

cinated' and 're-vaccinated' or 'doubly protected' with the death rate of only 89 per million among our mixed and for the most part 'unprotected' population at Leicester, and we may repeat: 'Wherein is the necessity of the operation?' This is positively a superlative comparison!

A careful perusal of this series of letters leads to the conclusion that no good can be accomplished by cultivating a correspondence with men who are disingenuous enough to affect such *tours de force* in their statistical presentations, and particularly in the columns of a daily newspaper not all of whose readers are capable of putting a proper valuation on the data.

TYPHOID FEVER AMONG PLUMBERS.

It is a question not infrequently raised in boards of health, whether it is allowable or not to send plumbing inspectors to houses where typhoid fever exists. Also, if plumbing in such houses is defective shall orders to do the required repairs be enforced while the fever yet remains. It is the practice in some towns to leave the matters of inspection to those plumbers who have no dread of the work, and not insist that a plumber shall go, whether he will or no. There will ordinarily be some one or more inspectors at the service of the health officers, ready for this class of work. As to compelling the prosecution of repairs during the pendency of the malady, it may be assumed that the dangers to the workman can be reduced to a minimum, by the thorough and frequent disinfection of the evacuations of the patient, and of the drainage system by which those excreta are carried away.

When the water closet in the house drains into a cesspool, an arrangement common in many suburban places, where sewers do not exist, the cesspool should be drenched with disinfectants; when the case is recovered the cesspool should be cleaned to the bottom in the presence of an abundant use of chlorid of lime or other approved disinfectant. That plumbers may not with impunity engage in this kind of repairing work we have proof in a case that lately occurred at Montclair, New Jersey. In a recent report by the Health Board of that town, mention is made of a plumber being attacked by typhoid fever in consequence of having done repairs in one or more of the houses where the fever had occurred.

EX-JUDGE W. S. HOLMAN.

Every physician residing in the Fourth Indiana Congressional District should remember that W. S. HOLMAN, as chairman of the Appropriations Committee of the House of Representatives, did all he could to defeat the appropriation for the Pan-American Medical Congress, and that he persistently votes against every measure which is for the advancement

of medical science. If he were governed by purely patriotic motives no one could impugn them, but when we know that a worthless member of his family was foisted on the Geological Survey and there retained for a long time on the public pay roll, we can assume reasonably that his so-called "watch-dog-of-the-Treasury" act is one of hypocrisy, and for demagogic purposes only.

If the doctors in the Fourth Indiana District will exert themselves a little, this interesting person will be properly retired at the next election.

AN ARGUMENT FOR THE ANTI-VACCINATIONISTS.

The wordy war on the value of vaccination, carried on through the medium of letters to the editor of the *Times*, London, which gave occasion to our editorial remarks in the *JOURNAL* of September 22, is continued hotly in October with many fresh participants. Among the letters is one which will bear reproduction:

"Sir:—A few words of common sense would not be amiss. I am 70 years of age. In my boyhood it was scarcely possible to walk a quarter of a mile in London without meeting one or more grown-up persons marked by smallpox. In my own small circle there were three persons so marked.

"At the present time I walk about for days and never see a marked face, although my eyesight is as keen as ever. It might be interesting to learn the experience of other Londoners on this subject, and to know how the anti-vaccinators account for the change that has taken place.

"Your obedient servant, OLD STAGER."

OUR READERS will greatly regret to see in the Necrology column an account of the death of WILLIAM GOODELL, M.D., of Philadelphia, a notice of which arrived as we were going to press. His wide acquaintance in the ASSOCIATION, his professional skill, and his literary ability leave a void which will not be easily filled.

CORRESPONDENCE.

Status of Eclectics, et al.

AUSTIN, TEXAS, Oct. 4, 1894.

To the Editor:—Yes, we are all proud of the success of the *JOURNAL*! It has forged ahead, in spite of prejudice and local jealousies, and now is beyond the experimental stage of its life. See herewith a clipping from our daily paper, of _____ Company, quoting. In various cities and towns of the United States there are both homeopathic, and eclectic physicians who would scorn to drag medicine in traffic-slime, as this company does. Now these said homeopathic and eclectic physicians thrust Dr. _____'s advertising "rot" under my nose, and say, tauntingly: "How do you get on, Mr. Regular?"

You, personally, are well and widely known as a large-hearted liberal man and representative physician of the common sense class. And I hope you will be brave enough (as well as discrete enough, to give us—the rank and file—some definite basis upon which to act, in reference to society affiliation with those homeopathic and eclectic physicians who demean themselves as honorable, well educated physicians and refined persons.

The people at large know full well that *very few* "regulars" refuse to meet with this class (if any class) of homeopathic and eclectic physicians, especially if a good fee is in sight or the patient be a person of consequence. There is not a single physician in this city who refuses to meet homeopathic or eclectic physicians, in professional consultation, under said favorable circumstances. Individually, I have never been a slave to any creed, or suppliant to any sect. The Golden Rule, is enough "code" for any well intending person; other sorts of persons only use codes as a cloak while perpetrating the most contemptible meanness—at least, such is my observation, from various quarters of the United States. I do not mean that all, or nearly all physicians, who advocate the strenuous upholding of the written Code, are dishonorable persons, nay, verily. But we, so-called "regulars," have, by years of misguided management, raised and endeavored to maintain an issue. Now it is high time we met such issue, if we would, as a profession, continue to command the respect and esteem of intelligent people at large.

Yours very truly, Q. C. SMITH, M.D.

ANSWER:—As to meeting or affiliating with any physicians, only those are kept out who announce themselves as adhering to some dogma. We use any means for the cure of our patients that clinical experience or common sense leads us to believe would prove of value, whether it be homeopathic, eclectic, or what not. When a physician announces that he uses only a certain line of remedies ignoring others which are known to be of value, how can a thoroughly educated physician consult with him? When he ceases to use such a line of remedies, he ceases to be truly a homeopath, etc., and is a physician. We do not raise the issue. In many sections, there are persons who are good members of our societies, though they either did not receive a diploma or one from an irregular school, but having ceased to announce themselves as practitioners of a pathy, and as being guided by common sense and employing whatever means to relieve disease had been found of value, they had become practitioners of medicine without dogma.

The following fully explains the correct view of the ethics: *Resolved*, That clause I, of Art. IV, in the Code, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the Code that interferes with the exercise of the most perfect liberty of individual opinion and practice.

Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian, or exclusive system of practice, or to belong to an association or party, antagonistic to the general medical profession.

Resolved, That there is no provision in the Code in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations can not be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the spirit and the letter of the Code."

Announcements in the Press.

NEW ORLEANS, Oct. 13, 1894.

To the Editor:—Please inform me if there is anything in the Code of Ethics to prevent a practitioner: 1, from announcing in the *daily newspapers* that his practice is limited to the diseases of special organs; 2, ditto in the *medical papers*; 3, from announcing in sealed circular letters to the *medical profession* at large that his practice, etc.; 4, ditto to *laymen* at large, etc.

Yours truly,

EDMOND SOUCHON, M.D.

ANSWER:—Art. I, Sec. 4: "Duties of physicians to each

other and to the profession at large:" "It is derogatory to the dignity of the profession to resort to public advertisements," etc.

2. While in some parts of the country, physicians do publish cards in medical papers, it is not regarded as wanting in the true dignity of a physician, but as a question of taste.

3. Certainly, there can be no objection to a sealed circular to the profession, announcing that practice is limited, etc. But we find that when a physician is limiting work to a specialty, it soon becomes known to the profession of his town, and by his papers on that subject in the medical journals he soon attracts a *clientèle*.

4. A circular to laymen can not fail to produce in the minds of those who receive it, a doubt as to the ability of the one sending it.

A large acquaintance with the profession in all parts of the country causes us to believe that the dignified earnest practitioner can acquire a practice without resorting to any of these plans.

The Missouri State Board of Health.

ST. LOUIS, Mo., Oct. 26, 1894.

To the Editor:—The Missouri State Board of Health at its meeting held in St. Louis on October 25, unanimously adopted the following resolution:

"No medical college guilty of issuing a catalogue or prospectus in which are contained material misrepresentations concerning its teaching facilities, course of study or false representations in the list of students matriculated, or in attendance, shall be in good standing with this Board."

Very respectfully,

F. J. LUTZ, M.D., President.

BOOK NOTICES.

Addresses, Papers and Discussions in the Section on Obstetrics and Diseases of Women, at the Forty-fifth Annual Meeting of the AMERICAN MEDICAL ASSOCIATION, held at San Francisco, Cal., June 5-8, 1894. Pp. 168. Chicago. 1894.

The volume opens with the Minutes of the Section meeting, and then the chairman's address, by Dr. Joseph Eastman, and concludes with the case of didelphic uterus by Dr. Werder, of Pittsburg. The latter article, by the way, is the first pamphlet entirely finished in the JOURNAL office on one of the new presses, and has therefore an interest beyond its intrinsic merits. All the papers in the volume have been heretofore printed in the JOURNAL, but those interested in the work of this Section will naturally be glad to have the collection in book form for permanent preservation.

The Retrospect of Medicine: A half-yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by JAMES BRAITHWAITE, M.D. Volume CIX. January-June, 1894. London: Simpkin, Marshall, Hamilton, Kent & Co. 1894.

This is the bound volume of "Braithwaite," so well known in this country and in Great Britain that it needs no introduction at our hands. There was a time when a volume of this size was extremely useful, but the field of medicine is now so vast that it is not possible, in the small compass of such a book as this, to do more than make excerpts from a few medical journals. Considering its narrow and limited horizon, it serves very well those of its patrons who take the *Retrospect* simply because they always have taken it.

The Nurse's Dictionary of Medical Terms and Nursing Treatment.

Compiled for the use of Nurses, and containing descriptions of the principal medical and nursing terms and abbreviations, instruments, drugs, diseases, accidents, treatments, physiologic names, operations, food appliances, etc., etc., encountered in the ward or sickroom. By HONOR MORTEN. Second Edition. Philadelphia: W. B. Saunders. London: The Scientific Press. Chicago: A. C. McClurg & Co. Price \$1.50.

The title page tells the whole story, and makes the reviewer's task a light one. It is an excellent dictionary for nurses and one, we think, very well calculated to be of ser-