

forth will be held triennially, the next being at Geneva in 1925. At this year's congress, Great Britain was well represented by Sir Norman Moore, Sir d'Arcy Power, Dr. and Mrs. Charles Singer, Sir James Purves Stewart, E. T. Withington, W. Wright, F. J. Poynton, W. G. Spencer, J. D. Comrie, C. J. S. Thompson, Major Gen. Sir F. Smith and others; France by Laignel-Lavastine, Fosseyeux, Villaret, Jeanselme, Wickersheimer and others (Menetrier unfortunately could not attend). Capparoni and Castiglioni from Italy, Tricot-Royer from Belgium, de Lint from Holland and Sigerist (unofficially) from Switzerland were other prominent members. The United States was represented by Drs. B. I. Hart of Bridgeport, Conn.; E. B. Krumbhaar of Philadelphia, and Victor Robinson of New York. Dr. Fielding H. Garrison, the official delegate, was compelled to be absent, having been ordered to the Philippines. It is hoped that before the next congress, a national section (as called for in the regulations of the international society) will be organized and firmly established in this country.

E. B. KRUMBHAAR, M.D., Philadelphia.

"A NEW TYPE SIGMOIDOSCOPE"

To the Editor:—In THE JOURNAL, September 30, Lyon and Bartel describe a new type sigmoidoscope. They object to the seven-eighths inch diameter of the Tuttle and Lynch instruments as being too large, and could get only a short Axtell with a smaller diameter. Evidently they are not acquainted with Yeoman's sigmoidoscope, made by Wappler of New York. I have and now use a Yeoman's instrument with a barrel of five-eighths inch diameter, and also one with a three-eighths inch diameter for "nervous patients" and children. The light is placed at the butt of the instrument and is of a substantial type, and a lens window which does not blow off with inflation is also attached. I have found both light and window so satisfactory under all conditions that I have had it attached to both a proctoscope and an anoscope, the latter of the Hirschman model.

HARRY GOLDMAN, M.D., New York.

COLLECTING PHYSICIANS' ACCOUNTS

To the Editor:—I have read with interest the editorial comment on collection agencies, in THE JOURNAL, September 23. My experience, covering the last fifteen years, with collection agencies is that it is time and money wasted to have anything to do with them. The question of what to do with past due accounts had been agitating the physicians of this community. Finally a meeting of all the physicians and dentists was called to discuss ways and means to get our outstanding accounts in more businesslike shape. After discussion, a committee was formed to draw up an agreement for a working organization. This brought into being the Physicians and Dentists Clinic Association of Cache Valley.

We secured the service of a man as auditor who had had several years of experience for banks and business houses in this class of work. The members of the association put into his hands accounts amounting to about \$20,000 and added to them month by month as accounts became from sixty to ninety days old.

We have been under way now four months, and results have been good. It has had a good moral effect. It has brought the professional men together as nothing else could, and has brought to time that class who never intend to pay a physician, going from one to another without paying any. Up to the present several thousand dollars in cash has been collected for the association, with several thousand dollars' worth of accounts put in note form. Our business agent follows up the accounts and notes when due, and insists on

payment or renewals, as a bank or a business house would do. Objections on the part of the public have been remarkably few, and no one, so far as we can learn, has suffered in any way from the adoption of a more businesslike method in the handling of their accounts.

A complete set of books is kept in the secretary-treasurer's office. Every account statement, receipt and check is made out in duplicate form so that a double check can be made on every transaction. In a system like this, the expenses of the first few months will be large, but after several months they should keep getting less and less, until the cost of collection should be down to from 10 to 15 per cent. Even if it were 25 or 30 per cent., it would be an improvement over the average loss of from 40 to 60 per cent. on old accounts.

For a system like this there should be in the organization not less than ten active men, and from that up to as many as one good competent man could handle by devoting all his time. To be successful, all the men must be united behind the business agent and give unanimous support.

G. W. STATES, M.D., Preston, Idaho.

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.

PRECIPITIN TEST FOR MENINGITIS

To the Editor:—Please tell us whether or not the precipitin test for meningitis is reliable. The test is given in many textbooks, telling us to take the clear spinal fluid and add a small amount of antimeningococcus serum and incubate five or six hours. Should this incubation be carried on at body temperature or at 56 C.? We have tried the test in two supposedly positive cases—cases in which meningococcus-like organisms were found, but in which the patients were not very sick or rigid. Incubation was done at 56 C. for five hours. Results were negative. Can we feel quite positive that infection was not a true meningococcus infection, or is the test unreliable? If the test was not performed correctly, please tell us the correct method.

_____, Wisconsin.

ANSWER.—Dopter, the French authority on meningococcus infection, in his recent book (*L'Infection méningococcique*, 1921) says that on adding from 1 to 5 drops of antimeningococcus serum to about 5 drops of cerebrospinal fluid, first cleared thoroughly by centrifugation, and then incubating at 37 or preferably 55 C. for five or six hours, an opalescence may develop if the meningitis is due to the meningococcus. The control tube, incubated in the same way, should contain the same cerebrospinal fluid but no antimeningococcus serum, and this fluid should remain clear. Dopfer says that sometimes the fluid in the control tube also becomes opalescent, and that normal horse serum may give opalescence when used in the place of antimeningococcus serum; furthermore, that the reaction sometimes occurs in cases of meningitis due to other organisms than the meningococcus, such as the pneumococcus and the tubercle bacillus; and also that the reaction may fail to develop even when the meningococcus is the pathogenic agent. These observations self-evidently limit greatly the value of the precipitin reaction in meningococcus meningitis. It should be noted, however, that it has been found possible by means of this reaction to determine to what group the particular meningococcus in a given case belonged, showing that under certain conditions the test may have diagnostic specificity.

Basal Metabolism.—The heat production per square meter of surface, using the Du Bois method, is 39.7 calories per hour, provided the individual is resting and is "normal," and provided the experiment is carried out before the administration of food in the morning (that is, after he has fasted from twelve to fourteen hours). This is the so-called "basal metabolism," and constitutes the unit of reference whereby we can measure what are the deviations from the normal. Harrow: *Glands in Health and Disease*, E. P. Dutton & Co., 1922.