

## REVIEW OF REVIEWS

By J. RODRÍGUEZ PASTOR, M. D., Chief, Bureau of Social Medicine

### ANAPHYLACTIC REACTIONS AFTER TOXIN-ANTITOXIN

An anaphylactic reaction following the injection of diphtheria toxin-antitoxin in a tenth months baby is reported by Dr. S. A. Wahl, of Cleveland, Ohio, in the *Journal of the American Medical Association*.

"A ten-months-old baby had received two injections of the toxin-antitoxin mixture at two-week intervals, without any reaction other than the usual local redness at the site of the injection. About ten minutes after the third injection, which was twenty-eight days and fourteen days, respectively, after the first and second injections, the child developed hyperpnea lasting a few seconds, then dyspnea for only a very few seconds; it became moderately cyanotic for perhaps thirty seconds, and, finally, two or three minutes later, giant urticaria appeared on the face and neck, and spread rapidly over the chest, abdomen and lower extremities.

"However, on the administration of epinephrine hydrochloride, 7 minims (0.4 c.c.), intramuscularly, the symptoms cleared up promptly. The child was under hospitalization for a few days, during which time there was no recurrence of the anaphylactoid phenomena."

The following serious anaphylactic reaction after the injection of 5,000 units of diphtheria antitoxin in a child which had been immunized with toxin-antitoxin fourteen months previously, was also reported in *The Journal of the American Medical Association*:

"Baby S. had been immunized by three injections of 0.1 L toxin-antitoxin, and fourteen months later developed a definite membrane on one tonsil and had a positive throat culture in spite of the fact that the Schick test had previously been negative. Although the child did not present other clinical symptoms of diphtheria, an administration of antitoxin was deemed advisable. The patient was given a small desensitizing dose, and twenty minutes later received 5,000 units of antitoxin. Within five minutes the child collapsed, ceased breathing, and became cyanotic; the pulse was imperceptible. An administration of epinephrine resuscitated the child, but severe prostration persisted for four hours. Subsequent exacerbation of the symptoms did not occur. This child had always been perfectly well previous to the present illness, and had never had an attack of asthma."

**VENEREAL DISEASES AS CAUSES OF BLINDNESS**

The following is taken from *Health News*, the health bulletin of the New York Department of Health:

"In a news letter released by the Children's Bureau of the United States Department of Labor under date of March 25, the statement is made that during 1926 the proportion of children in schools for the blind in this country whose loss of sight was due to ophthalmia neonatorum was one in ten as compared to one in three twenty-five years ago. Considering the ease of preventing gonorrheal ophthalmia in the newborn, these figures are still tremendously high.

"In a study by Dr. Lamb of 507 pupils in the Missouri School for Blindness, he concludes that—

" 'The venereal diseases are responsible for more than one-third of the cases. Gonorrhea was responsible for more than half of the cases classified under those caused by venereal diseases. So in youth it would appear that the greatest single, fundamental cause of blindness is gonorrhea, and syphilis is a close second. Blindness among youths, caused by venereal diseases, accounts for at least half of the cases of preventable blindness. The eradication of syphilis and gonorrhea will do more to decrease blindness among children than any other single factor.

"The clinical smear and blood examination of all pregnant women and thorough treatment administered could eliminate many cases.

"In conclusion, the universal use of a one-per-cent solution of silver nitrate (no substitutes) in the eyes of the newborn and the early treatment of the infant having congenital syphilis would prevent over half of the blindness in youth."

---

**THE CLOWN AS A HEALTH TEACHER**

"The Pennsylvania Tuberculosis Society is lending an attractive aspect to its health campaign among children by means of a health clown, 'The Jolly Jester,' who goes from town to town giving performances which are intended to impart to children an idea of hygienic rules and their importance, in a novel and interesting way.

" 'The Jolly Jester', says the Bulletin of the Pennsylvania Tuberculosis Society, 'gave 18 performances in Schuylkill county last fall with a total attendance of approximately 11,810. W. P. Smith, executive secretary of the Anti-Tuberculosis Society of Schuylkill county, in a report of Schuylkill-county work for five months, has the following to say concerning the Jester:

" 'The good the Jolly Jester did by his performance can hardly be measured. No doubt, every child that heard him received something to help them become interested in their health. Repeatedly someone mentions the good the Jester had done the children as we meet him in the different towns. The Jolly Jester was not only a splendid health clown, but he was a fine gentleman, and this phase of his life had a marked effect on the children as well as his clown performance.

" 'We know he has done a splendid piece of health work in the county and hope that we may have him with us again sometime in the near future.' "



### A GOOD REMINDER

"New Haven, Conn., seems to have found a pleasant and effective way to spread the gospel of diphtheria prevention," says the *Weekly Bulletin* of New Mexico's Bureau of Public Health.

"The health officer sends to each baby in the city on his first birthday a pretty birthday card, with a letter to the parents calling attention to the importance of protecting the child against diphtheria. The city reported but one death from the disease during 1926."

---

### THE SPAHLINGER TREATMENT OF TUBERCULOSIS

"The boosting of Spahlinger in the lay press," says *The Journal of the American Medical Association*, "has been followed by some criticism. A special correspondent, sent by the *Daily Express* to Geneva to investigate, has interviewed Spahlinger, his patients, physicians and others on the spot. He appears to have carefully sifted rumor from facts and has come to the conclusion that more patients or funds should not be sent for the Spahlinger Institute. As the institute is receiving a large income from patients, Spahlinger's complaint that he is hampered by lack of funds is unfounded. There are two major personalities in the institute, Spahlinger and an English architect, Mr. R. G. Lovell, who invested considerable sums to help the work and has taken part in the business side. He is responsible for the press campaign, and has written a book to show that tuberculosis exists only because Spahlinger's treatment has not been adopted. Yet from several sources cases are recorded, some fatal, in which the treatment failed to benefit the patient. Of these nothing is said in the roaring propaganda. Dr. Graham Little, a dermatologist and a member of parliament, has written to the press stating that it is difficult to understand Spahlinger's secrecy and urging that the public withhold subscriptions pending full revelation. To this Spahlinger has replied:

"If my achievements are to be so easily discredited I should be glad to burn my secrets, go back to the bar, and lead for the first time in fifteen years a life owning an ordinary man's share of sunshine."

"But why this secrecy to the end? If Spahlinger were actuated by the humanitarian motives of which we hear so much, we should have thought that if compelled to abandon his work for something more pleasant he would have given others the opportunity to carry it on and not deprive mankind of such a boon. His methods of

controversy are not edifying. In reply to Dr. Nelson's straightforward account in the *Lancet* of cases treated with his remedies, he attempts, in a manner familiar in the law courts but foreign to science, to discredit his adversary by a personal attack, imputing deliberate errors. He tries to make capital out of the fact that his remedy is wrongly described as 'serum' instead of 'ferment and antigens.' In view of his secrecy, it would not be remarkable if the wrong word was used. In any case it was the remedy he was claiming to cure; so the question of name is beside the point."

—(*Journal of the American Medical Association.*)

---

### CONTROL OF RABIES

The following resolutions on the control of rabies were adopted by the New Mexico Public Health Association:

"WHEREAS, The disease known as 'Rabies' is becoming dangerously prevalent over the entire United States, owing to the free and uncontrolled passage of dogs from one state into another, due to the ease of transcontinental travel, and it is recognized that the dog is the most frequent disseminator of the disease, and

"WHEREAS, The southwestern states, including New Mexico, have been particularly afflicted with the presence of this disease during the past few years, and

"WHEREAS, The people of New Mexico stand in constant danger of loss of life, and the live-stock interests in danger of large monetary loss and will continue so in danger, due to the ravages of the disease and the wanderings of unrestrained infected animals, and

"WHEREAS, It is a physical impossibility to control dogs entering our state from other states, and the control and suppression of the disease within our State rests on the possibility of control of dogs entering our State, and

"WHEREAS, A method of immunizing our own dogs against the disease, known as the single-injection method, has been found practical and cheap, and found almost 100 per cent effective, for a period of one year, at least, be it

"Resolved, That the New Mexico Public Health Association, at its annual conference held at Albuquerque, May 17-18, 1926, highly endorses the 'single-injection method' of vaccination as a prophylactic against rabies in dogs, as a means offering the greatest single measure of control, and, be it further

"Resolved, That, as a matter of public safety, health and happiness, the State Director of Public Health be urged to draw up and have promulgated a regulation requiring state-wide vaccination of dogs against rabies according to the known properties of the vaccine, the immunization to be done at the dog owners' expense, and that all stray and non-immunized dogs be killed within a reasonable time, following the promulgation of the said regulation."

---

The following editorial, entitled "Why Hospitals Run Behind",



appeared in one of the recent issues of *The Saturday Evening Post*. It is a plea for the wider application of the principles of business efficiency to hospital administration.

"The benign epidemic of drives for hospital funds which is now active in many states again calls attention to the conditions which surround the institutional care of the sick and ailing. From the viewpoint of physician and surgeon, American hospitals approach more closely to perfection than ever before. The old-fashioned institution which was virtually a boarding house for sick people has given place to a luxurious hotel operated in connection with a chain of laboratories which take the guesswork out of diagnosis and treatment. Such a hospital is a hive of highly specialized technicians so organized as to be able to give the poorest patient a quality of service which a decade ago the richest could not command. Recent advances of science, improvements in hospital design and arrangement and new methods of treatment all combine to give the sick man a better chance to get well than ever before.

"It is, however, the rule rather than the exception for a hospital to show an operating deficit and to depend upon state or municipal aid and the voluntary contributions of the well-disposed few in order to break even at the end of the year. A well-equipped community hospital is a utility just as indispensable as a waterworks or an electric-light plant. Every day of the year and every hour of the day it must be prepared to give service to any man, woman or child within its radius of activity, and give it instantly, without stopping to figure potential profit and loss.

"If this universal service were based upon universal support our hospitals would have no financial problems worth mentioning. If every family made a small but regular annual contribution, losses and deficits would be wiped out at once. Local institutions could readily be put upon a sound financial basis, with the important result that the high cost of sickness would be cut in two. Paying patients in moderate circumstances could have the best of care at fees they could afford, and could enjoy without stint all the costly tests and treatments calculated to hasten recovery which charity patients get for nothing.

"General acceptance of the fact that the local hospital is every man's business, coupled with regular popular support, is one of the two steps that must be taken before such institutions can hope to fulfill to the uttermost their responsibilities to their communities.

"The second step will involve some rattling of dry bones, for it means a general waking up and jacking up of boards of trustees and managers. Taking the country as a whole, only one hospital in four is operated as competently and efficiently as it might be.

"The opportunities for waste in the average hospital are almost boundless; and trustees and managers who are content to go on employing lax, slipshod methods in the purchase and control of supplies contribute directly to the high cost of sickness.

"The leakage traceable to unenlightened management may be imagined when it is said that the national investment in hospital plant and equipment is considerably in excess of two billion dollars. The present year will witness the completion and taking over of new hospital buildings costing more than a quarter of another billion.

"These interests are too vast to be administered with anything less than

the highest efficiency. The stake to be won by scientific economies is well worth working for. A modern administrative system lately applied to a municipal hospital in a large southern city was so well carried out that the savings effected in a single year were sufficient to cover the cost of substantial alterations and improvements. Hundreds of other hospitals might equal this record if their managers were awakened to the possibilities which are open to them.

"Fortunately there is plenty of assistance at the command of managers and trustees who are determined to bring about a change for the better. Hospital administration has an extensive literature of its own which is accessible to all. There are also at least two well-edited and copiously illustrated periodicals which cover the field with fascinating thoroughness. In the larger cities there are experts in hospital design and administration whose advice often proves to be worth far more than its cost.

"The magnificent achievement of the medical profession in advancing the healing art are far more notable than the betterment of executive management. It remains for industrial leaders and men of affairs to devise and introduce administrative and financial features which shall be as effective as current professional methods. When chambers of commerce, rotary and kiwanis clubs and retail-business men's associations all join hands and give their best thought to the problems of their community hospitals those problems are bound to be solved rationally and correctly. There are few perfectly operated hospitals which do not owe their excellence to a group of successful men who know how to apply business methods to the conduct of any organization in whose management they share."

