keratoses which are precancerous. The true black is therefore practically immune to epithelioma. There are skin conditions which are not met with in the Negro such as psoriasis and xeroderma pigmentosum which suggest light as a possible cause for these conditions. The author has never seen a true case of vesicular eczema of the face, the type called milk crust, in a pure black Negro baby. While protein anaphylaxis is unquestionably a partial cause in many of these cases it is suggested that sunlight be considered as a further irritant.

*Alkaline Treatment of Early Gall-Bladder Carriers, with Observations on Their Detection by Aid of the Duodenal Tube.* Henry J. Nichols, El Paso, Tex. *The Journal of the American Medical Association*, Vol. LXVIII, No. 13, March 31, 1917, p. 958.

Gall bladder carriers include carriers of the typhoid group of organisms, cholera carriers and probably also bacillary dysentery carriers. Experimental work in rabbits shows that after intravenous injections of typhoid bacilli, the gall bladder is infected through the bile from the liver, and not by emboli in the gall bladder wall as is the case with streptococci. Therapeutic efforts to prevent or cure early gall bladder carriers should therefore be directed to the bile. Alkalinity of the bile favors its antiseptic action and the reaction of the bile can be made more alkaline by sodium bicarbonate by mouth. Early carriers can be most easily detected by examining the duodenal contents obtained by an Einhorn duodenal tube (Hess, Garbat).

Ten cases of recent recovery from typhoid were examined in this way and one carrier was

found. Ten cases of paratyphoid also included one carrier. Both were treated by 100 grains of sodium bicarbonate daily for ten days and a second examination was negative. Neither case is considered decisive because they might have cleared up without treatment. The treatment must be tried on a number of cases of different duration in order to test its value; but it is suggested for trial as having some experimental basis.

*Roentgen-Ray Treatment of Exophthalmic Goitre and Hyperthyroidism.* C. A. Simpson, Washington, D. C. *Washington Medical Annals*, Vol. XVI, No. 2.

The author reports his results in the treatment of 18 cases. These are not included in the 28 cases reported in *The Southern Medical Journal*, October, 1916. Technique and dosage are published in the *Medical Record*, Sept. 4, 1915. In the 18 cases reported there were 4 failures, one of which was operated upon, and died the day of operation. This case had carcinoma of the thyroid gland, so it should not count as a failure.

Another point made in the report is that most of the cases were very toxic and many of them had been refused operation for this reason. When surgical results show a cure in over 60% I find upon investigation that the cases are more or less selected and less toxic than many of mine. The author confines his statements concerning etiology to quotations from reports by Kocher, Nordman, Garrie, Crotti and *The Bulletin of the Johns Hopkins Hospital*. The varying etiological factors and theories, which by the way seem to change from year to year, have no more influence upon the results following Roentgen ray atrophy than upon those resulting from surgical removal of portions of the over-secreting gland. The objects of the two treatments are the same, namely, the destruction of enough of the secreting area of the gland to counterbalance the over-production of iodine. No matter what the etiology is, the symptoms are due to too much iodine in the circulation. Surgery relieves the symptoms by excising portions of the over-active gland, many times resulting in a fatality.

X-ray accomplishes the relief of the symptoms by atrophying the thymus and thyroid without danger, drugs or rest in the most toxic cases. The action of the Roentgen ray is based upon what every medical man, especially Roentgen therapists, is supposed to know, namely, the selective action of the ray and the radio-sensibility of the tissues treated. It is this action that gives us our results in the treatment of cancer, etc. Every European and American who has had any experience will agree that the thyroid in hyperthyroidism becomes more radio-sensitive than the normal gland. In addition to the atrophic action of the ray the results may be aided by an inhibitory action upon the sympathetic nerves that supply the gland. That the ray does have an effect upon nerve endings can be proven by its well-known ability to relieve the pain of cancer and the itching of pruriginous skin lesions.

If the Roentgen ray has no effect on exophthal-