

Correspondence

THE SIGNS OF SYPHILIS

To the Editor:—In the current number of the *American Journal of Syphilis*, Dr. A. S. Warthin of the University of Michigan contributes an extraordinary paper on the "New Pathology of Syphilis," in which he states that, as a result of microscopic methods, he has been able to demonstrate syphilitic changes in 40 per cent. of 750 subjects examined postmortem. Assuming that the population of the state of Michigan is neither more nor less venerably unfortunate than that of other localities, Dr. Warthin's statement naturally suggests that 40 per cent. of humanity is demonstrably if not dangerously syphilized. Happily for the individual as well as for a profession that is already sufficiently if not unduly impressed by the ubiquity of syphilis, the methods by which Dr. Warthin arrived at this remarkable and disquieting conclusion are not beyond dispute, identical methods in other hands having failed to yield comparable results. For example, Dr. Warthin, on the basis of a comparatively limited necropsy experience, makes the extraordinary statement that in "only a small number of cases are the gross lesions . . . typical enough to be recognized by the naked eye" and that "the pathologic diagnosis of syphilis is essentially microscopic."

I venture to suggest that the pathologist whose routine brings him in contact with one or several necropsies daily, and who is called on thousands of times in the course of every year to interpret microscopic alterations in tissues, will be slow to subscribe to these sentiments. Certain it is that the "sclerosis of connective tissue and plasma cell infiltration," so prominently depicted by Warthin as characterizing syphilitic lesions, are not so confidently interpreted by most pathologists. So, too, Warthin's measure of success in finding *Spirochaeta pallida* in apparently unchanged tissues or in small fibrotic foci in different organs has not fallen to the lot of certain other pathologists employing the same methods in search of the self-same truth, and bespeaks for the distinguished Michigan investigator an acuity of vision that is apparently vouchsafed to few. In fact, the demonstration of spiral micro-organisms in silver preparations of the older, sclerotic tissues of known syphilitic lesions is by no means an easy or common accomplishment, and even in active, vicious syphilis it is sometimes a fruitless task. Nor has the Wassermann reaction aided materially in the all-important determination of the incidence of syphilis. While a positive Wassermann reaction is a highly suggestive indication of syphilis, it is now almost universally admitted that the reaction has its limitations—an occasional enthusiast to the contrary—and that it sometimes occurs in conditions other than syphilis and that it does not always occur in syphilis.

All things being taken into consideration, it would seem that the most dependable signs of syphilis still are those which pathologic anatomists and properly trained clinicians have long known, the refinements of serology and of microscopic technic serving as additional considerations of undoubted value.

DOUGLAS SYMMERS, M.D., New York.

Acting Director of Laboratories, Bellevue and Allied Hospitals.

SODIUM INSTEAD OF POTASSIUM SALTS— WITH ONE EXCEPTION

To the Editor:—I am strictly in favor of the agitation which has for its purpose the replacement whenever possible of potassium salts by the corresponding sodium salts. Whenever the corresponding potassium and sodium salts are equivalent in their action, the sodium salt is practically always preferable. It is less depressing and less irritating to the gastro-intestinal tract.

There is, however, one exception. And that is the iodid. I would consider it a calamity if physicians were induced

to use on their tertiary syphilitic patients sodium iodid instead of potassium iodid.

It is a truism to say that a salt does not merely present the sum of actions of its component elements or ions. Chlorin in combination with hydrogen does not have the same effect as chlorin in combination with sodium. And iodin in combination with sodium has not the same effect as iodin in combination with potassium. Though the percentage of iodin in sodium iodid is considerably greater than in potassium iodid, nevertheless a certain dose of potassium iodid will exert a much more decided and intensive action than the same dose of sodium iodid. The action of the iodin ion seems to be greatly intensified by its combining with the potassium ion.

No syphilologist, no general practitioner, who had occasion to treat tertiary syphilis, ulcerative gummas or gumma of the brain would fail to bear testimony to the difference in effect between potassium and sodium iodid.

Let us all use sodium salts instead of their corresponding potassium salts, but let us bear in mind this one exception: not to substitute sodium iodid or ammonium iodid or any other iodid when potassium iodid is distinctly and unequivocally indicated.

WILLIAM J. ROBINSON, M.D., New York.

EGG-SHELLS AT ARMY HOSPITALS

To the Editor:—An experience in the Civil War at the Satterlee Hospital in West Philadelphia was described by Weir Mitchell in an address in Chicago not long before he died. At that one hospital of 3,000 beds the egg-shells were saved and sold. The revenue, if I remember rightly, was \$3,000 a year! They were used in the manufacture of face powder, as they are pure calcium carbonate. The revenue went into the hospital fund for the purchase of otherwise unobtainable luxuries for the sick. With our present immense armies the revenue from this one "by-product" should be correspondingly increased. Possibly this has already been done, but I have failed to see any statement to that effect.

W. W. KEEN, M.D., Philadelphia.

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.

DI-CROTALIN TREATMENT OF EPILEPSY

To the Editor:—Do you have any literature or information relative to the Di-Crotalin treatment for epilepsy? I will be very grateful if you can furnish information as to method of preparation, rationale of the treatment, etc.

R. R. DECKER, Captain, M. R. C.,
U. S. Soldiers' Home, Washington, D. C.

ANSWER.—Di-Crotalin is a rattlesnake venom preparation sold by the Swan-Myers Company of Indianapolis as a "Treatment for Epilepsy, Chorea, Bronchial Asthma, Chronic or Hereditary Nervous Headache, Nervous Prostration Incident to Change of Life, Hysteria-Mania, Insomnia, Neurasthenia, etc." Dr. Thomas J. Mays of Philadelphia advocated the use of rattlesnake venom for tuberculosis. Later his former assistant, Dr. R. H. Spangler, used the same material in the treatment of epilepsy. That any measure of success sufficient to justify the adoption of the rattlesnake venom or crotalin treatment for epilepsy has resulted is not to be concluded from the available reports. Still less evidence is there for the use of rattlesnake venom in the list of conditions for which the Swan-Myers Company has recommended its preparation. There are a number of good reasons why a cautious physician will shun the administration of this treatment and advise against it. J. F. Anderson, working in the hygienic laboratory of the United States Public Health Service, reported a death from the crotalin treatment in consequence of infection, and reports that the market supply of crotalin solution and crotalin tablets is highly contaminated. He also found both crotalin and crotalin solution to vary in activity. The use of rattlesnake venom was discussed in *THE JOURNAL*, March 15, 1913, p. 850.