

second, cases in which there is a softening of the cord or hemorrhages into its substance, produced indirectly by the concussive effects of the projectile. The author cites instances of cases to illustrate injuries to the spine and wounds of the brain, and explains methods of treatment. In the latter cases, he believes that early operation offers no advantages to compensate for the disadvantages of limited appliances at the hospitals near the firing line.

These articles by Dr. Thomas are valuable contributions to medical literature.

### "PTOMAIN POISONING."

It is a regrettable fact, yet none the less true, that in most cases when we are uncertain concerning a diagnosis we fall back on "blanket" terms such as "autointoxication," "sciatica," "disturbances of the automatic nervous system," and "ptomain poisoning." Alvarez<sup>1</sup> aptly points out that "fashions in this 'cloak of ignorance' change just as they do in wearing apparel." Further study of such diagnoses usually shows that many specific etiologic factors have been wrongly incorporated under one term. Particularly does this seem to be true in the case of "ptomain poisoning," as pointed out in a recent article by Dr. M. J. Rosenau.<sup>2</sup>

This author is firmly convinced that the diagnosis "ptomain poisoning" is never justified, that it lacks precision, and that it is synonymous with uncertainty. It is pointed out that the word "ptomain" was first used in 1873 by Selmi to designate certain products of putrefaction which, at that time, were included among the animal alkaloids; that since 1873 many attempts have been made to identify "ptomains," the most recent definition being suggested by Vaughan, who described them as intermediate cleavage products of protein decomposition.

Split products of protein putrefaction are comparatively easy to isolate, and some of them, when injected parenterally, have been shown to be poisonous. but, so far, none of them have been demonstrated to be harmful when taken by the mouth. These products are usually isolated from food which is in a state of putrefaction far past the edible stage, and in addi-

tion, it should also be noted that chemists are rarely sure of their purity even when obtained in the crystalline form. Most of them are amines and are not poisonous at all, or at least no more so than their corresponding ammonio salts. For these reasons the chemical search for protein fractions as the cause of food poisoning has been almost abandoned.

Many outbreaks reported as "ptomain poisoning" have been investigated in the Department of Preventive Medicine and Hygiene of the Harvard Medical School. In only a small residue of their cases have they found it impossible to demonstrate a definite etiologic factor, and in these cases the symptoms were very mild and transient. Among the ailments which were diagnosed "ptomain poisoning" may be mentioned bacillary dysentery, oxalic acid poisoning, over dosage of potassium nitrate, food idiosyncrasies or anaphylactic reactions, heat exhaustion, food indiscretions, tartar emetic poisoning, uremia apparently due to neoplasm, nervous diarrhea, botulism, and various bacterial infections.

From these observations it must be perfectly clear that not only is the term "ptomain poisoning" vague and indefinite, but, in addition, an actual misnomer. As suggested in the article quoted above,<sup>2</sup> it would seem to be a great step forward if the profession would discontinue the use of the term and let the diagnosis stand as "gastro-enteritis of unknown origin," much as the British use the term "Pyrexia of Unknown Origin" (P. U. O) for fevers, the cause of which is undetermined.

#### REFERENCES.

- <sup>1</sup> Alvarez: *Jour. A. M. A.*, Jan. 4, 1919.  
<sup>2</sup> Rosenau: *Medical Clinics of North America*, March, 1919, p. 1541.

### TYPHUS IN CENTRAL EUROPE.

AN appeal addressed to the international committee of the Red Cross by the president of the Austrian Red Cross, published in a recent Public Health Report, discloses the seriousness of the typhus situation in central Europe. The disease has spread through all the districts of Poland, in the country of the Jugo-Slavs, especially in Old Serbia, and is spreading rapidly toward the west. Contamination is spread by the repatriated soldiers who, without food,

clothes, and sanitary conditions generally, are easy subjects for infection. In response to the call for assistance from all sides, especially Poland and Ukraine, the Austrian Red Cross assembled the sanitary delegates of Poland, the Ukraine, of Jugo-Slavia, and of German Austria for a conference which took place on February 28. It was voted to appeal through the Austrian Red Cross to the International Committee of the Red Cross in Geneva, and ask that an international commission be appointed by the allied states to contend with the typhus situation.

The appeal points out that in order to check the plague, sanitary help should be given to the suffering countries at once. Modern hospitals and disinfection stations should be erected, and mobile sanitary formations, disinfection units, and field laboratories equipped. Prophylactic measures should be taken at all points of entrance on the western border, and repatriated soldiers should be provided with linen, clothes, food, medicines, and disinfectants. The disease is extremely infectious, and is transmitted by the clothes louse; centers of infection are easily formed in distant localities, thus exposing many to contagion. This report of conditions in central Europe shows that the danger from typhus threatens the whole of Europe, and should receive special attention.

In recognition of this situation, it has been announced in a recent issue of *The Red Cross Bulletin*, that the League of Red Cross Societies has recently addressed an appeal to the Red Cross Societies of Great Britain, France, Italy, Japan, and the United States, and to the twenty-four national societies which have been invited to join the League, asking them to prepare to participate in a campaign against the spread of typhus. The Supreme Economic Council, representing the allied governments, will place at the disposal of the League surplus medical and hospital supplies belonging to the British and American armies and will insure transportation. The League will supply and maintain personnel for the administration of this work. A definite plan will be prepared by a committee for submission to the various governments. This united effort to check the typhus epidemic is an indication of the future usefulness of the League of Red Cross Societies.

## MEDICAL NOTES.

### BOSTON AND MASSACHUSETTS.

**WEEK'S DEATH RATE IN BOSTON.**—During the week ending June 28, the number of deaths reported was 181 against 207 last year, with a rate of 11.85 against 13.77 last year. There were 32 deaths under one year of age against 27 last year.

The number of cases of principal reportable diseases were: Diphtheria, 51; scarlet fever, 35; measles, 28; whooping cough, 34; typhoid fever, 1; tuberculosis, 52.

Included in the above were the following cases of non-residents: Diphtheria, 7; scarlet fever, 1; tuberculosis, 3.

Total deaths from these diseases were: Diphtheria, 2; measles, 2; tuberculosis, 20.

Included in the above were the following non-residents: Diphtheria, 1; tuberculosis, 2.

Influenza cases, 1; influenza deaths, 0.

**ITALIAN MEDICAL SOCIETY OF BOSTON.**—The Italian Medical Society of Boston held a banquet at the Hotel Napoli in Boston on June 23, 1919, in honor of the president, Dr. Rocco Brindisi, who will sail for Italy within a short time. Dr. Edward O. Otis and Dr. Lincoln Davis described their experiences in Italy. The following officers were elected for the ensuing year: President, Dr. Antonio De Robertis; vice-president, Dr. Gerardo M. Balboni; secretary, Dr. Gaetano Praino; treasurer, Dr. L. Ciani. Dr. Rocco Brindisi was elected honorary president.



## Obituaries.

### FREDERICK WALLACE ABBOTT, M.D.

DR. FREDERICK WALLACE ABBOTT died at his home in Taunton on June 19, in his fifty-ninth year. Dr. Abbott was born at Dover, New Hampshire; he was educated in the public schools of Dover, Berwick, and South Berwick, Maine, and after teaching for four years, entered Dartmouth College. He received the degree of A.B. from the University of America in 1883, attended the medical department of Bowdoin College for two years, and was graduated from the Eclectic Medical College of Maine in 1886. In the same year Dr. Abbott married Sylvania Apphia Emery, of Kennebunk.