

anemias, being less than 100 a minute in fifteen of the series of twenty cases which I studied electrocardiographically (Reid, W. D.: The Heart in Pernicious Anemia, quoted above).

Digitalis has been administered by many in cases of severe anemia, but it can be asserted with confidence that this method of treatment has not established itself as valuable. Harrison and Blalock also write that they have pointed out in a previous paper that digitalis may be expected to do good if given early in pneumonia. These observers may entertain this belief, but such beneficial effect also cannot be said to be generally accepted, if one is familiar with the written opinions of those who critically studied the action of digitalis in pneumonia during the World War when the drug was employed as a routine procedure in this disease.

We are indebted to Harrison and Blalock for presenting figures of the amount, duration, etc., of the increase of the output of the heart in anemia, but I find it difficult to concur in their clinical application of their data.

WILLIAM D. REID, M.D., Boston.

THE NEED FOR REPORTING NEGATIVE RESULTS

To the Editor:—One of the things we practitioners sometimes neglect is the reporting of failures. In THE JOURNAL, Oct. 2, 1926, Dr. Richard L. Sutton, with proper scientific reserve, reported the treatment of six consecutive cases of warts with intramuscular injections of sulpharsphenamine. As a result of this communication, I venture to guess that not less than a hundred physicians, perhaps several hundred, injected sulpharsphenamine into patients with warts. Supposing that 99 per cent get negative results, what happens? Each of them gives up the method as a failure and does not say anything more about it, and the treatment remains on record as an undisputed success. Possibly 1 per cent who meet with success will communicate with Dr. Sutton, so that by and by he will have quite an impressive series of cases, comparable with the mercurochrome successes published in a recent number of THE JOURNAL.

To practice what I am preaching, let me now report that on November 30, I injected 0.4 Gm. of sulpharsphenamine (Squibb) into the left buttock of E. M. B., a girl, aged 18, who was at that date complaining of the presence of twenty-four warts distributed mostly over the hands and arms. At the present date there are twenty-eight warts, and evidence of regressive changes in the original twenty-four has not been seen.

J. ROSSLYN EARP, Dr.P.H.,
Yellow Springs, Ohio.

UTRICULOPLASTY

To the Editor:—In THE JOURNAL, November 27, p. 1819, I am credited with coining the word "Utriculoplasty." Not guilty! The name of the Newman operation I was describing and the one referred to by Dr. Channing W. Barrett, in his discussion of the same subject in the same issue, page 1820, is "Tracheloplasty," denoting plastic surgery of the uterine cervix.

It is designed not only to restore the contour and the function of this organ, but to remove such lesions as erosions, endocervicitis, cystic degenerations and fibroid and cicatricial tissues that too frequently lead to cancer through prolonged irritation.

Modern preventive medicine must be alert to recognize precancerous conditions and remove this menace of malignant growths so prevalent and disastrous to the childbearing woman.

H. P. NEWMAN, M.D., San Diego, Calif.

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.

PYREXIA AFTER NONSPECIFIC PROTEIN

To the Editor:—Will you please let me know what is the best way to produce pyrexia? What would be the best foreign protein to inject intravenously and in what doses, and how may any anaphylaxis be avoided in case several doses were administered? I have read articles appearing in the October 23 and November 6 issues, pages 1376, 1394 and 1587, and should be glad to learn more.

M.D., Brooklyn.

ANSWER.—The intravenous injection of typhoid vaccine, with an initial dosage of 50 millions, each subsequent dose increased by 100 millions, and given at four day intervals, is one of the most reliable means of producing fever. It is quite a drastic measure, and one should be sure that the patient's vital organs are sufficiently healthy to withstand the attacks of fever thus produced.

The intramuscular injection of milk, skimmed by centrifugalizing and sterilized by boiling in the water bath for ten minutes, has good pyrogenic properties without great toxicity. The usual dose is 5 cc., gradually increased to 10 cc., though in those who have a tendency to strong febrile reactions (the tuberculous or syphilitic patient), one should commence with small doses; e. g., 0.5 cc. of milk injected intragluteally. One should always wait until the reaction disappears, injecting therefore after three day intervals. The dose should always be so selected as to produce a moderate focal and general reaction. The average duration of treatment is about four weeks.

By spacing the injections sufficiently close together, say not more than a week or two apart, the development of anaphylaxis may usually be prevented.

DR. MUDD AND THE DEATH OF LINCOLN

To the Editor:—I wish to answer a statement that appeared in THE JOURNAL, November 20, p. 1762, in reference to my grandfather, Dr. Mudd.

In reply to Dr. Allen's question, you state among other things that it is generally believed that "he [Dr. Mudd] was not guiltless." I believe you are mistaken in this respect. On the contrary, it is generally known that he was innocent. I might bring forth many reasons and facts to prove that he was innocent, but it would make this too lengthy. Just a few points, however, may be mentioned.

1. Booth did not know where Dr. Mudd lived. He had passed his house about a mile before he was informed of the location of "a" physician.

2. What reason did Dr. Mudd have to believe that Booth would break his leg and need medical attention? People do not break their legs just to be allowed to stay overnight.

3. If an assassin came to a hospital and was treated for an accident occurring while killing some one, would the physician in charge be liable to life imprisonment?

4. Would Dr. Mudd be liable to life imprisonment because he was opposed to the Washington government (provided he was)? On that score, every Southerner who has survived the Civil War should be in prison. They never proved that Dr. Mudd desired that President Lincoln should be killed.

5. Many of Booth's most intimate accomplices knew nothing of his intention to kill Lincoln.

6. The main evidence against Dr. Mudd was given by a negro, one who would be opposed to any slaveholder; and by another man who afterward became insane.

7. One man served seven or eight years in prison for this affair before it was discovered that he had absolutely nothing—not even indirectly—to do with it.

RICHARD D. MUDD, M.D., Detroit.

KLORON

To the Editor:—Do you know anything of "Kloron"? The chief claim of the manufacturers is stability—much greater than that of "Chlorazene." I would appreciate any information that you can give me. I note that it is being chiefly advertised to the public and the formula is apparently withheld.

LOUIS C. AGER, M.D., Cincinnati.

ANSWER.—So far as we know, the J. I. Holcomb Manufacturing Company, Indianapolis, has never declared the identity of the ingredients of their "Kloron" tablets. Qualitative tests made in the A. M. A. Chemical Laboratory indicated that it is sodium paratoluenesulphonchloramide, known under the