

technical name of the fly is *Lucilia Macellaris*. It is the common green fly, or flesh fly, seen haunting cool, damp, shady spots in hot weather, especially around cellars or newly excavated earth. They are sometimes seen near newly-dug graves, and the ignorant believe it is because of a knowledge of their use. They will breed in any moist, decaying animal matter, but prefer flesh. Though apparently clumsy in their movements, they deposit their eggs so quickly and deftly as to often escape observation. They breed with prodigious rapidity under favoring circumstances. We have somewhere seen a statement that the progeny of one female, hatching and producing a second and third generation, and soon unchecked, each successive crop of eggs, numbering thousands, would devour the carcass of a horse in three days. Whether or not this

be true, the fact remains that they do infect the living human flesh sometimes, and that this infection may become painful, dangerous and even fatal.

We hope the foregoing information is sufficient and satisfactory. We have thought that perhaps other physicians who read *THE SOUTHERN MEDICAL JOURNAL* might be interested in this unusual case, and therefore request your permission to publish your clinical account and this reply to your queries. If you have no objection to this course please notify us.

Very respectfully.

THE EDITORS.

A letter from Dr. Fort, dated March 22, reports that no urticaria or other symptoms of myiasis have appeared since the date of removal of second larvae in January.—Eds.

BOOK REVIEWS.

TRANSACTIONS OF THE FOURTH INTERNATIONAL SANITARY CONFERENCE OF THE AMERICAN REPUBLICS. Held in San Jose, Costa Rica, Dec. 25, 1909 to Jan. 3, 1910.

The neatly printed and bound book with the above title comes to this office for review, and inspection shows that it is eminently worth reading. Also no one who is at all interested in general sanitation can afford not to possess a copy, for it is full of interesting information. The following items are gleaned at random just to give our readers an idea of its character.

The State of Colombia, South America, is credited with a population of about five millions. The number of lepers in the country is authoritatively reported as 4,639. Over 50 per cent of these acknowledged lepers "are isolated in the various lazarettos." Dr. Martin Amador, delegate from Colombia expressed great confidence in the ability of his government "to control and eradicate the scourge, as several of the European nations have been able to do, by isolation."

The delegation from Costa Rica presented an interesting report. That relating to Limon is of chief practical interest to us because of our maritime commerce and frequent communication with that port. "The majority of the inhabitants are Jamaica negroes, tramp laborers from the West Indies," and similar elements of population. Men preponderate. The highest point is nine feet above sea level. Some buildings stand on land made by filling low, undrained spots with garbage, but sanitation is perfect.

The previous convention at Washington provided to exclude plague, cholera and yellow fever only.

An "immigration law" of Mexico protects that country against the entrance of the three diseases above mentioned, and also cerebro-spinal meningitis, typhoid fever, exanthematic typhus, diphtheria or any other acute disease which the executive may consider transferable.

It also prohibits the admission of any person suffering from tuberculosis, leprosy, beri-beri, trachoma, Egyptian mange, or any other chronic disease that the executive may consider transmissible.

The public health systems of some of these small republics present a comprehensiveness of organization, a perfection of detail and an energy of administration that may well serve as models for larger, stronger and richer states.

A COMPEND OF THE ACTIVE PRINCIPLES, With Symptomatic Indications for Their Therapeutic Use. By Harold Hamilton Redfield, A.B., M.D. Clinic Publishing Co., Chicago.

This is a little book in size and thickness. Whether or not it is small in character the reviewer feels incompetent to decide.

When he wandered among the earlier pages trying to appreciate their refinements of therapeutic indication he finally came across the following remark concerning bryonin: "In contradistinction to anemonin, which finds its best field of usefulness among blonds, bryonin seems to be especially indicated in brunettes." Then the reviewer had to stop to think. How would the alkaloid, or glucoside, work in persons of color? Would it be more effective in those whose undiluted African descent is demonstrated by a concentration of brunetism equivalent to blackism? Or would a good ginger

cake color cause the brunette reaction? To Southern doctors this is a vital question, and the book does not lucidly answer it. He suggests giving caffeine to cases of "insomnia when the mind is flooded with ideas and the sufferer lies awake through the night," etc. Why, of course! A cup of strong coffee strikes every one as a sensible remedy for sleeplessness, now that our author has suggested caffeine. A few more gems from this collection are the following:

"Cicutine is indicated in diseases of old men and old maids."

Whether it removes desire or renews youth is not stated.

"One of the cardinal indications for caupophyllin is heaviness and drooping of the eyelids, the patient cannot keep the eyes open, and the lids must be raised with the finger. There are also moth patches on the face."

This remarkable condition is relieved by 1-6 grain of the remedy, though the number of doses and the intervals between them is not specified. This is indeed unfortunate.

The chief indication for colocynth, the active principle of colocynth, is, "when the sciatic and crural nerves are involved" feeling as though "the bones forming the joint were being screwed together." Colchicine "expels the leukocytes from the circulation, collecting them in the bone marrow." Helonin. Dose of the standard granule 1-6 of a grain. "Indicated when the external genitals in the female itch constantly." Is the drug to be taken internally or locally applied with gentle friction?

The foregoing samples tell the tale. The drugs mentioned are recommended for other conditions also, but the quotations are about correct.

STATE BOARD EXAMINATION QUESTIONS AND ANSWERS OF Forty-one States and Two Canadian Provinces. Third Edition, Revised and Greatly Enlarged. New York. William Wood & Company, 1910.

The plan of this book is simple, but comprehensive. First, it gives questions that have been actually submitted for candidates for examination before State Medical Examining Boards, arranging them properly under heads, such as Anatomy, Physiology, and so on, through the list of subjects. Then follows, after the questions of the State Boards, a liberal space devoted to answering the questions.

It seems to the reviewer that a person with ever so good a memory would have to devote a long, arduous period to study of these questions and answers before he could acquire the requisite knowledge to pass successfully any one of the searching examinations detailed in the book. But it must be remembered that these are not forms for future work, but merely records of work over and done with, and that each Board will be careful not to play into any "crammer's" hands by sending out questions duplicating any others. They will be new questions whenever possible. However, any candidate for license to practice medicine who, without having previously studied the various branches, can pass successfully the gauntlet of the queries presented in this collection, ought to receive his papers. Such an instance would occur only once in a century, and would demonstrate a mind and memory superior to ordinary obstacles.

Nevertheless, if the reviewer had to go before a

State Board for an examination on the subjects of medicine and surgery he would certainly secure this book and study it faithfully. It would help wonderfully to refresh the memory.

MALARIA. By J. H. McCurry, M.D. Press of S. C. Toof & Co. Memphis, Tenn.

This book, though a very small one, claims to give "the most thorough and exhaustive methods of treatment of any work of its kind on the subject"—truly a broad claim. Upon examination, the reader will find many items of interest and much practical instruction concerning the management of malarial cases.

Dr. McCurry lives where clinical study of malarial patients is a daily duty, and he has evidently availed himself of the opportunity, adding to the aforesaid clinical study an acquaintance with the works of some of the foremost writers upon the subject.

Concerning the inunction of quinine, he speaks very convincingly, condemning the slow, uncertain, messy quinine and lard mixture unconditionally. In its place he recommends a solution of bisulphate of quinine in glycerine. The glycerine, he says, readily penetrates the skin and carries the quinine with it. Consequently the huge amount wasted with the lard mixture would be too massive dosage for infants through whose skins the glycerine mixture is to be rubbed. Sulphate of quinine will not dissolve in glycerine, hence the bisulphate is specified, being perfectly taken up by it. Dr. McCurry gives the credit for originating this valuable improvement to Dr. George E. Pettet, of Memphis. This little piece of practicality is alone worth the price of the book to one not previously knowing it.

Our author is also evidently a disciple of the so-called alkaloidal cult, speaking very favorably of berberine, aconitine, ceratrine, quinine arsenate, quinine hydroferrocyanide, etc., but the foundation of his treatment is the old and standard C. P. Q.—calomel, podophyllin and quinine.

THE TREATMENT OF SYPHILIS BY THE EHRLICH-HATA REMEDY. By Dr. Johannes Bresler, Chief Physician to the Provincial Medical Establishment at Luben, Silesia. Second Edition. Much Enlarged. Translated by Dr. M. D. Eder. Published by the Rebman Company, New York. Price, \$1.00.

This is a book of about 125 pages, neatly printed and bound. It is adorned with excellent portraits of Ehrlich and Schaudin.

The text conveys all that Ehrlich and his collaborators had to say about salvarsan up to October, 1910.

Though experimentation with the remedy has been actively pushed all over the civilized world since that date, yet every physician interested in the class of work to which it pertains—and who is not?—will be better equipped for genito-urinary practice if he has this book than he can possibly be without it. The book is written from a clinical standpoint, and recounts case after case, with results. Various forms of technique are specified. The place of election for injections seems to be the sub-mammary in women, the suprascapular angle in men.

No attempt is made to obscure the fact of painful results often experienced at the site of puncture.