This Issue				
PDF	E Full Text	L↑ Share	(ii) Cite	© Permissions

Article

October 18, 1919

NEED OF FURTHER RESEARCH ON THE TRANSMISSIBILITY OF MEASLES AND VARICELLA

Alfred F. Hess

\gg Author Affiliations

JAMA. 1919;73(16):1232. doi:10.1001/jama.1919.02610420060028

This article is only available in the PDF format. Download the PDF to view the article, as well as its associated figures and tables.

Abstract

To the Editor: —I have just read the abstract in THE JOURNAL (Oct. 4, 1919, p. 1086) of Sellards' article on "The Insusceptibility of Man to Inoculation with Blood from Measles Patients" (*Bull. Johns Hopkins Hosp.* **30**:257 [Sept.] 1919).It is remarkable that Sellards was unable to produce this highly infectious disease by means of the blood or the nasal secretion of infected individuals. Not long ago, however, I had a similar experience with varicella (*Am. J. Dis. Child.* **16**:34 [July] 1918). Thus we are confronted with two diseases—the two most infectious of the endemic diseases in this part of the world—which we are unable to transmit artificially from man to man. The result was most surprising in regard to chickenpox, and if the same rule holds good for measles it would seem as if a basic principle must be involved. Evidently in our experiments we do not, as

First Page Preview

View Large

ANASARCIN ADVERTISING

To the Editor :- As an old Fellow of the A. M. A. I beg to present the following facts to you, and to ask if anything can be done by you to expose the methods of these people: A concern calling itself "The Anasarcin Chem. Co." of Winchester, Tenn., has caused to be sent to physicians a chart on the subject of "Diagnostics of Renal Diseases." This chart contains eighteen plates, which were all taken without knowledge or permission of either myself or my publishers, Wm. Wood & Co., from the third edition of my book on "Urinary Analysis and Diagnosis." The plates are partly composite plates, but mostly portions of plates, exactly reproduced from my book. I at once caused my publishers to write to the Anasarcin Company and a few days ago received a letter from a Dr. H. Elliott Bates of 118 East Twenty-Eighth Street, New York, whose letter-head says, "Medical Advertising." In this letter the writer says that it was he who suggested the sending of such a chart, and admits that all the plates were taken from my book. In this letter he offers to have a letter sent to every physician of the country "In which it is explicitly stated that the cuts on the chart were taken from your book, and that complete information regarding the matters treated on the chart can be found in your book." In other words he offers to advertise my book free of cost to me, so that I should take no further steps in the matter. I consider this entire matter an outrage, and thought it best to write to you for advice, since my publishers seem to think that in spite of the violation of the copyright nothing can be done.

Besides the cuts, some of the text on the chart is bodily taken from my book, while some of the other text, not taken from my book, but apparently compiled from different articles, is in part entirely wrong, so much so that I must be ashamed to its being associated with any of my own work.

By giving this letter your early consideration, and advising me what you think it best for me to do, you would greatly oblige Louis HEITZMAN, M.D., New York.

[COMMENT.--Readers of THE JOURNAL are, of course, familiar with the articles¹ that have been published on "Anasarcin," the "dropsy cure"! Knowing the standard of ethics that the Anasarcin concern adopts in the exploitation. of its ridiculous squill mixture, our readers will not be surprised at the standard of commercial ethics which would justify the appropriation of copyrighted scientific material for nostrum advertising purposes. The statement of Dr. Heitzmann's publishers that "in spite of a violation of copyright nothing can be done" is, of course, incorrect. Something can be done by those who hold the copyright.--En.]

1. THE JOURNAL, Jan. 26, 1906; May 4 and 11, 1907, and Dec. 8, 1917.

The Cattail: A New Food .- Among the many products which the Indians have taught us to use are such common and now indispensable foods as corn and potatoes. There are, however, many products which the Indians used and relished that have received little or no attention from the white man. The common cattail (Typha) is one of these products. The vast areas of cattail have been little utilized. Here is a plant with prolific growth, rich in starch and other products of food value, growing in situations now regarded as waste lands. The rhizome is the part used. Cattail flour is not much different in composition from other flours and could probably well be used. The practicability of obtaining the flour from the field is a question which deserves further attention and experimentation. Likewise, the question of cultivation would require careful investigation. The fact, however, remains that there are thousands of acres of cattails containing considerably over 2 tons of flour per acre which at present finds no use. It is not so difficult to get the flour in small quantities. Half an hour at digging and "peeling" has yielded three or four cupfuls of flour. The digging is not so different from digging potatoes and the peeling is about equally facile. This flour has been used in this investigation in several ways, first as part substitute for cornstarch in puddings .-- P. W. Claassen, Scientific Monthly 9:179 (August) 1919.

Correspondence

NEED OF FURTHER RESEARCH ON THE TRANS-MISSIBILITY OF MEASLES AND VARICELLA

To the Editor:—I have just read the abstract in THE JOURNAL (Oct. 4, 1919, p. 1086) of Sellards' article on "The Insusceptibility of Man to Inoculation with Blood from Measles Patients" (Bull. Johns Hopkins Hosp. 30:257 [Sept.] 1919).

It is remarkable that Sellards was unable to produce this highly infectious disease by means of the blood or the masaf secretion of infected individuals. Not long ago, however, I had a similar experience with varicella (Am. J. Dis, Child. 16:34 [July] 1918). Thus we are confronted with two diseases—the two most infectious of the endemic diseases in this part of the world—which we are unable to transmit artificially from man to man. The result was most surprising in regard to chickenpox, and if the same rule holds good for measles it would seem as if a basic principle must be involved. Evidently in our experiments we do not, as we believe, pursue nature's mode of transmission; either we fail to carry over the virus, or the path of infection is quite different from what it is commonly thought to be.

I am writing this note because this question has been in my mind for some time and has been stirred up again by this recent work on measles. It appears to be a phenomenon that might well be called to the attention of readers of THE JOURNAL; perhaps an experimental study of the question might be undertaken by those who have the opportunity and are not engaged in other fields of work.

ALFRED F. HESS, M.D., New York.

"FORMULAS FOR USE IN STANDARDIZING AUTOGENOUS VACCINES"

To the Editor :--- In THE JOURNAL, October 4, under Clinical Notes, Suggestions and New Instruments, Sergeant Leo R. Tehon presented formulas for use in the standardization of bacterial vaccines. While serving as laboratory director of Evacuation Hospital No. 10, A. E. F., I had frequent requests for autogenous vaccines. At first we used Wright's method unmodified; but finding it rather cumbersome, we decided to try to modify it in some way that would make it more simple and take less time. After several trials we adopted the following method; it is very simple and can be done in a very short time: First, we used the blood of a soldier who gave a count of 6,000,000. We made a small puncture in the finger or ear, as in a cell count, and drew up the blood to point 0.5 in a white cell diluting pipet. Then a standard sodium citrate solution was drawn up in the pipet to point 1. This was drawn up in the bulb of the pipet, and the bacterial suspension was drawn up quickly to point 1, and this and the citrate blood were mixed as in an ordinary cell count. We had in this a blood with 3,000,000 red cells, and if we found two bacteria for each blood cell we had 6,000,000 per cubic millimeter, or 600,000,000 per cubic centimeter. We always worked with concentrated bacterial suspensions, as it was a very simple matter to dilute to any desired concentration of a lower count. The whole operation takes no more time than a simple blood count, and no other equipment except the sodium citrate solution.

J. S. WILSON, M.D., Lake Village, Ark.

REPORTS ON LOCAL ANESTHETICS IN LARYNGOLOGY

To the Editor:—At the suggestion of the Council on Pharmacy and Chemistry of the American Medical Association at its last meeting, the Section on Laryngology, Otology and Rhinology appointed a special committee to study and report on the "Special advantages and disadvantages of the various local anesthetics in nose and throat work."

The committee is very desirous of learning from members of the profession of any toxic effects, not necessarily fatal,



Access through your institution

Best of JAMA Network 2022

Trending

Viewpoint

The New Threat to Abortion Access in the United States: the Comstock Act *July 13, 2023*

Viewpoint

Integrating Medicare and Medicaid Coverage for Dual Eligibles: Recommendations for Reform *July 13, 2023*

A Piece of My Mind

Finding Faith Through Listening *July 13, 2023*

Select Your Interests

JOB LISTINGS ON JAMA CAREER CENTER®

Child Psychiatrist

Bourbonnais, Illinois

Child Psychiatrist Park Ridge, Illinois

Child Psychiatrist Naperville, Illinois

Child Psychiatrist Chicago, Illinois

Child Psychiatrist

Champaign, Illinois

See more at JAMA Career Center

Trending

The New Threat to Abortion Access in the United States: the Comstock Act

JAMA | Viewpoint | July 13, 2023 Integrating Medicare and Medicaid Coverage for Dual Eligibles: Recommendations for Reform JAMA | Viewpoint | July 13, 2023 Management of Down Syndrome-Associated Leukemias JAMA Oncology | *Review* |

July 13, 2023