

Robert P. Hunter, M.D. Jefferson Medical College, 1869; a member of the Medical Society of the State of Pennsylvania; a veteran of the Civil War; a member of the Pennsylvania legislature in 1911 and 1912, and a school director of Leechburg, Pa., was found dead in his bed in that place, August 13, aged 77.

H. Clay Hart, M.D. Philadelphia University of Medicine and Surgery, 1869; a veteran of the Civil War; at one time a member of the city council of Spencerville, Ohio, and a member of the school board; died at his home near Southworth, Ohio, August 11, from carcinoma of the face, aged 72.

Augustus Maverick, M.D. University of Pennsylvania, Philadelphia, 1907; a fellow of the American Medical Association; a prominent young practitioner of San Antonio, Texas; was shot and killed at his home, August 18, while endeavoring to protect one of his servants from assault, aged 28.

William B. Hostetler, M.D. Albany (N. Y.) Medical College, 1865; a member of the Illinois State Medical Society; for many years local surgeon of the Wabash system in Decatur, where he had practiced for forty-six years; died at his home, August 21, from heart disease, aged 70.

Hubbard Winslow Mitchell, M.D. College of Physicians and Surgeons, New York City, 1886; a surgeon in the navy during the Civil War; a member of the staff of Bellevue Hospital and consulting physician to Roosevelt Hospital, New York City; died at his home, August 12, aged 70.

Emma Therun Pettingill Allen, M.D. New York Medical College and Hospital for Women, New York City, 1892; a member of the visiting staff of the Brooklyn Memorial Hospital for Women; died at her home in Brooklyn, August 9, from malignant disease, aged 68.

John William Fielder, M.D. Medical College of Alabama, Mobile, 1905; of Benton, Ala.; a member of the Medical Association of the State of Alabama; died in a sanatorium in Selma, Ala., August 14, from the effects of strychnin self-administered, aged 30.

William C. Gayley, M.D. University of Pennsylvania, Philadelphia, 1881; a fellow of the American Medical Association, and a member of the Board of Trustees of the Hazleton (Pa.) State Hospital; died suddenly at his home in Hazleton, August 16, aged 54.

John G. Huck, M.D. College of Physicians and Surgeons, Baltimore, 1882; a fellow of the American Medical Association, and a well-known practitioner of Northwest Baltimore; died in Johns Hopkins Hospital, August 13, from heart disease, aged 63.

Allan Blair Bonar, M.D. College of Physicians and Surgeons, New York City, 1890; of Memphis, Tenn.; while on a visit to his mother at Detroit, died in Grace Hospital, August 14, from disease of the liver due to malaria, aged 50.

Matthew Moore Butler, M.D. Jefferson Medical College, 1860; assistant surgeon and surgeon of the Thirty-Seventh Virginia Infantry, C. S. A., during the Civil War; died at his home in Bristol, Tenn., August 12, aged 75.

Peter Herman Muus, M.D. Minneapolis College of Physicians and Surgeons, 1901; in 1905 mayor of Kensington, Minn., and later a practitioner of Albert Lea; died at his home August 12, aged 39.

Charles M. H. Schwartz, M.D. University of Iowa, Iowa City, 1880; formerly of Lyons, Iowa; died at the home of his daughter at Mooseman, Canada, August 10, from cerebral hemorrhage, aged 64.

Abraham P. Frick, M.D. University of Pennsylvania, Philadelphia, 1861; local surgeon at Aransas Pass, Texas, for the San Antonio and Aransas Pass Railroad; died at his home, July 11.

George Dutton Ladd, M.D. Rush Medical College, 1875; a member of the Wisconsin State Medical Society, and president in 1890; died at his home in Milwaukee, August 15, aged 63.

Jeromus Rapelye (license, New York), a practitioner since 1864; a veteran of the Civil War; died at his home at Maspeth, N. Y., August 12, from senile gangrene, aged 78.

Theodore Wigand, M.D. University of Marburg, Germany, 1873; a practitioner of California since 1877; was killed in San Francisco August 12, in an automobile accident.

William J. Clontz, M.D. Vanderbilt University, Nashville, Tenn., 1887; of Alexander, N. C.; was shot and almost instantly killed in that place August 11, aged 58.

Giles Harris, M.D. Kentucky School of Medicine, Louisville, 1880; died at his home in Richmond, Ky., August 10, aged 68.

Frank Walton, M.D. Vanderbilt University, Nashville, Tenn., 1899; a fellow of the American Medical Association; was shot and killed at Mulga, Ala., August 18, aged 38.

Joseph F. Blount (license, Indiana, 1897), for many years a practitioner of Evansville, Ind.; died at his home in that city, August 16, from senile debility, aged 86.

Edward G. Forshee, M.D. Cincinnati College of Medicine and Surgery, 1864; died in his home at Kimmunity, Ill., July 10, from acute gastritis, aged 78.

Charles Wilbor Ray, M.D. Bennett Medical College, Chicago, 1885; formerly of Nicollet, Minn.; died at his home in Los Angeles, August 12, aged 57.

Lewis J. Burch, M.D. Atlanta College of Physicians and Surgeons, 1904; of Waycross, Ga.; died in a sanatorium in Atlanta, August 2.

Thomas Wilson Monroe (license, Massachusetts, years of practice), died at his home in Milford, July 10; aged 68.

William Ely Jones, M.D. Miami Medical College, Cincinnati, 1890; died at his home in Cincinnati, August 11, aged 44.

Correspondence

Tuberculosis Acquired through Ritual Circumcision

To the Editor:—My attention has been drawn to an article with this title in THE JOURNAL, July 12, 1913, p. 99, by Dr. E. Emmett Holt. He concludes his article thus: "While the number of reported instances of tuberculosis acquired through circumcision is considerable, there must be a very much larger number that have never found their way into literature. It is certain also that syphilis has been spread in this manner. These facts lead me to emphasize the statement made by the late Professor Maas, the German surgeon, that 'it is the duty of the physician to raise his protest against the performance of ritualistic circumcision in every case.'"

I assume that Dr. Holt does not thus protest against all circumcision, for every physician recognizes its desirability and its necessity in his practice. And I assume that he does not protest against its being regarded by us as a religious duty, for a religion which inculcates physical as well as spiritual health must command the respect and admiration of all men. I assume therefore, that Dr. Holt objects merely to certain details of the operation as performed by some practitioners. In this he is correct.

The operation itself, as practiced, consists of three details:

1. The "Milah" or excision. For this modern surgery demands that the instrument used shall be properly sterilized before the operation.
2. The "Periah" or separation of the inner lining of the prepuce from the glans. For this modern surgery demands that a proper forceps shall be substituted for the fingers or thumb.
3. The "Metsitsa" or suction of the blood from the wound. For this modern surgery demands that a hemostat shall, when necessary, be employed to replace such a method of hemostasis.

The operation antedates by many centuries, indeed, by thousands of years, modern surgical methods. Less than a single century ago, hemostasis by hot oil or hot pitch was countenanced by accepted surgery. It required time to bring about changes to modern methods. Much less time will be required to improve the methods complained of in "ritualistic" circumcision, particularly when we remember not only that many Jewish operators in America use modern methods of asepsis, and that in such countries as England, France, Germany and Scandinavia they may not otherwise practice, but also that the Jewish religious law insists on every precaution in matters of health and demands that when "Sekalah" or "danger" to health is critically involved, any religious custom and any duty not may, but must, be overridden.

We must further remember that all the offending operators are from Russia, Roumania, Hungary, Galicia, etc., where universities and medical schools close their doors to Hebrews

or receive but very few; where cruel prejudices further shackle them; where unjust laws impose further restrictions, and where, for that matter, general medical and surgical practice is in the hands of "felchers" or imperfectly trained barbers.

A few operators may demur at changes, for old customs die hard. But the operators, as a body, are open to reason and will be found obedient to all requirements, especially when told authoritatively by their religious leaders that their present methods have in them elements of "Sekanah" or "danger." I can imagine nothing that would fill them with greater horror or with more genuine sorrow than to know that they endanger life.

Some time ago, as president of the Union of Orthodox Jewish Congregations, I appointed a committee on this very matter, and subsequently I drew the attention of this local branch of the American Jewish Committee to the subject. Dr. Holt's article will spur both committees to further action.

H. PERRIRA MENDES, M.D., New York.
Minister Spanish and Portuguese Congregation.

Need for Inexpensive Obstetric Nurses

To the Editor:—Dr. Milligan's letter on this subject (THE JOURNAL A. M. A., Aug. 23, 1913, p. 617) treats of a matter that is of tremendous importance in St. Louis, as well as in Detroit. He bewails the fact that there is not a supply of clean, sensible, practical nurses whose services may be had by the family of small means. We have nurses of this kind, but they are failures because they belong to one of the two following classes:

Class 1 consists of women who, after helping in twenty or more cases, feel confident of their ability to manage an obstetric case without the guiding hand of a physician. Some of these women are honest. Their chief defect is that they are not aware of the extent of their ignorance. Some are not so honest, produce abortions occasionally, and make a miserable failure of their avocation. This is the class that injures the reputation of all practical nurses. Most women of this class have had no hospital training.

Class 2 consists of clean and willing workers who are aware of the deficiencies of their training and who attempt to make up for this deficiency by blindly and loyally abiding by the instructions of the physicians. A woman of this class is always busy, and as the supply does not equal the demand, she is soon justified in increasing her charges. Most women of this class are no longer very youthful and have had some hospital training. Strictly speaking, these women are not failures, but they are classed as failures here, because they are no longer to be had by the family of small income.

The poor man has a right to expect physicians' services at reduced rates. He cannot, however, make a similar claim against the graduate nurse, because she is already miserably underpaid.

I agree, therefore, that a supply of nurses who have had six months' training in a few essentials would place a poor man's wife in a safer position.

W. C. GAYLER, M.D., St. Louis.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

GELATIN MOUNTING AND PRESERVATION OF GROSS SPECIMENS

To the Editor:—Will you kindly publish reference or give brief description of latest and best technic for gelatin mounting and preservation of gross specimens? E. W.

ANSWER.—In the issue of THE JOURNAL for May 17, 1913, p. 1586, is given a method for preserving gross specimens in a sugar solution. The tissue is immersed in the usual formal-

dehyd solution for from six to twelve hours, then in 50 per cent. alcohol from twelve to twenty-four hours and then it is transferred to an oversaturated solution of beet-sugar. Only enough water is added to dissolve some of the sugar, leaving a little sugar in the bottom of the jar. That is a permanent mount.

In 1902 W. H. Watters of Boston published a method of molding specimens in gelatin. The specimen was fixed for from two to four days in Kaiserling No. 1, then from three to five days in Kaiserling No. 3, and then it was embedded in the following mixture: Kaiserling No. 3, 15 parts; gelatin, 1 part. This mixture is rendered liquid in a hot-water bath. To this is added the white of one egg and the mixture is heated until coagulation of the albumin is complete. The solution is then carefully filtered and allowed to cool. It is now ready for use. Specimens prepared in the usual way for Kaiserling solutions are cut into sections of about 1 cm. thickness in such a manner that one of the flat surfaces shows the features desired. Into a Petri dish is poured a thin layer of the gelatin solution now cooled to from about 30 to 35 C. (from 86 to 95 F.), and in this the section is placed face downward. The gelatin soon solidifies and thus holds firmly and evenly against the glass the particular surface desired to be seen. The entire Petri dish is now filled with gelatin solution till a convexity is formed above the edges. A square glass plate is removed from a basin of water and placed, while still wet and with the rough surface down, over the Petri. If this procedure is performed carefully, touching first one edge of the dish with the plate and then dropping it slowly, a wave of gelatin will be formed which will force out any air bubbles that may be present. The plate is placed in proper position and the entire preparation left to harden, which it will do quite well in from half an hour to two hours, according to its initial temperature and the degree of room heat. After the superfluous gelatin has become solid it is removed by a coarse brush immersed in water. The glass is then dried, a layer of Canada balsam is applied to seal the point of union between the plate, which we now recognize as the base, and the Petri dish, which now forms the top of the mount, and the name of the specimen is written in ink on the ground glass. In a day or two the balsam will be dry and the preparation has been completed.

BLOOD-PRESSURE AND THE EFFECT OF ALTITUDE

To the Editor:—1. What is considered normal blood-pressure in man?

2. What is the effect of altitude on blood-pressure? Does an altitude of 7,000 feet make any difference in blood-pressure?

G. W. LINVILLE, M.D., Woodmen, Colo.

ANSWER.—1. The normal blood-pressure may be stated as an average of 127 for males, all ages, and 120 for females. There are many circumstances which cause a variation from the average. The blood-pressure tends to rise with age, so that a pressure considerably above the average at the age of 60 might not be abnormal.

2. The blood-pressure is diminished with altitude, the difference at 6,000 feet being about 5 mm.; but long residence at high altitude tends to make it return to nearly the normal figures. The fall of systolic pressure is slightly greater and more certain to occur than the fall of diastolic pressure. High altitudes do not affect all persons in the same degree, and small elevations in altitude do not materially influence blood-pressure.

Reference may be made to the work of Charles F. Gardiner, M.D., and Henry W. Hoagland, M.D. (*Tr. Am. Climatol. Assn.*, 1905, xxi, 80); and those of Y. Henderson (*ibid.*, xxviii), and of W. A. Campbell, (*ibid.*, xxviii, 16).

RELATIVE THERAPEUTIC VALUE OF SALVARSAN AND NEOSALVARSAN

To the Editor:—Please answer the following questions with reference to salvarsan and neosalvarsan:

1. Which is the least toxic?
2. Which gives the better results (therapeutically)?
3. Which is the better preparation (a) for intramuscular work; (b) for intravenous?
4. Being away from a laboratory doing the Wassermann, as a general rule how many doses would be considered sufficient, the patient receiving the first dose during the primary or secondary stages?

J. C. M.

ANSWER.—1. There appears to be no essential difference.
2. The two are believed to be practically identical in their therapeutic effects. Some authors, however, who have tried both prefer salvarsan.