

To determine the relative frequency of premature births and miscarriages among the clinic type of the two races I compared the histories of three hundred and eighteen white mothers with those of five hundred and ninety-nine negro mothers, and to my surprise found that a slightly larger per cent of whites gave a history of one or more miscarriages than did the negroes.

Of the three hundred and eighteen white mothers bringing their babies to the clinic one hundred and fourteen of them, or 35.8 per cent, gave a history of having had one or more miscarriages, while among the five hundred and ninety-nine negroes questioned on this point two hundred and one, or 33.5 per cent, gave this history.

The interesting question arises, why should a larger per cent of white mothers of the clinic type give a history of miscarriages than do the negro mothers, if hereditary syphilis is three times as common among the negroes as the whites?

It is evident that some factor other than this disease is having the effect of producing an abnormally large number of miscarriages among the poorer classes of the white population. An investigation of the social conditions of the two races revealed the fact that most of the negro mothers were employed in their own homes as washwomen during and after gestation, whereas the majority of the white mothers were working in the cotton mills during this period.

Dr. Jacobi, in his presidential address to the American Medical Association in 1912, emphasized the fact that hard labor up to confinement interferes with the life or the health of the foetus and the new born. He called attention to the large percentage, 53.67 per cent, of premature births and miscarriages among the women working with metals, and stated that in other occupations the percentage was 17.2 per cent, an unwarranted large number.

Certain it is working conditions in the average southern cotton mill are not conducive to

the welfare of the expectant mother. Her poverty is such that she continues at work until the last possible moment, and returns soon after child-birth. Furthermore, the unfortunate effect of this upon infant welfare is shown by the fact determined at the clinic that more negro mothers successfully nurse their babies than do white mothers.

CONCLUSIONS.

1. Among the clinic type of patients hereditary syphilis is approximately three times as frequent in the negro race as in the white.
2. The most significant symptoms during early infancy, in the order of their frequency, are snuffles, general glandular enlargement, eruption, enlargement of the spleen, and epiphysitis.
3. In older children, while the symptoms are quite varied, by far the most common is persistent nocturnal pains.
4. Some factor other than syphilis is responsible for an abnormally high per cent of premature births and miscarriages among the clinic class of southern whites.

AUTHORS' ABSTRACTS.

Medicine.

Hypersensitiveness to Pneumococcus Protein, with Special Reference to Its Relation to Immunity. By P. W. Clough, Baltimore, Md. Bulletin of Johns Hopkins Hospital, February, 1915.

Recent studies of the reaction of the living body to injections of foreign protein (particularly bacterial protein) have shown that a condition of hypersensitiveness to the foreign protein is often associated with immunity to living virulent cultures of the corresponding organism. Indeed, hypersensitiveness and immunity seem often to be different manifestations of a single process—the accelerated decomposition of foreign protein that occurs in allergic (sensitized, or immunized) animals. This work was undertaken to ascertain whether a similar relationship exists between hypersensitiveness and immunity to the pneumococcus.

By a slight modification of Besredka's method, a protein extract was obtained from pneumococci which would sensitize normal guinea pigs and which would specifically intoxicate suitably sensitized guinea pigs.

During extraction considerable toxicity may develop. This may largely be eliminated by heating (60 degrees C.). Normal animals, which die

after intravenous injection of such toxic extracts, show practically the same symptoms and autopsy findings as animals dying in typical anaphylactic shock.

There is quantitatively a certain degree of specificity in the reactions of suitably sensitized animals to extracts of pneumococcus, *Str. viridans*, and *Str. pyogenes*.

Guinea pigs sensitized with pneumococcus extracts showed inconstantly a very slight grade of immunity to infection with living virulent cultures. Animals highly immunized by repeated subcutaneous injections of living virulent cultures showed also marked hypersensitiveness to pneumococcus extracts.

It was not possible to demonstrate a condition of hypersensitiveness to pneumococcus "protein" in patients with pneumonia by the local application of a solution of the protein to the conjunctiva, or by intracutaneous injections.

The Examining Physician's Relation to the Insurance Company, Its Agent and the Applicant. By J. W. Simmons, Brunswick, Ga. *Journal of the Medical Association of Georgia*, March, 1915, pp. 322-325.

In this paper the author considers the financial interests and interrelations of the insurance companies, agents and applicants. First, the desire of the company of the business for profit accruing, but with the intention of keeping its chief asset intact, its standard of longevity, on which its rates are based. This is endangered by careless examiners. Second, the agent's livelihood must be considered a spur to promptness and fairness. Third, is considered the various personalities and characters of the risks, citing examples of the man who has not yet been thoroughly convinced by the agent and cares little whether he is accepted or not, probably having insurance enough. Another is anxious and suspicious of his acceptability, evasive, yet communicative, sometimes intentionally misleading, testing the skill of the best examiner.

Considering the relations, the paper deals with cursory examinations, "curbstone examinations," lack of interest in the applicants' needs, too little information given the company, sometimes resulting in declinations that might have been avoided by more explicit information, yet giving the company the "benefit of the doubt."

Invidious comparisons with the applicant as between different companies uncalled for, while a boost for the company and its agent, often results in much good, and is not beneath the dignity of the profession. To recommend insurance in homes where the need of it is recognized is doing humanitarian service.

Acute Perforating Ulcers of the Stomach and Duodenum. By R. L. Payne, Jr., Norfolk, Va. *The Charlotte Medical Journal*, March, 1915, pp. 163-167.

The author reports four successive cases in a period of three weeks with recovery in every case. Primary gastro-enterostomy was done in three of these cases and the writer believes that

this is the correct procedure in acute perforations, providing:

First—The patient's condition is moderately good.

Second—The perforation has not existed too long.

Third—The peritonitis is limited to the liver pouch.

Fourth—The perforation can be completely closed and the area of peritonitis thoroughly covered in with gauze packs.

Fifth—The operator is experienced, skillful and rapid in the execution of the technic.

The most instructive point to be gained from the case histories reported is the marked similarity between appendicitis and acute perforating ulcers of the stomach and duodenum.

Payne points out that the differential diagnosis is made more important when we realize that an appendix case frequently maintains a good resistance for three or four days while in acute perforations of the stomach and duodenum the mortality steadily increases after the first twelve hours and without operation death will certainly follow in 99 per cent of the cases.

He suggests a more careful study of those cases of gastric indigestion which are prone to hang on in spite of appropriate medical care lest they be thrust upon us with symptoms of acute perforation.

When in doubt, exploration is much safer than the complications of ulcer, namely, hemorrhage, perforation and malignancy.

Liver Function as Influenced by Anesthetics and Narcotics. By G. H. Whipple and J. S. Speed, Baltimore, Md. *Journal of Experimental Medicine*, March, 1915.

It has been established that specific liver poisons (chloroform, phosphorus) which cause histological changes in the liver cells, decrease the liver excretion of phenoltetrachlorphthalein.

Also vascular disturbances (Eck fistula, passive congestion) with or without histological evidence may cause a fall in the output of phthalein through the liver. Sufficient evidence has been brought forward to show that the phenoltetrachlorphthalein excretion is a valuable index concerning the functional capacity of the liver.

Ether anesthesia for a period of two hours usually causes a depression in the phthalein curve during the twenty-four hours following the anesthesia.

Paraldehyde in doses sufficient to give anesthesia and stupor for a few hours will give a definite fall in phthalein excretion.

Chloral and urethane usually cause a decrease in phthalein output when given in considerable amounts.

Alcohol causes a drop in the phthalein curve when given in large doses sufficient to cause stupor for a few hours. The drop in phenoltetrachlorphthalein excretion is demonstrated in the twenty-four hours following administration of the drug. A drop in the phthalein curve to two-thirds or one-half of normal indicates a definite liver injury and temporary impairment of function.