

Correspondence

"WHAT CONSTITUTES GOOD MILK?"

To the Editor:—In THE JOURNAL, Feb. 2, 1918, an editorial discusses our present methods of estimating the wholesomeness and value of grades of milk. It seems to me that this editorial does not express the views of the enlightened medical profession. It makes the statement, "We are forced to admit today that bacteria per se do not necessarily render the milk unfit for human consumption," and later, "there is very little connection between the amount of germ life in milk and the healthfulness of milk." It emphasizes this point of view by stating that the consumer has little interest in the germ content of milk except for a limited number of disease-producing forms except so far as the germ content produces souring or bad flavors. Although the writers of the article on which the editorial is founded are capable men, it should be remembered that they are not physicians and that they are interested in the dairy rather than in the infant.

As far back as 1902 and 1903, Dr. Holt and I, with a number of investigators connected with the health department, made a study of this question. We found very definitely that milk containing a few hundred thousand bacteria per cubic centimeter was usually harmful to infants in summer, and that milk containing millions of bacteria was still more harmful, and that even pasteurization did not make such a milk wholesome for infants. In cold weather and in older children, the harmful effects were absent or less noticeable.

So far as I know, all investigators since that time have come to similar conclusions. No one who has had experience claims that every variety of germ is harmful to infants; but it is impossible in ordinary commercial milk to arrange that only the harmless forms should enter it and, as a rule, the ordinary loose city milk has been shown to be harmful for infants in summer whether the milk was pasteurized or not, if the germ content was high.

The experts whose report led to the writing of the editorial were considering the best methods for grading milk and not the question as to whether excessive numbers of bacteria in market milk were wholesome or not. It would be, to my mind, a step backward to accept the views expressed in the body of the editorial.

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[COMMENT.—THE JOURNAL's editorial did not take a definite stand on the question at issue, but merely presented the matter as seen in the light of the new evidence available: that presented by the experts of the American Dairy Science Association, Drs. H. A. Harding, R. S. Breed, W. A. Stocking, Jr., and E. G. Hastings. THE JOURNAL's editorial abstracted the pamphlet by these authors on "What is Meant by 'Quality' in Milk?" and concluded with the following editorial statement, by which it stands:

In the light of what has been learned, then, good milk must exhibit several desirable qualities. It should have a high food value, of which the fat content is a good relative index, though by no means the sole criterion. It must be made safe from the standpoint of disease, and thus healthful by being produced under the competent supervision of cows and men or by being properly pasteurized. Milk ought to be clean in the sense of being reasonably free from obvious dirt. Even today it has become one of our cleanest foods. And it must be produced and handled so as to keep well. For these factors—food value, as expressed by composition; healthfulness, or elimination of dangerous contamination; cleanliness, or protection from dirt; keeping quality, as determined by care of utensils, cooling, and prompt delivery—there is a mutual responsibility on the part of producers, distributors, and even consumers.

The subject merits a scientific open discussion, and our columns are available for this purpose.—Ed.]

THE NATIONALITY OF GRAVES

To the Editor:—I wish to point out a mistake made both by Charcot and your contributor Stewart R. Roberts in the issue of THE JOURNAL which has just come to hand (Dec. 29, 1917, p. 2204). In a letter from Stewart R. Roberts he quotes Charcot, and the mistake occurs in the last few lines of a quotation from the letters of the latter. It is his reference to the nativity of the distinguished physician, Graves. Graves,

as every student of medicine should know, was born in Ireland and practiced medicine all his life in Dublin, which is the capital of Ireland.

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County Kerry, Ireland.

[NOTE.—Following is a brief biography of Graves from Garrison's "History of Medicine":

Robert James Graves (1796-1853), the son of a Dublin clergyman, took his medical degree in 1818, and, while making the usual continental tour, had such adventurous experiences as being arrested as a German spy in Austria on account of his fluency as a linguist, and of successfully putting down a mutiny on board ship during a storm in the Mediterranean, afterward assuming command and saving the vessel through his pluck. Returning to Dublin in 1821, he became chief physician to the Meath Hospital and one of the founders of the Park Street School of Medicine. Here he immediately went in for the widest reforms, introducing the continental methods of clinical teaching, such as making his advanced students handle and report on clinical cases, and suppressing the maltreatment and abuse which hospital patients had to endure from the rough-spoken Irish M.D.'s of the day. Tall, dark, and distinguished, Graves had a warm heart, in spite of his sarcastic speech, and once even did a stint of literary work for a poor student. His *Clinical Lectures* (1848), which Trousseau read and reread with highest admiration, introduced many novelties, such as the "pin-hole pupil," timing the pulse by the watch, and discarding the old lowering or antiphlogistic treatment of fevers. He requested that the phrase "He fed fevers" should be his epitaph. Graves also left early accounts of angioneurotic edema and scleroderma, and, in 1835, he published a description of exophthalmic goiter so admirable that the disease still goes by his name.]

CREATINURIA

To the Editor:—In an editorial with this title (THE JOURNAL, Dec. 29, 1917, p. 2186), the following appeared:

Normal children, however, are now recognized to excrete creatin commonly during the period of adolescence. This was demonstrated in this country several years ago by W. C. Rose at Yale University and verified by Folin and Denis at the Harvard Medical School.

A similar statement has appeared a great many times in literature and I am, therefore, sending you herewith a reprint of my article on "Creatinin and Creatin Metabolism in Children" (THE JOURNAL, Oct. 1, 1910, p. 1178), which appeared before Rose's article. I would refer also to another reprint on the "Creatinin and Creatin Excretion in Recurrent Vomiting" (*Am. Jour. Dis. Child.*, April, 1912, p. 209).

Rose recognizes my work in his own article also.

J. P. SEBOWICK, M.D., Minneapolis.

INSTRUCTIONS FOR ADVISORY BOARDS, AND THE DIAGNOSIS OF TUBERCULOSIS BY ROENTGENOLOGY

To the Editor:—The manual of instructions, recently sent to members of the medical advisory boards, on the whole is an admirable compilation. The descriptions of the various conditions likely to be met are clearly and concisely described, in places with almost the simplicity of Greek art. In contrast to this general excellence stands the Cubist or Futurist description of the roentgenoscopic examination of the lungs in tuberculosis. This reminds one of a jumble of lines and colors which the artist labels a Nude (presumably woman) Coming Down Stairs (presumably in the sunlight), but which to others appears more like a railroad wreck in a fog than anything else. This is unfortunate, because the recent scientific work, particularly of Dunham and Miller, on the interpretation of the roentgenogram shadows of tuberculous and normal lungs makes it possible to have a simple, clear, scientific description of the roentgenogram of tuberculous lungs instead of the involved, muddled and unscientific description given in the manual. Such a description would be an aid to the roentgenologists on the advisory boards who have not had much experience with the interpretation of roentgenograms of the lungs. The description given can only lead to hopeless confusion of thought if one attempts to follow it. Descriptions of roentgenograms of internal organs as complex as the lungs are worthless unless based on careful clinical, pathologic and anatomic studies in conjunction with fluoroscopy and roentgenography. For the decade to which the drafted men belong, tuberculosis is the most important disease; and the latest and most scientific work should be utilized in keeping it from the Army.

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