

could be seen, is the sudden development of symptoms and their short duration. That these symptoms depended for origin on the stasis and absorption of fermentation products seems highly probable, as lavage and operation were followed by disappearance of the symptoms.

3. Peritz has made a number of observations of the metabolism of syphilitics, and of patients with tabes and general paralysis. He has found an increase of lecithin in the stools of these patients. After injections of lecithin into the muscles of syphilitics a marked reduction in the lecithin excretion was noted. Also a lessening of Wasserman's reaction was noted after these injections. These facts, along with Wassermann's observation that there is in the test tube a combination between lecithin and syphilis "antitoxin," seem to indicate that lecithin combines in a like manner in the body with these antisiphilitic products.

8. The observations of Wolff-Eisner and Teichmann seem to show that both the conjunctival and skin reactions in tuberculosis follow a regular course of development, dependent on the course and severity of the pathological process. A strong reaction is seen in the majority of cases of incipient tuberculosis and in those in the first and second stages which take a slow and favorable course. A slight reaction occurs in the far-advanced cases, and in cases of the early or middle stage, which will have a rapid and fatal course. Extremely severe eye reactions, therefore, indicate that the individual has a great deal of fighting power and should overcome the disease. The so-called late and continued reactions are indications of a latent focus somewhere in the body, of no great clinical importance. [R. D.]

DEUTSCHE ZEITSCHRIFT FÜR CHIRURGIE. Bd. 91.  
HEFT 3 AND 4.

1. \*KOCHER, T. *The Clinical Recognition of Malignant Tumors of the Thyroid Gland.*
2. SCHÜMMANN, E. *Actinomycosis of the Intestine.*
3. SCHLATTER, C. *Subcutaneous Rupture of the Tendons of the Fingers.*
4. MEERWEIN, H. *Intratracheal Goiter.*
5. ESAU, P. *The Radical Operation for Umbilical Hernia.*
6. KOSTLIVY, S. *A Contribution to the Etiology of Cysts of the Mesentery.*
7. \*AXHAUSEN. *Histological Investigations on the Transplantation of Bone in the Human.*
8. HAEDKE, M. *Volar Dislocation of the Ulnar at its Distal Joint.*

1. Kocher lays great stress on the fact that it is much more important that the examining physician should be able to make a diagnosis of malignant goiter in its early stages, than that he should be able to make a differential diagnosis between all the various forms of tumors. It is only by early recognition of malignancy that progress in treatment can be made. The two most suggestive signs of malignancy are increase in the size of the tumor, especially if steadily progressing, and increase in its consistency. The demonstration of a dense, compact, circumscribed area in the thyroid is very suggestive of malignancy. Sometimes the patient notices himself that the tumor has recently become harder. Further signs of malignancy are irregular surface and lessened mobility of the tumor. But it is especially important to recognize the fact that these latter two signs are not necessarily present in the early stages of growth, so that though their presence means much, their absence does not exclude the possibility of malignancy. Lessened mobility should be sought by attempting to move the tumor from above downward, and without asking the patient to swallow. The benign goiter is usually not tender on pressure, while the malignant one is often found to be so. Pain on pressure, however, is not of as much significance as are spontaneous, lancinating pains. Dilated veins, air hunger and difficult swallowing are of importance, but are usually later manifestations of malignant growth. It should be possible to make a diagnosis of malignancy on the above enumerated signs and symptoms, at a sufficiently early period for operative treatment to be of avail. When we add to the above such signs as complete immobility of the tumor, swelling of the veins in the neck, in the upper part of the chest and arms, dullness over the anterior mediastinum, enlarged glands, palpable venous throm-

bosis in the neck, often reaching to the arms; metastases in the lungs, or in the sternum or skull; a reddened, infiltrated and adherent skin; signs of perforation of the trachea or esophagus, with coughing up of blood and marked difficulty in swallowing; then, indeed, is the diagnosis easy, but at such a time it has no longer any practical value. Tentative treatment of these cases with iodides is a fatal waste of time in the majority of instances.

7. The work of Axhausen on the transplantation of bone leads him to conclude that, although the bone itself dies, its periosteum lives and is able to produce new bone. Defects in the long bones should therefore be filled by freshly removed bone, which carries with it its periosteum.

[W. C. Q.]

## Miscellany.

### THE SUPPRESSION OF UNNECESSARY NOISE.

THE New York Society for the Suppression of Unnecessary Noise held its first annual meeting on Feb. 26, when Mrs. Isaac L. Rice, its founder and president, reported the progress which had been made since the society was formed. She stated that a considerable time ago she made an endeavor to do something towards abating the noise from the steam whistles of tugs and from other sources in the neighborhood of the hospitals along the East River. Having applied to various municipal boards and then to the authorities at Albany and Washington, she found that no one had any authority in the matter. Later the bill was passed which placed the power of controlling indiscriminate and unnecessary whistling in the hands of the supervising inspectors of steamboats. The society was organized about a year ago, and now has a large membership, while on its board of management are many of the most prominent men in the city. A few months since there were representatives of 18 hospitals, containing 8,500 beds, in its directorate, but at the present time no less than 59 hospitals with 18,018 beds are so represented. Since the notices indicating "quiet zones" had been posted around the hospitals, these institutions had reported that the noises in their vicinity had been very noticeably abated. Mrs. Rice also stated that, in consequence of the strict orders issued by Police Commissioner Bingham, the thousands of sick in the hospitals had had the quietest Fourth of July known in New York for many years. One of the most recent undertakings of the society is the organization, with the consent and co-operation of the Board of Education, of a Children's Hospital Branch, composed of children pledged to make as little noise as possible in the neighborhood of hospitals. Mark Twain was asked to become the president of this auxiliary and in a graceful note to Mrs. Rice accepted the position. Although this new development has only just been started, in a single one of the public schools, 1,540 pupils have already been enrolled in the membership. Children who take the anti-noise pledge receive buttons inscribed with the word "Humanity," which are designed to jog the memory of the wearers and impress upon them the responsibility of the pledge. Others who made addresses on this occasion were

Health Commissioner Darlington and Dr. William H. Thomson, and both spoke enthusiastically of the good work which had been accomplished by the society. Dr. Thomson told how closely connected the heart is with the ear, and emphasized the importance of quiet, particularly in diseases of the nervous system. The public could not appreciate, he said, how many lives had been sacrificed because of unnecessary noise.

#### PRIZES OFFERED BY THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

THE Central Committee of the International Congress on Tuberculosis has announced the offer of the following prizes:

1. A prize of \$1,000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress in 1905. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

Evidence is to include all forms of printed matter, educational leaflets, etc.; report showing increase of membership, organization, classes reached — such as labor unions, schools, churches, etc.; lectures given; influence in stimulating local boards of health, schools, dispensaries, hospitals for the care of tuberculosis; newspaper clippings of meetings held; methods of raising money; method of keeping accounts.

Each competitor must present a brief or report in printed form. No formal announcement of intention to compete is required.

2. A prize of \$1,000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show, in detail, construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

3. A prize of \$1,000 is offered for the best exhibit of a furnished house for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award. This prize is designed to stimulate efforts towards securing a maximum of sunlight, ventilation, proper heating and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required. Each competitor must present a brief with drawings, specifications, estimates, etc., with an explanation of points of special excellence. Entry may be made under competitor's own name.

4. A prize of \$1,000 is offered for the best exhibit of a dispensary or kindred institution for the

treatment of the tuberculous poor. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show, in detail, construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

5. A prize of \$1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show, in detail, construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

6. The Hodgkins Fund Prize of \$1,500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."<sup>1</sup>

#### 7. Prizes for educational leaflets:

A prize of \$100 is offered for the best educational leaflet submitted in each of the seven classes defined below. In addition to the prize of \$100, a gold medal and two silver medals will be awarded in each class. Each prize and medal will be accompanied by a diploma or certificate of award.

Competitors must be entered under assumed names.

A. For adults generally (not to exceed one thousand words).

B. For teachers (not to exceed two thousand words).

C. For mothers (not to exceed one thousand words).

D. For in-door workers (not to exceed one thousand words).

E. For dairy farmers (not to exceed one thousand words).

F. For school children in grammar school grades (not to exceed five hundred words).

In classes A, B, C, D, E and F, brevity of statement without sacrifice of clearness will be of weight in awarding. All leaflets entered must be printed in the form they are designed to take.

G. Pictorial booklet for school children in primary grades and for the nursery.

Class G is designed to produce an artistic picture-book for children, extolling the value of fresh air, sunlight, cleanliness, etc., and showing contrasted conditions. "Slovenly Peter" has been suggested as a possible type. Entry may be made in the form of original designs without printing.

8. A gold medal and two silver medals are offered for the best exhibits sent in by any state of the United States, illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

9. A gold medal and two silver medals are

<sup>1</sup> See JOURNAL, Feb. 20, p. 273.

offered for the best exhibits sent in by any state or country (the United States excluded), illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

10. A gold medal and two silver medals are offered for each of the following exhibits; each medal will be accompanied by a diploma or certificate of award; wherever possible each competitor is required to file a brief or printed report:

A. For the best contribution to the pathological exhibit.

B. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any state of the United States. Brief required.

C. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any state or country (the United States excluded). Brief required.

D. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any municipality in the world. Brief required.

E. For the society engaged in the crusade against tuberculosis having the largest membership in relation to population. Brief required.

F. For the plans which have been proven best for raising money for the crusade against tuberculosis. Brief required.

G. For the best exhibit of a passenger railway car in the interest of the crusade against tuberculosis. Brief required.

H. For the best plans for employment for arrested cases of tuberculosis. Brief required.

11. Prizes of two gold medals and three silver medals will be awarded for the best exhibit of a workshop or factory in the interest of the crusade against tuberculosis. These medals will be accompanied by diplomas or certificates of award.

The exhibit must show, in detail, construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

The following constitute the committee on prizes:

Dr. Charles J. Hatfield, Philadelphia, chairman; Dr. Thomas G. Ashton, Philadelphia, secretary; Dr. Edward R. Baldwin, Saranac Lake; Dr. Sherman G. Bonney, Denver; Dr. John L. Dawson, Charleston, S. C.; Dr. H. B. Favill, Chicago; Dr. John B. Hawes, 2d, Boston; Dr. H. D. Holton, Brattleboro; Dr. E. C. Levy, Richmond, Va.; Dr. Charles L. Minor, Asheville, N. C.; Dr. Estes Nichols, Augusta, Me.; Dr. M. J. Rosenau, Washington; Dr. J. Madison Taylor, Philadelphia; Dr. William S. Thayer, Baltimore; Dr. Louis M. Warfield, St. Louis.

### Correspondence.

#### WORK FOR BOARD OF HEALTH.

##### MEN AND WOMEN SHOULD USE HANDKERCHIEFS.

THE following is a copy of a letter received not long since by a board of health which shall be nameless, but which is already a busy body:

*Gentlemen:* I saw a small article in a paper in regard to spitting on the sidewalks and I think it is a good thing for the City to keep the streets clean as possible. I wish you could pay a visit to the "Dream Land establishments" and order them to be cleansed every day, they are very dirty, the air is full of dust and the floor covered with sweepings. That is not healthy for those who frequent such places, and the owners make plenty money to pay a man or boy to sweep the floor every day before the doors are open. If you could visit also the Boarding houses in all the city you will have an opportunity to do good in regard to sanitary conditions. I lived in Charles St. sometime ago and was compelled to move. The house and my room were very dirty, my mattress rotten, smealing bad, the furniture old and dirty, and I became sick, physically sick and have to move. But how hard is to find a Boarding house clean is hard to tell you. It is shameful that with such a Board of Health we shall be obliged to live in such dirty houses. An other thing I should like for you to look at is to the men who blow their noses with their fingers. Even ladies too do the same. I think it is not decent and clean to do it. Please make a law to have a city clean and a decent people. Men ought to learn to use handkerchiefs and housekeepers to keep the houses clean.

Hoping you will do something in regard to health conditions, I remain

Yours very respectfully,

X.

#### IMPORTANCE OF EXAMINING DIPHTHERIA OUTFITS.

HEALTH DEPARTMENT, BACTERIOLOGICAL LABORATORY,  
BOSTON, March 7, 1908.

*Mr. Editor:* In the March 5 issue a communication from Dr. W. P. Coues calls attention to the importance of examining diphtheria outfits before taking a culture, in order to guard against the possibility of using an outfit previously used.

We desire to express our hearty approval of this suggestion and to state that on the face of each culture box is the request that the contents of the box be examined before leaving the culture station in order to see that it is in the best of condition. Physicians are again urged to examine diphtheria outfits while at the station.

This request, however, does not excuse a culture station from using the utmost precaution in handling our outfits. The stations have been repeatedly instructed as to the care of the outfits and have been warned to keep their fresh and their used cultures in distinctly separate places, in order to avoid the possibility of error. Inspections are made from time to time, in order to see that these instructions are carried out.

In the case mentioned the culture station was distinctly at fault, but being situated in an important district, where a station of the proper character is hard to secure, it has in this case been allowed to continue, with a strong reprimand. A mistake of this nature hereafter by any station will result in the immediate withdrawal of the culture station privilege.

Physicians will confer a favor if they will report any instance of poor service on the part of the stations, directly to the laboratory. The practitioner can also aid in avoiding possible errors by handing or instructing their messenger to hand used outfits directly to one of the clerks at the culture station instead of leaving them on the counter. The latter practice has been in several cases the primary cause of delay and, except for watchfulness on the part of the station, might easily result in confusion of specimens.

Unused diphtheria outfits should not be kept by the physician longer than one month, as the best results cannot be expected from serum older than this. Such outfits should not be thrown away, but should be returned to the culture station or laboratory and a fresh outfit obtained.

Very truly yours,

BURT R. RICKARDS,  
Director, Bacteriological Laboratory,  
Boston Board of Health.