

physician who has not received it direct from this office.

Form 341 (Individual Case Record). This is sent as specimen that nurses may see tentative form of data and method of keeping record.

Publication 92 (Rules and Regulations) is sent for reference.

Map of each nursing district with postoffices in each is sent to facilitate the work.

A supply of available literature is sent, and as more is printed, further supplies are sent. "HEALTH NOTES" each month give literature available for distribution.

Stationery, carbon paper, envelopes, etc., are also sent.

AUTHORS' ABSTRACTS

Medicine

Clinical Notes on the Use of Alcresta Ipecac in Amebic Dysentery. By William Allan, Charlotte, N. C. *American Journal of Tropical Diseases and Preventive Medicine*, May, 1916, p. 602.

Ten cases of amebic dysentery were treated with alcresta ipecac, giving 200-grain doses to adults and 100-grain doses to a 35-pound boy, without toxic symptoms. Favorable clinical results were obtained in four instances, emetin by mouth proving in these cases to be just half as effective as when given hypodermatically. The narrow margin of safety between the therapeutic and the toxic dose of emetin makes it impossible to give enough of the drug by mouth to overcome the variation in absorption from the intestinal tract. As the author thinks maximum therapeutic doses are necessary when emetin is given by hypodermic with prompt and complete absorption, he thinks maximum doses all the more necessary when emetin is given by mouth with consequent slower and less certain absorption. A less toxic alkaloid that could be given by mouth is very desirable.

Transient Auricular Fibrillation in a Healthy Man Following Hydrogen Sulphid Poisoning. By G. Canby Robinson, St. Louis, Mo., *Journal of American Medical Association*, May 20, 1916, p. 1611.

A case of an apparently healthy man of 44 who was overcome by hydrogen sulphid in a chemical works is reported. He had a short period of unconsciousness, but soon regained consciousness and was only dazed when admitted to the hospital. The pharynx was injected, and subcrepitant rales were heard generally throughout both lungs. The heart was beating irregularly—66 per minute—and electrocardiograms showed the presence of auricular fibrillation. A few hours later the heart became regular—rate 60—and electrocardiograms showed a normal cardiac mechanism except for a slight delay in conduction. The outline of cardiac dullness was a little larger after the normal rhythm set in and the heart sounds were better heard. Systolic blood pressure 120 mm. Hg., diastolic 75. The man was apparently healthy and went back to work in three days.

It is the occurrence of auricular fibrillation in an apparently healthy man that makes this case

worthy of record. Whether the hydrogen sulphid or some unknown factor was the cause of the fibrillation can not be determined. The case is reported on account of its bearing on the important question, what is the determining cause of auricular fibrillation in man? It is a very common condition in patients with heart disease. Electrocardiographic records have been obtained from over thirty cases in the past ten months. This case seems to rule out the necessity for heart disease as a basis for fibrillation, and shows that the heart of an apparently healthy man may go into a state of auricular fibrillation and return to the normal mechanism within a few hours. The case is reported because of a belief that such cases have a definite bearing upon the very important problem, which is far from being solved, namely, the cause of auricular fibrillation.

The Treatment of Cardiac Syphilis. By James M. Anders, Philadelphia, Pa., *New York Medical Journal*, May 6, 1916, p. 865.

After insisting with Lonscope, Grasman, Brooks and others that lesions of a serious character may appear as early as the forepart of the second stage, he briefly describes their pathologic nature. The presence of spirochetes leaves no room for doubt that these arterial and myocardial changes are dependent upon syphilitic infection.

Perhaps one of the principal reasons why treatment should be carried out at the earliest possible period after infection lies in the hazard and danger from the administration of salvarsan in cases in which severe forms of cardiovascular syphilis subsequently develop. An investigation into this question has revealed the fact that deaths, occurring either suddenly or after several days, from the use of salvarsan or neosalvarsan, are due, in the immense majority of cases, to myocardial degeneration secondary to coronary lesions.

The most successful method of treating the cardiac lesions in the acute and secondary stages is as follows: Vigorous administration intramuscularly of mercuric salicylate (pushed to the limit of tolerance), followed by salvarsan, which is also to be given intramuscularly. After the lapse of a few days the mercury must be resumed. The criterion of sufficiency of specific treatment is a negative Wassermann reaction.

In the management of the tertiary stage in which dropsy may be associated, the usual circulatory indications are to be met as under other circumstances. In well marked cases of syphilitic myocarditis and in aortic incompetence, mercury should be given a prolonged trial by inunction, and this failing, by the hypodermic method. If this does not yield a favorable result (e. g., a negative Wassermann reaction), then salvarsan should be administered intramuscularly—at first, however, in small doses. The injections must be followed by a period of absolute physical rest for from 24 to 36 hours, preferably in a hospital.

Held recommends in instances of myocardial degeneration that the patient be kept at rest for two weeks. The iodids are indicated in the treatment of cardiac syphilis after the active process has been checked.