

inhibition outlasts the stimulus by more than a very brief interval. It is difficult, or impossible, to get inhibition of any skeletal muscle or group of muscles, without contraction of the antagonists, by any stimulation applied within the central nervous system. Enough has been said to indicate my own irreverent attitude toward what Prof. W. T. Porter has called the fetish of inhibition. I would not deny to Dr. Crile the right to assume a similar irreverence if he chooses.

I may recapitulate by saying: 1. In the opinion of some laboratory investigators, the electrical hypothesis of nerve conduction is neither matter for pure ridicule, nor is the chemical hypothesis, however much we may lean toward it, to be regarded as proved. 2. Some organic compounds of iodine dissociate, as is shown by a measurement of their ionization and conductivity constants; we cannot, therefore, categorically deny that the particular unknown organic iodine compound in the thyroid dissociates until it has been isolated and its ionization and conductivity constants measured. 3. The well known phenomena of asphyxiation afford an admirable example of an agent—increased in the concentration of hydrogen ions—which will at once violently stimulate the respiratory nervous cells in the medulla and paralyze, not merely inhibit, the cortical motor cells. 4. It is neither lese-majesty nor sacrilege to refuse to recognize the omnipotence of the fetish of inhibition.

It must not be inferred that I am adducing any of these considerations as evidence in favor of Dr. Crile's hypothesis. I wish simply to show that, although some of Dr. Crile's views appear to me to be erroneous, Professor Carlson's objections are not altogether well founded. My own objections to Dr. Crile's theory are based on neurologic considerations. I have presented them, somewhat crudely, it is true, in another place (*American Journal of Surgery*, October, 1914, Supplement of Anesthesia, p. 7). In my opinion, it would not detract in any way from his theory, if he would modify some portions of it which relate to the cerebrum and cerebellum and look more closely into the possibilities for surgical evil residing in the medulla oblongata.

Although it may not be usual in correspondence, I have given references to certain sources on which I have drawn in writing this letter. Annotations would be better than references, but I have already made heavy demands on space. Therefore, I must depend on the diligence of my readers to verify what I have said.

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#### So-Called "Incipient" Tuberculosis

*To the Editor:*—Is it correct to use the expression "incipient pulmonary tuberculosis" when we wish to describe a pulmonary condition which has existed unchanged for months and possibly years?

The National Association for the Study and Prevention of Tuberculosis gives the following definition of incipient or beginning tuberculosis:

Slight or no constitutional symptoms (including particularly gastrointestinal disturbances, or rapid loss of weight).

Slight or no elevation of temperature or acceleration of the pulse at any time during the twenty-four hours.

Expectoration is usually small in amount or is absent. Tubercle bacilli may or may not be present.

Slight infiltration limited to the apex of one or both lungs or a small part of one lobe.

No tuberculous complications.

This definition indicates the farthest extent of lesion or disease possible to be classified as incipient tuberculosis. This corresponds closely with the Turban-Gerhardt scale, or Turban I, defined as a slight lesion extending at most to the volume of one lobe or two half lobes. If both lobes are involved, the involvement must not extend lower than the spine of the scapula posterior, nor lower than the clavicle anterior; in one sided involvement the extent must not be lower than the second rib.

Is it not evident after scanning the foregoing classification that so-called incipient pulmonary tuberculosis is now no

longer a beginning disease, that with such findings the stage of incipency has long since passed and the disorder is now fully established, particularly when we see it plainly stated that bacilli may or may not be present? The word "incipient" denotes the beginning of something; something that is not yet fully established, has just passed the borderline from a negative to a beginning positive state. Accepting this definition, then the term "incipient tuberculosis" as applied above should be either eliminated or used in a more restricted sense, because the disease is now no longer in the beginning stage. If the conditions of incipency as outlined above have existed for months or perhaps years, all depending on the extent of involvement and the rapidity of the pathologic process, is it then logical or reasonable to call the stage incipient when on repeated examinations we find the same physical signs? In the history of no other disease do we continually speak of a beginning disorder when we have before us all the evidence of a long exciting malady.

Most European writers on medical topics, when they refer to primary or established pulmonary disease, usually designate it by such descriptive terms as "early tuberculosis," as "manifest tuberculosis" or as "first stage disorder." The expression "incipient tuberculosis" to denote a definite beginning involvement is never used. In speaking of early established pulmonary disease, no matter how long the disease has existed or how much primary involvement may be present, are not such descriptive terms more correct, appropriate and less misleading than the term "incipient" now in use?

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#### Removal of Silver Stains

*To the Editor:*—Doubtless many of your readers have been annoyed by the stains of argyrol on their hands or clothing. It may be of interest to know that in either case a thorough rubbing with a salt grease, such as bacon grease, followed by soap and water will completely remove all traces of discoloration due to the solution mentioned.

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[COMMENT.—The procedure for the removal of silver stains which our correspondent reports is interesting. Silver stains on towels, etc., can readily be removed by the application of dilute solutions of mercuric chlorid.—ED.]

#### Oertel System of Graduated Exercises at Hot Springs

*To the Editor:*—With the realization of our local resources of climate, topography and government ownership of the reservation, a committee of the Hot Springs-Garland County Medical Society during the past year took up with the local representative of the Department of the Interior the question of laying out a course for the Oertel system of graduated exercise.

Having, in the past few years, spent thousands of dollars on its system of roads and foot-paths through the scenic reservation, the government readily consented to add the finishing touches to complete the system. These consisted of:

1. A careful survey to determine the degree of slant and altitude.

2. Placing at short intervals of stone markers properly numbered and colored.

3. The preparation of a small map with routes colored to correspond to the stone markers. From the back of the map may be determined at any numbered and colored stone marker the distance, degree of slant and the altitude.

The course was prepared with the view of giving 4 degrees of slant, from almost level to very steep. Along the roads are placed benches at brief intervals, and a plentiful supply of pure spring water is pumped to the top of the mountain.

It will be possible to prescribe the amount and degree of walking and hill-climbing to the minutest detail.

Our course was patterned after that established by Oertel at Reichenhall, where the paths are marked with stations, benches are supplied for resting, and the trees along the road