

Medical Council, asking if he were still practicing. Of the personality of the faker, the *Record* says:

There is no doubt that "Dr. Gibson" possessed an outstanding personality. With keen, intellectual features, to quote one acquaintance, his physical appearance at once attracted attention, but apart from that he was a man of wide reading, and had a profound knowledge of his fellow men. He was deeply versed in medical lore, and so far as one is able to judge, never once gave himself away in any of his frequent consultations with well-known doctors.

To an acquaintance Gibson stated that he had been in Johannesburg six or seven years ago, *apropos* of which it is understood that recently he operated upon a detective who was after him on his previous visit. Although the police had his photograph and his record, and were desirous of coming into close touch with him he does not seem to have been much worried. It is related of him, in fact, that on one occasion he went to Marshall Square to lay information against a native, and that this was not the only time he personally approached the police.

Another remarkable characteristic of the man was his profession of deep religious convictions. So great indeed was his interest in ecclesiastical topics that more than once he visited the house of a well known minister of religion, and had arguments with him. He also took a keen interest in the hospital ordinance brought before the provincial council by the labour party, and discussed details with the promoters.

How he robbed the banks is more a matter of criminal history. Suffice it to say that it was done in a manner that disarmed suspicion, and he was able to get a long start of the police. He left Johannesburg on March 4 or 5, and to the last kept up his intercourse with several doctors, even wiring to one of them from Delagoa Bay to the effect that he was "having a fine time."

From that moment both he and his wife had vanished as though the earth had swallowed them, and, in spite of the utmost efforts of the police, have not been seen. A suggestion was made to the *Sunday Times* that they have been spirited away by a steam yacht owned by an international gang of crooks, to which the "doctor" belonged, but no confirmation of this can be obtained.

Correspondence

Amblyopia

To the Editor:—In *THE JOURNAL*, June 12, 1915, p. 2001, in "Medical Notes on England at War," Sir William Osler writes:

"A very puzzling case which interested us greatly at Clevedon was a man with monocular amblyopia, without visible changes in the fundus or in reflexes; there was in the left eye complete defect of vision, except a very small area in the temporal field."

On page 203 of the *Medical Times*, July, 1901, occurs the following:

"A form of amblyopia shows itself in infancy and childhood, is common in middle age, but is most prevalent in old age. It comes in but one eye, may exist for years unknown and be confused with amaurosis and other amblyopias. Loss of vision may be slight or extreme, may be rapid in its course or years developing. In a few cases there is unnoticeable cockeye. The outer side of the field of vision suffers least, probably because the corresponding portion of the retina never sees objects which can be seen by the sound eye. This seems to show that this blindness is suppression of function to avoid double vision, dissimilar or blurred images."

N. B. JENKINS, M.D., New York.

[COMMENT.—The term "amblyopia" is unfortunately so elastic that it is used to describe conditions of defective vision varying in degree from a slight blurring to complete amaurosis or blindness. The case referred to by Sir William Osler might come under one of three headings: (1) amblyopia from hemorrhage; (2) feigned amblyopia, or (3) functional or hysterical amblyopia. Under the first group it must be assumed that the patient lost a large quantity of blood from some battle wound. It is not stated whether or not this was

the case. It is now believed by most ophthalmologists that in most cases of amblyopia following profuse hemorrhage, some other abnormal condition is present besides the loss of blood, to account for the visual defect. In this connection, too, it is interesting to note that the literature on this subject emphasizes the relatively infrequent occurrence of amblyopia following hemorrhage, among soldiers wounded in battle; and when it is seen it is almost always bilateral.

Feigned amblyopia or malingering might for a time escape the attention of the army surgeon, but with the many infallible tests which the ophthalmologist has at his disposal, any attempt at this form of deception would be discovered at once.

There remains the third form of functional or hysterical amblyopia, to which this case apparently belongs. Occurring as it did "under the extraordinary stress and strain of trench fighting," which in the present war has been the cause of so many cases of insanity and milder degrees of brain disturbances among the troops at the front, it would not be very strange to come across at least a few cases of this form of amblyopia. It must be remembered that in an amblyopic eye the degree of visual defect bears no relation to the ophthalmoscopic findings. Good visual acuity may be present with pronounced fundus changes, and vice versa. If enough vision were left in this case to permit a perimetric examination of the color fields, and these were found to be reversed, the diagnosis would be absolute. In any event, careful search would probably disclose some other hysterical stigmata, such as pseudoparalytic ptosis, reflex photophobia or blepharospasm.]

Depage to His American Colleagues

To the Editor:—I enclose literal translation of a letter just received from Dr. Depage which he wishes to have published. I think it should be printed in *THE JOURNAL*, as it is addressed to the medical profession in this country.

RICHARD H. HARTE, M.D., Philadelphia.

My dear Colleagues:—I have received from a large number of you, and notably from the Committees which you have formed, the most touching tributes of sympathy and of condolence for the catastrophe of the *Lusitania* in which my wife lost her life.

These tributes are so numerous and so unanimous that I wish to express to you publicly my appreciation of them. I address myself to you, my dear colleagues, as the authorized representatives of the humanitarian sentiments which so honor the great American nation.

You all know, as I wrote to you when my wife left for America, for what purpose she accepted the mission which the Red Cross confided to her. In the presence of the unexampled miseries of which we have been the prey, she had resolved to solicit your fraternal assistance. You gave her that largely, I should say "joyously" if the word could be used in these times.

The letters my wife wrote to me in the course of her mission told me how you worked for her, and revealed to me the extent and generosity of your projects for our wounded. Your hearts were open to our appeal; your country did not wait to come to our assistance. Powerful America wished to take under her protection our little people, tortured but always valiant.

My great sorrow does not permit me to reply as I wish I might to each one of you. Only today have I been able to measure—thanks to the letter of your compatriot, Dr. Houghton—the extent of the gratitude I owe, to him first for having risked his life in trying to save that of my wife, and after that to you all for your devoted help in our common work. Under the strain of my emotion, the sentiment of thankfulness is the only one to which at this moment, I am able to give expression. Permit me to do so with all my heart.

ANTOINE DEPAGE, La Panne, Belgium.

[COMMENT.—Dr. Antoine Depage, it will be remembered, was president of the International Surgical Congress which met in New York last year, and is at the present time chief of the Belgian Red Cross. Mme. Depage was in the United States soliciting help for that small part of Belgium which still remains free. Contributions from this country for the Belgians have gone through Holland, consequently none

reached this part of Belgium, since they would have had to go through the German line. In the short time Mme. Depage was in this country, she collected approximately \$150,000. Hearing that her younger 16-year-old son had also enlisted, she was hurrying home in the quickest manner, hence taking the *Lusitania* to greet him before he went to the front.]

Pulsus Alternans and the Sphygmomanometer

To the Editor:—Several contributions to the literature of pulsus alternans with respect to its determination by the sphygmomanometer have recently been made in this country and abroad without due recognition of Hoffmann and Rehberg, who described the method in 1906 and 1909, respectively, the former in the *Münchener medizinische Wochenschrift* (liii, 1977), and the latter in the *Zeitschrift für klinische Medizin* (lxviii, 247). Rehberg in his summary says:

There are two methods of rendering manifest a latent pulsus alternans: (a) by artificially increasing the frequency; (b) by increasing the pressure proximally from the artery being investigated. This not only can increase the size of the pulse waves but may also render evident any retardation in the small pulse. (Als besondere Ergebnisse hebe ich hervor: 1. dass es 2 Methoden gibt, den latenten Pulsus Alternans zur Wahrnehmung zu bringen: (a) durch die (hier nicht angewendete) künstliche Erhöhung der Frequenz; (b) durch Erhöhung des Druckes zentralwärts von der untersuchten Arterie, wobei sich nicht nur ein Grössenunterschied der Pulswellen, sondern auch eine Verspätung des kleinen Pulses bemerkbar machen kann.)

Rehberg points out also the necessity of graphic records in the determination of alternation of the pulse.

PAUL D. WHITE, M.D., Boston.

New York Polyclinic Hospital Not Responsible for Method of Treating Inoperable Cancer

To the Editor:—In view of the publicity which has been given by the lay press to a method of treating inoperable cancer, and the use that has been made of the name of the Polyclinic Hospital therewith, the management of the Polyclinic desires to disclaim any connection with or responsibility for this method of treatment. The cases that have been treated in the hospital have been received as the private cases of physicians who have the privilege of sending patients to the pay wards and private rooms of the hospital.

JOHN A. WYETH, M.D.,
A. R. ROBINSON, M.D.,
CHARLES H. CHETWOOD, M.D.,
D. BRYSON DELAVAN, M.D.,
JOHN A. BODINE, M.D.,
WM. H. KATZENBACH, M.D.,
W. VAN V. HAYES, M.D.,
New York.

Board of Management, Polyclinic Hospital.

Inadequate Supply of Long Catheters

To the Editor:—At various times I have urgently needed a soft rubber catheter 18 inches in length and have been unable to obtain one in Chicago. It would seem to me probable that other physicians may have found themselves at times in the same dilemma. Would you kindly suggest a means for the relief of this situation? Most of those obtainable are from 16 to 16½ inches in length.

SANGER BROWN, M.D., Kenilworth, Ill.

The Cigar Cutter

To the Editor:—The public drinking cup has become a rare article, which is certainly a good thing. There is another public nuisance which to me seems a greater evil, and that is the cigar cutter, for one can rinse out the cup but not the cutter. One has only to stand in a cigar store for a few minutes, when he will notice a man buy a cigar, roll it around in his mouth, and put the end—possibly with the saliva dripping from it—into the public cutter and clip it off. This is repeated many times, and the cutter must get

covered with germs—much more so than the drinking cup, which can be rinsed.

Many states have abolished the public drinking cup, but I know of none that has done away with the public cigar cutter. Were it abolished it would be another move in the right direction.

PAUL E. WIESEL, M.D., Garfield, Wash.

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.

OUTSIDE CONTAMINATION OF MILK BOTTLES

To the Editor:—I have written to a number of health commissioners and editors of medical publications in reference to milk infection. The danger of outside milk bottle contamination has been pointed out as a source of milk infection. The average milk bottle passes through many hands, is placed in filthy racks in the wagon, and is placed under door-steps exposed to dust and other infectious matter before reaching the buyer.

Will you kindly inform me what is the importance of outside milk bottle contamination in milk infection?

Do you approve of adopting means to protect the entire milk bottle from contamination, to prevent the possible danger of milk infection?

A. H. BRAECKLEIN, M.D., Baltimore.

ANSWER.—In the reported instance of milk-borne infection apparently due to bottle contamination (*THE JOURNAL*, June 22, 1912, p. 1941) it is not possible to distinguish between inside and outside contamination. There can be no doubt, however, that contamination of the inside of the bottle is by far the more dangerous. While it is evident that the outside of any food container should be kept as clean as practicable, it is questionable whether regulation requiring a special cleanliness of the outside of milk bottles could be effectively enforced.

UNGUENTINE

To the Editor:—What is the status of "unguentine," a preparation put out by the Norwich Pharmacal Company of Norwich, N. Y.? If the composition of the preparation has been given in *THE JOURNAL*, please refer to the proper number. A fellow practitioner extols the compound highly in the treatment of burns and especially sluggish skin ulcers, but as he is unable to give its composition, I argue he is shooting in the dark, and that there are other official preparations of known composition which are preferable.

J. B. H. WARING, M.D., Fort Logan, Colo.

ANSWER.—An analysis of unguentine made in our chemical laboratory was published in *THE JOURNAL*, March 27, 1909, p. 1047. From that analysis it was concluded that unguentine contained as its essential constituents aluminum acetate and zinc oxid, or more probably impure zinc carbonate (the entire quantity of both not exceeding 5 per cent.), phenol (less than 1 per cent.) and aromatic oils (amounting to not more than approximately 1 per cent.), the ointment base being, in the main, petrolatum. It contained no ichthyol or, if any, but the merest traces. An examination of the advertising claims made at the time showed that the claims of composition had varied from time to time. The report concluded:

In Unguentine we have, therefore, another proprietary "specialty," regarding the composition of which indefinite, false or misleading statements have been made—this irrespective of protestations of honesty by the firm.

No further examination of unguentine has been made since publication of the foregoing report. It is quite possible, therefore, that the unguentine of today differs from that which was the subject of analysis. The argument that one using unguentine is "shooting in the dark" would seem to be correct.

SENSITIZED AND PLAIN VACCINES

To the Editor:—Please advise me if there is any real value of the sensitized typhoid vaccine over the plain.

J. HUTCHINGS WHITE, M.D., Muskogee, Okla.

ANSWER.—Sensitized vaccines are made by exposing suspensions of bacteria, for example, typhoid bacilli, to the action of the corresponding immune serum which has been heated