

of Berlin, have published articles strongly favoring international measures.

One thing is perfectly sure: The position taken by the members of the New York County Medical Society's Committee and the New York Board of Health, that the disease is not contagious in this climate, and that consequently isolation is a supererogatory and purely alarmed affair, is untenable. There seems to be a heroic effort made, to solve the question, *How not to do it?*

ALBERT S. ASHMEAD, M.D.

Typhoid Fever.

SHAFTSBURG, MICH., Nov. 15, 1897.

To the Editor:—My experience with the Woodbridge treatment of typhoid fever leads me to these conclusions: The treatment will abort the fever as claimed, but it does not leave the patient immune. I certainly have on different occasions, noticed that fact. Immunity is secured, it would seem, only by the full and complete saturation of the system by the toxins (or whatever else you may call it) as in the old treatment, which allowed the fever to run for weeks. But the old methods are by no means safe. The greater safety is in aborting it. While there is this one drawback, immunity not secured, Dr. Woodbridge has enabled us to speak with confidence as to our prognosis. This treatment enables us to give more latitude to the diet and makes feeding much easier. In a country practice this is very desirable.

G. W. CHROUCH, M.D.

Carbolic Acid Poisoning.

CHICAGO, NOV. 18, 1897.

To the Editor:—The frequency with which carbolic acid poisoning is met with, either accidental or intentional, leads me to call the attention of the profession to the use of atropin, as suggested by Bartholow, in this condition.

I have had four cases, one that of a boy two years and four months old drinking about one and one-half ounces of pure carbolic acid, who was brought to me in a state of coma, breathing four or five times a minute, with no pulse, the surface cold and clammy. I resorted at once to artificial respiration, and injected hypodermically one-fiftieth grain of atropin to increase the respiration and pulse-rate, and introduced the stomach pump, using warm water and lime water in proportion. By this time the child's breathing became more vigorous, and he was somewhat conscious, and I then gave a dose of magnesium sulphate and ordered the continuance of small doses of the same, which I believe does more than produce catharsis in this condition.

Another case was a boy five years of age who drank about a tablespoonful. The third case was a lady thirty-three years of age who swallowed two ounces of carbolic acid. The fourth case was a young man twenty-eight years of age who mixed one ounce of the acid in beer. The two last named cases were attempts at suicide. All made a favorable recovery.

The hypodermic injections of atropin can be repeated, however, in smaller doses, if the stupor continues or the patient shows a tendency to collapse again within two hours after the first injection, as I believe that it is a better stimulant, both respiratory and circulatory, than any other in these cases. The use of the catheter is not to be omitted.

Yours truly, EDW. E. KOLAR, M.D.

Surgeons of the Merchant Marine.

HILLTOP FARM, GROVELAND, MASS., NOV. 15, 1897.

To the Editor:—I am very much interested in noticing in this week's JOURNAL an item concerning "Ships' Doctors." Our medical journals in this country, as well as in Europe, have of late given this matter considerable attention, and the betterment of the service is steadily going on. This is one of

the main objects of the International League of Surgeons of the Merchant Marine. For those of your readers who are not familiar with this organization. I will state that its objects are:

1. To increase the efficiency of the medical service on the ocean liners.
2. To encourage the surgeons to respect their positions and to prevent unworthy applicants from receiving employment.
3. To provide information on professional subjects relating to sea service with a view to lessen the difficulties of recently appointed medical officers.
4. To collect a history of the members for publication.
5. To publish a volume of records which shall be of value to those interested.

6. To furnish a list of medical officers of the merchant marine serving at sea throughout the world.

Membership.—Any past or present surgeon of the merchant marine in good professional standing, is eligible to membership. The enrollment fee shall be \$1. For further information address the Secretary for the United States Division.

W. THORNTON PARKER, M.D.

Woman's Medical Mission, Ceylon.

22 CIRCUIT ST., ROXBURY, MASS., NOV. 15, 1897.

To the Editor:—In connection with the Woman's Medical Mission in Jaffna, Ceylon, there is an opening for a lady doctor to be the associate of Dr. Isabella Curr, who went to Ceylon last year.

The five large new buildings of the Woman's Medical Mission, viz., the Mission House, the Nurses Training School, the Medical and Surgical Wards, and the Dispensary, together with the necessary outbuildings, are completed and ready for use. The wards provide accommodation for forty in-patients. The training school will accommodate eighteen nurses and a matron.

Rev. T. B. Scott, M.D., and Mrs. T. B. Scott, M.D., who are in charge of the General Medical Mission near by, will act as consulting physicians.

A population of 300,000 people in this province is accessible. The climate is healthful. The outlook for the work is promising. Ten families of American and British missionaries reside in the province. There are 3,000 native Christian members of mission churches, and 15,000 children and youths in mission schools.

As the training of educated Christian young women as nurses will be an important feature of the work, we are desirous of finding, to fill this vacancy, a medical lady who has had a nurse's training, or one who would be willing, before going out, to take some special instruction in nursing. She should be possessed of a true missionary spirit.

We would be glad to hear from any one who is fully qualified or who is about to graduate the coming spring.

Yours truly, MARY AND MARGARET W. LEITCH.

The Tonic for Alcoholics.

TRENTON, N.J., NOV. 18, 1897.

To the Editor:—Replying to the query of Dr. W. K. Curtis, (*vide* JOURNAL of November 13), I would say that the tonic used in all the cure establishments is:

Fl. ext. coca	c.c.
Fl. ext. gentian	
Fl. ext. black-haw	(āā 3 ij) āā 64
Dilute alcohol q. s.	O j 250

Sig. F. ʒ j every four hours in warm water.

This is the tonic. Ipecac added to this will produce nausea, and is tasteless. The more ipecac the more nausea. This will in time disgust a patient and produce a dislike for liquor. The ipecac is added after drinking, without the knowledge of the patient. A hypodermic of apomorphia, one-tenth grain, a