

secondary symptoms from appearing. It has presented in 7 of 31 cases more serious complications than the use of mercury. A case of chronic urticaria, which had been treated in vain for some time, was cured after a second injection of this compound. The method of administration is by deep injection. [C. F., Jr.]

MÜNCHENER MEDIZINISCHE WOCHENSCHRIFT. No. 51.
DEC. 22, 1908.

1. *MÜLLER, L. *Contributions to the Knowledge of Digitalis Treatment.*
2. KOLACZEK, H. *New Therapeutic Endeavors in the Treatment of Suppurative Processes.*
3. FABIAN, E. *The Significance of Blood Examination for Surgical Diagnosis.*
4. EHRET, H. *Senile Anesthesia.*
5. RIEHL, M. *Varying Action of Arsenic in Muscular Work and Muscular Rest.*
6. VULPIUS, O. *Results in the Treatment of Severe Infantile Paralysis.*
7. *KAESTLE, C. *Thorium Oxydatum Anhydricum in the Röntgenology of the Human Gastro-Intestinal Canal; an Adjunct and Partial Substitute for Bismuth Preparations.*
8. EBSTEIN, E. *Rhachitic Sequelæ Remaining in the Thorax of Adults.*
9. KNOPF, H. E. *Asthma and Stuttering, Two Closely Allied Neuroses.*
10. GEWIN, J. *Use of Calcium Chloride in Serum-sickness.*
11. FRIEDJUNG, J. K. *The Frequency and Conditions of Pollution in the Healthy Man.*
12. GMINDER. *Decapsulation of the Kidney in Eclampsia.*
13. LAGES, A. *A Case of Post-traumatic Pulmonary Hernia.*
14. SCHÄFER. *Cervical Ribs.*
15. CRÄMER, E. *Invaldism and Eyes.*
16. MANGER. *Operating Table for Obstetric and Gynecologic Procedures in Practice.*
17. BRÜNINGS, W. *Oral or Nasal Resection of the Nasal Septum.*
18. MÜLLER, H. *The Occurrence and the Significance of Unilateral Increase of Temperature in Diseases of the Lungs.*
19. KOCH, W. *The Etiology and Treatment of Intestinal Hernia. (Conclusion.)*

1. Müller reports a series of cases treated with a new purified preparation of digitalis with which, as his tables show, results were excellent, and particularly so as regards diuresis. He also believes that it is better borne by the stomach than digitalis as commonly used. The name of the preparation he used is extractum digitalis depuratum (Knoll).

7. Thorium oxydatum anhydricum, as a result of clinical experience, is recommended by the writer for use in cases of severe intestinal ulceration to obviate the danger of poisoning, a rare result of absorption where bismuth subnitrate is used. The writer has tried various other drugs and thinks none equal in all respects to the above. [G. C. S.]

BERLINER KLINISCHE WOCHENSCHRIFT. No. 45.
Nov. 9, 1908.

1. KUTTNER, L. *The Occurrence of Duodenal Ulcer in the First Decade.*
2. CAFFLE. *Permanent Results after Transplantations of Vessels and Organs.*
3. GLASER, F. *Ringworm in Children (Microsporia and Macrosporia).*
4. LANDMANN, G. *Animal Experiments with Spengler's Tuberculosis Immune Bodies (I. K.).*
5. SCHABAD, T. O. *A Case of Dwarfism Resulting from Cranial Trauma.*
6. *GÜNZEL, O. *A New Treatment of Bronchial Asthma.*
7. RICHTER, P. *Thyresol, a New Sandalwood Oil Preparation.*
8. HUISMANS, L. *Two Cases of Mechanical Thymus Death.*
9. FLIGER, J., AND JENSEN, C. O. *Investigations of the Relations between Tuberculosis and Tubercle Bacilli in Man and in Cattle. (Conclusion.)*

6. Günzel believes that bronchial asthma is more than a spasm of the bronchi; that there is also spasm of the muscles of respiration. He lays great stress on the reflex causes of asthma, especially to be found in the nose. In case no reflex cause is found, or the correction of a possible cause does not bring relief, he uses the high-frequency current. The positive electrode is placed either in the larynx or in the nose, the negative on the chest. In 50 cases the results have been eminently satisfactory [R. I. L.]

Correspondence.

AN ADVISORY MEDICAL BOARD FOR THE EMMANUEL MOVEMENT.

BOSTON, Jan. 15, 1909.

Mr. Editor: In view of the widespread interest in the so-called Emmanuel Movement, and because of our appreciation of the value of that work, we, the undersigned, have agreed to serve as an advisory board to the clergy of Emmanuel Church and make the following statement of the manner in which the work is conducted:

We believe the Emmanuel Movement is sound in its fundamental principle, namely, that the effective co-operation of physician and minister is of value to many sick persons. Since character is an important factor in the cure of many diseased conditions, especially of the nervous system, we believe that any one who can help to guide, strengthen and enlighten the patient by the influence of moral and religious teaching will be of genuine assistance to the patient and to the physician in charge of the case. In rendering such assistance at the physician's request, and with his co-operation, we believe the clergyman to be entirely upon his own ground, fulfilling in relation to the individual that time-honored office of ethical and spiritual instruction which in the past he has exercised chiefly at long range to congregations from the pulpit.

At the same time we recognize that in view of the rapid growth of public interest in the Movement, overburdening the devoted ministers of Emmanuel Church with a multitude of applicants, letters and unexpected calls of all kinds, it is necessary that the organization and methods should keep pace with the demands. Doubtless mistakes have been made, but we believe that they have been no more numerous than would be expected in any rapidly developing work in which there exist no precedents to guide the arrangement of details. Methods which seemed adequate at an early stage of the work now need to be improved, and in particular a closer relation between the physician and the clergyman is desirable.

We believe that the provision for the examination and medical treatment of such patients as have no family physician is at present unsatisfactory. The physicians who have given their services for this purpose have been unable to devote sufficient time to the subsequent medical treatment of the patients examined by them. Indeed, had they done so it would have been impossible for them to pursue their own private practice.

In order to preserve and to extend the co-operation of physician and minister, the following rules have recently been adopted by the Emmanuel clergy:

1. No person shall be received for treatment unless with the approval of, and having been thoroughly examined by, his family physician, whose report of the examination shall be filed with the minister's records.
 2. No patient shall be referred for diagnosis or treatment to any specialist or assistant save with the advice and consent of the patient's own physician.
 3. All patients who are not under the care of a physician must choose one and put themselves in his care before they can receive instruction at Emmanuel Church. To those who ask for advice in this choice there shall be handed a printed, alphabetical list of all the general practitioners (internists) attached to the visiting and out-patient staffs of the Boston City Hospital, the Carney Hospital, the Homeopathic and the Massachusetts General Hospital.
- From this (or from any other source if the patient prefers) a physician is to be selected. Should these physi-

cians decide that none of the patients thus referred to them ought to receive treatment at Emmanuel, none will be treated there.

Through the operation of Rules 1, 2 and 3 it will be seen that an internist remains throughout in general charge of every case.

It thus rests wholly with the physicians of this community and not with the Emmanuel clergy to decide whether a patient should be referred to a neurologist or other specialist and which cases, if any, are suitable for treatment by moral and religious re-education at Emmanuel.

The advisory board is concerned solely with advice and counsel regarding the manner of conducting the work, and in no sense with the examination, control or treatment of individual patients.

We believe that under these rules the fundamental object of the movement deserves the support of all physicians and of the community generally.

JOEL E. GOLDTHWAIT, M.D.
JAMES G. MUMFORD, M.D.
RICHARD C. CABOT, M.D.
JOSEPH H. PRATT, M.D.

THE HISTORY OF SYPHILIS.

BOSTON, Jan. 15, 1909.

Mr. Editor: The first volume of "A System of Syphilis," recently issued from the Oxford University Press, contains a good chapter on the history of syphilis from the competent pen of Dr. Iwan Bloch. While reading this very good account, my mind reverted to the other great men of the past who have undertaken to write the history of this interesting disease, and for any one conversant with the history of medicine in general it at once becomes evident that no single man could in his lifetime read and consult, likewise verify, all the documents published by the partisans and non-partisans of the ancient origin of syphilis.

The documents amassed by Proksch and Rollet alone would prove that the above statement is no exaggeration, and to thoroughly and fairly judge the arguments taken from the ancients, syphilis should first be dissociated from venereal diseases proper, the antiquity of which is undoubted.

The history and origin of *lues venerea* could only be written on with any certainty after Hunter, Ricord and Basserlau had demonstrated its individuality. Astruc was a victim of the unicist theory, and his adversaries never gave him credit for an error prevalent in his day and long afterwards. The very works of this old French writer have furnished the arms used against him by his opponents, whose diagnoses of syphilis based on the ancient texts are often less excusable than Astruc's persistent negation. In his day a distinction between syphilis and gonorrhoea did not exist, but one point upon which he is certain is that towards the end of the fifteenth century a disease appeared which at that time was considered a novelty. Intrenched behind this affirmation, he struggled in the narrow latitude offered him by the then existing confusion of venereal diseases.

Impartiality, the supreme quality of the historian, has always been invoked but too rarely observed; it is the sad share of great ideas. After having reigned supreme, the doctrine of the ancient origin of syphilis has found an ardent adversary in Bloch, who by his bold attack has cleared the field of Pintor, Bodmann and Martyr.

It is quite true that I have seen certain documents in which the *mal français* or *mal de Naples* would seem to have made its appearance prior to 1494, but the conclusions of Rollet on the decree of Parliament, and those of Bloch on Martyr, Bodmann and Scyllatius, present such a degree of historical precision that it is to be hoped that never again will these sources be invoked.

The absence of Indian literature of course deprives us of complete proof of the pre-Columbian existence of syphilis in America, but oral tradition has given us excellent documents. Their concordance with the testimony so formal of Las Casas should remove all doubt raised by very weak arguments brought up against Oviedo's assertions. The American origin of syphilis seems now to be definitely proven, and it is to be hoped that theory of the an-

cient origin of the disease is forever abolished, thus putting an end to one of the greatest errors to which the history of medicine has been subjected.

Very truly yours,

CHARLES G. CUMSTON, M.D.

THE QUESTION OF MEDICAL LICENSE EXAMINATIONS.

OFFICE OF BOARD OF REGISTRATION IN MEDICINE,
STATE HOUSE, BOSTON.

JAN. 11, 1909.

Mr. Editor: In your issue of Nov. 12, in discussing the nature and results of state "medical license examinations" in general, you raise the query as to whether the knowledge a student acquires or should acquire in the medical school is sufficiently tested by state boards in their examinations as generally conducted. The conclusion arrived at that a written examination, independent of practical work, is an inadequate test is in strict harmony with the position long maintained by the Massachusetts Board.

Two years ago, in its annual report, the Board discussed this important subject at considerable length, and asked the legislature for additional legislation to enable the Board to conduct its examinations on new and safer lines. Within the past year the Board, though denied the legislation recommended, has conducted its examinations in part along practical lines, precisely as deemed important in your editorial above referred to. In its annual report, just from the press (see page 10), the Board says:

"In the examinations held this year the Board has made a beginning in conducting them along the lines of practical work in microscopy, in the laboratory and in demonstrations on the manikin. Our experience is that such work is practicable in several of the subjects examined on. A mixed examination, written, oral and practical, is, we believe, best calculated to insure an actual test of one's qualifications to enter upon the practice of medicine."

It is the present intention of the Board to still further widen the scope of its examination work by introducing the practical element wherever it can be advantageously employed. So far as I am informed, the Massachusetts Board is the first in the country to make this departure from a purely written and theoretical examination. In fact, in many of the states the boards are so constituted and handicapped by law as to make a written examination the only method that can be employed. In New York and in New Hampshire, for instance, the examinations are conducted by proxy, so to speak; that is, by a regent, and the chief function of the examiners is to rate the question answers forwarded to them for such purpose.

EDWARD B. HARVEY, M.D., *Secretary.*

MARTIAL AGAIN.

BOSTON, Jan. 15, 1909.

Mr. Editor: Somewhat late, my eye falls upon the bit of Martial in your issue of Jan. 7. I amused myself with a rendering of it, that, as an home-made product, you may think worth while to print.

The Latin:

"*Languebam: sed tu comitatus protinus ad me
Venisti centum, Symmachus, discipulis.
Centum me tetigere manus Aquilone gelatae.
Non habui febrem, Symmachus, nunc habeo.*"

The version:

I felt a little ill [from fever quite free];
Thou cam'st, my Symmachus, in the wink of an e'e.
By an hundred raw pupils thy posse was made;
By an hundred hands handled [for the sake of the trade]!
An hundred hands touched me [I fetched me a squeal:
Oh!].

They must have been touched by the frosts of Aquilo!
By my faith, where of fever there erstwhile was none,
Now, Symmachus, I feel it in every damn'd bone.

Very truly yours,

SAMUEL DELANO, M.D.