

EGYPT.—During the week ending November 16 one fresh case of plague was reported.

CAPE OF GOOD HOPE.—No case of plague in Cape Colony during the week ending November 1, the colony has been entirely free from plague since September 25, when the last patient died at Port Elizabeth. As late, however, as October 31 plague-infected rats were found at Port Elizabeth.

MAURITIUS.—During the weeks ending November 13, 20 and 27 the number of fresh cases of plague amounted to 23, 30 and 17, respectively, and the deaths from the disease to 14, 21 and 12.

PARIS LETTER.

Vallas' Report on the Treatment of Tetanus.

A most interesting report on the treatment of tetanus was made by Dr. Vallas of Lyons at the Congress of Surgery held in Paris a few weeks ago. He showed how the experiments of Carles and Rattone demonstrated the infectious nature of the disease, how Nicolaïer and Kitasato isolated the pin-shaped microbe, and showed that it was found in the earth.

In 1890, six years after the discovery of the microbe, the toxin was isolated by Faber, and later Vaillard showed that other microbes helped the bacillus, and that in ordinary conditions phagocytosis was a sufficient protection. Three methods of treating tetanus were to be considered: the classical treatment, that by the serum Behring-Kitasato, and Baccelli's method of carbolic acid injections. The first consisted in complete isolation and silence, and the use of large doses of chloral, as much as 10 or 12 grams being given in 24 hours. Amputation was permissible when the condition of the limb as the result of an accident might seem to plead for such a course.

The Behring-Kitasato treatment was discovered in 1890, and three different forms of serum are now employed, Behring's, Roux and Vaillard's, and Tizzoni's, which is a dry extract which is treated with water before being injected. Behring's method is used to determine the strength of a given serum and the unit consists in the amount needed to immunize a gram of white mouse against a fatal dose of toxin. The serum is not antitetanic, but antitoxic, so that it does not destroy the microbe, a fact which shows the importance of treating the wound most thoroughly. The preventive value of the serum was demonstrated by Nocard in 1895, 375 animals which were likely to take tetanus on account of a wound were inoculated and not one was affected by the disease, whereas 55 cases were seen among animals which were not injected.

In 1897 the same experiment was carried out on a larger scale, and 2727 horses were treated in this manner, and not one was affected with tetanus; 259 cases of tetanus were seen at the same time by the same veterinary surgeons. The result of this is that, as Dr. Landouzy has said, to wait for the onset of tetanus in a suspicious case is a mistake, and it is a rule to act when there is any possibility of infection. An injection should be made the first, third and tenth days. If the wound is not healed, it is well to make still another injection of 10 cubic centimeters. When tetanus has set in, the serum is not at all as efficacious. Kitasato lost his first case, but Tizzoni had eight successes out of 8 cases. In 1893 Roux and Vaillard had already 7 cases, with 5 deaths. There is one fact, which has been clearly demonstrated, it is that the injections are quite harmless. Dr. Vallas has been able to collect 373 cases, with the following results: Incubation of 10 days: 141 cases, with 80 deaths, which makes a percentage of 57 per cent. Incubation of more than 10 days: 118 cases with 24 deaths, or 20 per cent. Incubation not determined: 114 cases, with 41 deaths, or 36 per cent. These figures show that out of a total of 373 cases there were 145 deaths, or 39 per cent. Lockjaw is just as pernicious as ever in infants, and in women during the puerperium. If one compares this with the mortality seen in former days, 70 per cent., one is obliged to admit that there has been a noticeable improvement; 30 to 40 grams should be injected daily, until there has been a noticeable change.

There is a case on record of a negro who took 1800 grams. Intravenous injections have been found very useful in certain cases, and seem devoid of danger. As for intracerebral injections Dr. Vallas does not favor them at all. Baccelli's method consists in the daily injection of 30 to 40 centigrams of carbolic acid, in a 2 to 3 per cent. solution or a 10 per cent. solution in oil. This treatment, which has been applied more especially in Italy in some 80 cases, has been followed by a cure in all but 8 cases. Opothrapy, as formulated by Wassermann and Takaki, does not seem to be justified by the experiments carried out in the laboratory. As for peroxid of hydrogen, and persulphate of soda, the results following the use of these drugs are good, but the number of cases is very small.

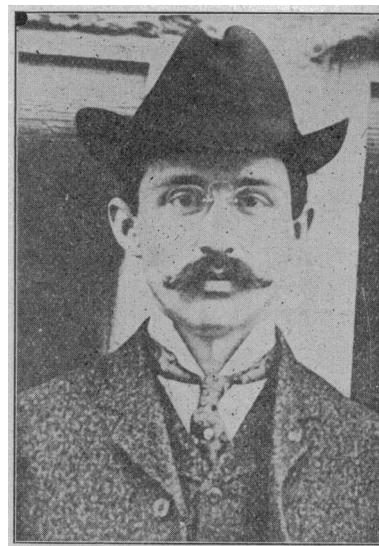
Steiner has furnished statistics showing how the different serums have worked, and it would seem that the number of cures was greater in Germany and America, which may be due to the serum being used in lighter cases. In the discussion that followed Dr. Lucas Championnière said he considered intracerebral injections as quite innocuous, amputation was useless, and preventive injections had stopped an epidemic in his service some years ago. Other physicians felt that this method was not to be absolutely condemned. Dr. Schwartz of Paris had 8 cases of lockjaw in his service from 1890 to 1898, and with an equal number of cases since then which were injected, he had only two cases, one who came in with the first symptoms already apparent, and the other who had not been injected.

Correspondence.

An Escaped Criminal Wanted.

DENVER, COLO., Dec. 22, 1902.

To the Editor:—Inclosed please find photograph of one of the rankest medical impostors that I ever heard of. His right name is Edward Rietzel and his parents live at 92 Crystal St., Chicago. In 1891 he was convicted under the name of Fox for grand larceny and sent to the Reformatory at Pontiac. He was let out on parole and next was heard of in Niles City,



Mich., in connection with the so-called St. Luke's Hospital of that place, where he assumed the name of Dr. Geo. A. Elliott, having stolen the diploma of Dr. Geo. A. Elliott of Leamington, Ont., who graduated in 1896 from the Medical Department of the University of Toronto.

At that time this bogus Elliott had a wife by the name of Adele Cornely, who was a graduate of a Swiss College of midwifery. Before going to Niles City he went under the names of Ralston and Ruleson. From Michigan he was next heard of in Kansas City, Kan., where he ran an abortion shop in the guise of a gynecologic hospital. Early in this year he presented this genuine diploma to our board and soon after began his nefarious practice in this city. In a little while he and his wife Adele Cornely were arrested by the federal authorities for sending abortion literature through the mails. She forfeited her bond and is now in Geneva, Switzerland, and it is believed that her arrest was a scheme on his part to get rid of her, he not thinking he would put his foot in it as well.

Between the 15th and 20th of February, 1902, he married again to one Mary Kaurin of Chicago. What became of her I do not know. In July of this year he was married to one Dr. Mary E. Inman, who claims to be a graduate of the Boston School of Medicine. The dean of this school writes that no one by that name ever graduated from his institution. In October he lost an abortion case by sepsis and hemorrhages, and was arrested under the charges of committing abortion and murder.

He was released on a \$5,000 bail which he forfeited, having gone to parts unknown.

In the interest of the profession I beg of you to use this data and photograph in publishing an article in *THE JOURNAL* that may assist in his recapture. I may further add that the first thing that aroused my suspicion that he was not a graduate of the University of Toronto was his making application to the State Eclectic Medical Association, which was very queer if he belonged to a regular school.

I received a letter to-day in which it is stated that Dr. Egan has knowledge of this man's Chicago record, and you may be able to get direct from him some additional facts.

Thanking you in advance for extending me the courtesy of publishing this man.

Very truly yours,

E. D. VAN METER,

Secretary Colorado State Board of Medical Examiners.

NOTE.—The Chief of Police of Denver furnishes the following data: Age, 29; height, 5 ft. 6 in.; weight, 136; dark complexion, hair and eyes; teeth good; German nationality; he may have his mustache off; he is with a woman who he says is his wife; wanted for murder at Denver.

A Side Light on Ethics.

To the Editor:—Apropos of the Code of Medical Ethics recently published in *THE JOURNAL*, it has occurred to me that we are very foolishly shutting our eyes and closing our ears to the low standard of ethics practiced by the medical profession in America to-day. This is an age of commercialism. It has planted itself as firmly in the profession of medicine as in the department stores. This commercialism is a menace to the high standing of our medical men; it handicaps the good we might do for humanity; the reform we might accomplish; the respect we might command. Year by year the standard of ethics and ideals is lowered. At present we stand almost at the head of the list, in the eyes of the world, of professional jealousies. The musician and the medical man rank side by side in their bickering and in their enviousness. Newspaper men and the laity in general recognize it and laugh good-naturedly at our expense.

The public know, in a vague way, that there is an indefinable thing called medical ethics. They envelope it with the mysticism that the uninitiated envelope the masonic rite. They know that the profession regards the physician who advertises in the advertising columns of the daily papers as a quack, but that if a man have sufficient reputation he may insinuate his name with impunity in the main body of the newspaper—this they understand is immeasurably more delicate, and certainly tells in a more clever fashion, while the "small fry" dare not be so bold as to resort to either of these methods. The laity, accordingly, are fairly settled in the belief that the unpardonable sin is for the professional man to insert his ad. among the advertisements, and they thus differentiate between the man of reputation and the quack by the part of the paper in which his name appears. When the public comes in personal contact with many of our profession who are in good standing and with the successful "smooth quack" they are too frequently unable to detect any difference in their conduct.

I think I express the sentiments of the average medical man when I say that the recent graduate very soon takes on one of the characteristics of an animal called a bulldog. When that animal gets a bone, by chance or otherwise, if there is good meat on it he shows his teeth at the approach of another dog, and stands ready to fight for his rights. I am not a pessimist. It is my good fortune to have been associated in consultation, with few exceptions, with men who were ethical to a degree. I may add that when I have the privilege, I choose my consultant with as much care as though I were selecting a lawyer to defend me against a charge of murder in the first degree.

It is easy enough for the man of means and of some social prestige to adhere to most of the Code of Ethics. But what of the man who starts his professional life with a wife, perhaps a young family, and a small bank account? Can he afford to be ethical in the face of an empty pantry, and scanty clothing? How many of us are strong enough to do unto others as we would be done by, when, as David Harum says, the other fel-

lows are doing us, and doing us first. What incentive is there for the young specialist to keep faith with his Code, when men who have risen to the very top of the ladder in their respective lines are flagrant violators of the essentials of medical ethics?

May I illustrate a case in point: For the past few years I have been the family physician in a certain household. After urgent persuasion I gained the mother's consent to make a local examination for a persistent and suspicious hemorrhage from the uterus, with the result that I unhesitatingly declared she be sent to the hospital, and after more thorough investigation probably submit to a hysterectomy for cancer. The family were quite satisfied until a near relative insisted on consultation with a noted surgeon who had performed an operation on a sister. The surgeon in question stands in the very front rank of our profession. I called him up by telephone and explained the situation. I agreed to have him see my patient at the hospital he desired, and at a time to suit his convenience. After we had finished our consultation, my consultant, without asking my permission, called the family together, gave his diagnosis, his treatment, and his prognosis. He then proceeded to set the time for operation, and graciously invited me to be present as an on-looker if I so chose. However, as the invitation was suggestive of my being asked to officiate at my own funeral, I did not go. Previous to the consultation the husband of my patient had asked what my charges would be if I did the operation. He was worth from \$25,000 to \$50,000, but knowing the family's tendency to "nearness" I felt I must be modest if I were able to keep my bone. I answered "one hundred dollars!" The husband shook his head. "This big surgeon my sister wants us to call in would not charge me as much as that." I learned afterward that my consultant of large fame actually did the operation—hysterectomy—for \$40.

I mention this case because it is typical of the point I wish to bring out. My consultant is a good man. His alma mater is proud of him, so is his state, so is his country—so am I for the advances he has made in surgery. He is an honor to his profession. He is one of the men whom an esteemed French confrère had in mind when he wrote me enthusiastically: "I have visited every great medical center in the world, and I have never yet seen the equal of your surgical clinics in Chicago. It is magnificent—the material, and the men you have to operate on it." My consultant is an overworked man; he has more operations than he can do. Patients wait their turn for him. He was not tempted to take my case away from me, nor unwilling to share the honors, if there were to be any, of the result of the operation, because he was in need of money. He is not a grasping man; his fee of forty dollars would give the lie to such an accusation. It is said he stood at the head of his class in the average of his studies, but he certainly was never compelled to take an examination in medical ethics. He is too busy now to think about such a trifling thing as ethics. He may have seen the word written somewhere. He may possibly glance over the Association's revision of the Code, but it will never occur to him during his eminently successful and busy career to drink of the spirit of these rules and regulations. He is too old to learn. Hundreds of men will continue to witness his operations and to learn what they may from him, but if they have good sense, they will avoid him assiduously as a consultant. Meanwhile he will unconsciously continue, day after day, to go on with the gentle art of dampening the youthful ardor of the enthusiast who leaves his alma mater with high ideals and ethical aspirations. He will make these men smile at the mention of Flint on Ethics, and have thoughts unfit for publication when he reads "Of the duties of the physician in regard to consultations."

In Article I, Section 2, the revision of the Code admonishes the physician to "entertain a due respect for those seniors who, by their labors, have contributed to its advancement." Be assured the younger man will never fail in veneration for his senior, if the latter is worthy of it. The ethical man of reputation will ever have bestowed on him his due—and more.

The discourtesy existing in many of our medical societies in America is proverbial, and so rough is the abuse at times, and so unwarrantable the insults, that many a man who would