

## Correspondence

### Holmes, Not Semmelweis

*To the Editor.*—Anent the interesting letter of Dr. Simon Baruch (*THE JOURNAL*, May 2, 1914, p. 1420), in your last issue concerning the priority of Holmes over Semmelweis "in the discovery" of the contagiousness of puerperal fever, Dr. Holmes himself states that his essay was read before the Boston Society for Medical Improvement, and at the request of the society printed in the *New England Quarterly Journal of Medicine and Surgery* for April, 1843. According to Hirst of Philadelphia the observations of Semmelweis were made in the Vienna Hospital in 1846-1848, while another paper which attracted wide attention was from the pen of Sir James Y. Simpson on "The Analogy between Puerperal and Surgical Fevers," published in 1850. That the facts will establish the priority of Holmes over Semmelweis would seem to be without question.

It is contrary to facts, however, to consider Holmes as the discoverer, a claim which he never made and which his own words disprove by quotations from writers who recognized the truth as clearly as did he, but long before. Among them Dr. Gordon of Aberdeen, in a treatise published in 1795, said:

"I had evident proofs of its [puerperal fever's] infectious nature, and that the infection was as readily communicated as that of the small-pox or measles, and operated more speedily than any other infection with which I am acquainted.

"I had evident proofs that every person who had been with a patient in the puerperal fever became charged with an atmosphere of infection, which was communicated to every pregnant woman who happened to come within its sphere. This is not an assertion, but a fact, admitting of demonstration, as may be seen by a perusal of the foregoing table" [referring to a table of seventy-seven cases, in many of which the channel of propagation was evident].

"It is a disagreeable declaration for me to mention that I myself was the means of carrying the infection to a great number of women." After enumerating a number of instances in which the disease was conveyed by midwives and others to neighboring villages, he declares that "these facts fully prove that the cause of puerperal fever, of which I treat, was a specific contagion, or infection, altogether unconnected with a noxious constitution of the atmosphere.

"I arrived at that certainty in the matter that I could venture to foretell what woman would be affected with the disease, on hearing by what midwife they were to be delivered, or by what nurse they were to be attended, during their lying-in, and almost in every instance, my prediction was verified."

I need not take space to cite passages also from White, Armstrong, Gregson, Gooch, Ramsbotham and other, chiefly English, authorities on whose researches Dr. Holmes based his argument, as the entire paper should be read by those interested. What I want to bring out is that the great debt we owe to Oliver Wendell Holmes, in this connection, is *not* that he discovered the contagiousness of puerperal fever, for this he certainly did not do, but that he clearly saw the truth as established by others and with his wonderful power as a master of English prose presented it in his usual attractive and forcible manner.

WILLIAM W. ROOT, M.D., Slaterville, N. Y.

### Priority in the Adoption of Higher Entrance Requirements

*To the Editor.*—My attention has recently been called to a letter under the above caption in *THE JOURNAL*, March 21, 1914, p. 951, which may cause some to think that, in a paper read at the last meeting of the Council on Medical Education, I sought in some way to claim priority for the University of Virginia in the matter of requiring a year of college work for admission to the medical course. In view of the wide publicity which *THE JOURNAL* has given to the dates when the various higher entrance requirements were adopted by various medical schools, such an assumption would be anything but flattering to my intelligence, not to mention honesty, and I hasten to plead not guilty

A reference to the paper in question, which was published in *THE JOURNAL*, March 14, 1914, p. 826, will be sufficient, I think, to show that the matter of priority was not in my mind, but that the date was stated simply as one among several facts which, taken together, might be thought to substantiate the opinion that, at the time and under the circumstances mentioned, the adoption of this requirement was "in a way an absurd thing."

R. H. WHITEHEAD, M.D., Charlottesville, Va.

### Rubeola and Choroiditis

*To the Editor.*—Some years ago a child was brought to me who had suddenly developed partial blindness during an attack of rubeola. Ophthalmoscopic examination revealed choroiditis, which advanced to partial atrophy. This case caused me to investigate, and revealed the fact that but few cases of choroidal atrophy can be found which will not furnish a previous history of rubeola.

Swanzy states that rubeola may be the cause of purulent choroiditis, but there is scant if any reference to it in the text-books. In one case an intelligent young woman was referred by me to an eminent oculist for an obscure tumor of the fundus following rubeola. This tumor disappeared to be followed by choroidal atrophy. I have found no drugs of any value—the treatment must be preventive.

C. DREW, M.D., Jacksonville, Fla.

## 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.

### SACCHARIN IN DIABETES

*To the Editor.*—Please tell me the objection to the use of saccharin in cases of diabetes in doses of 2 to 3 grains per day as a sweetening agent. I know that the use of this preparation has been prohibited in a commercial way. Do you know anything to take its place for use in diabetes?

R. J. HILL, M.D., Minneapolis.

ANSWER.—Benzosulphinid (saccharin) is an antiseptic and tends to hinder slightly the action of the digestive ferments. An excessive quantity of it may, therefore, impair digestion. In the moderate doses in which it is used for sweetening beverages of diabetics it is not liable to do harm. The prohibition applies to the use of this preparation in the sweetening of preserved foods. In amounts of over 0.3 gm. (5 grains) per day, it has been pronounced harmful by the government Referee Board of Chemists. Glycerin can be used for sweetening the food of diabetics and may properly be used as an alternative in place of saccharin.

### LITERATURE ON DISEASE AND CRIME

*To the Editor.*—I am looking for information on defective physical conditions as the cause of crime, or physical defects as a cause of criminal and degenerate acts. Can you direct me to something not too voluminous?

G. H. VAN DYKE, M.D., Chicago.

ANSWER.—The following is a list of articles on this subject:

- Talbot, E. S.: Stigmata of Degeneracy in the Aristocracy and Regicides, *THE JOURNAL*, Nov. 10, 1894, p. 710.
- Talbot, E. S.: A Study of the Stigmata of Degeneracy among the American Criminal Youth, *THE JOURNAL*, April 9, 1898, p. 849.
- Noble, C. P.: The Law of Degeneracy in Its Relation to Medicine, *New York Med. Jour.*, Dec. 24, 1910.
- Lombroso, Cesare: Crime: Its Causes and Remedies, Boston, Little Brown & Co., \$4.50.
- Payse, F. M.: The Physical Causes of the Slighter Forms of Mental Defects in Children, *Lancet*, London, 1901, clxi, p. 11.
- MacDonald, A.: Physical Stigmata of Degeneration, *Med. Fortnightly*, July 25, 1907.
- Hughes, M. R.: Some Anomalies of the Stigmata of Degeneracy, *Virginia Med. Semi-Month.*, July 24, 1908.
- Noble, C. P.: Hereditary Hypoplasia in Man Due to Degeneracy, *THE JOURNAL*, Feb. 13, 1909, p. 552.
- Fry, D. R.: Pathologic Condition of the Nose, Throat and Ears as Etiologic Factors in Degeneracy, *Ohio State Med. Jour.*, September, 1910.
- Hughes, M. R.: Recurrent Insanity and the Stigmata of Degeneracy, *Med. Fortnightly*, November, 1910.