Correspondence

Practical Demonstration of the Dangers of Optometry

To the Editor:—Knowing the active interest of the Association in the wide-spread agitation for laws licensing opticians to examine for refractive errors and prescribe glasses, I have thought that a striking instance of the dangers of this proceeding which has just come to my notice might well be recorded. A man of 34 consulted me this week because of a severe and increasing headache of three months' duration. Three weeks ago he went to one of the large opticians of New York because of some trouble with his eyesight, and had glasses prescribed for him by an optometrist. He did not have a refractive error of consequence, but a high grade of choked disc in both eyes and was suffering from brain tumor. Of course, a decompression operation three weeks ago would have preserved much more sight than can be expected now, and the blame for the loss of this valuable time is to be placed wholly on the legal recognition of optometrists, which was given in New York State last winter.

The optometry question is in my opinion but one phase of a larger problem which must eventually be settled rightly in this country, but which we can scarcely expect to have so settled until general education in the fundamental facts of physiology and pathology is much more wide-spread, and perhaps not until our therapeutic resources become more comparable with our diagnostic ones. No person, whether he styles himself optometrist, osteopath, mental healer, or any other sectarian name, should be recognized by law as competent to treat disease until he has been thoroughly trained in the science of diagnosis. This, for every specialty, no matter how small, demands, as a minimum training, the present course of instruction in the whole of medicine required of candidates for license as physicians. No part of the human body can be arbitrarily separated from its vital connection with the whole organism. The sooner the public recognizes this fact the better.

THEODORE C. JANEWAY, New York.

Hexamethylenamin in Pellagra

To the Editor:—In THE JOURNAL, November 5, p. 1663, Dr. Bagby discusses the hexamethylenamin treatment of pellagra. I have used the same remedy in two cases, giving a dose of 5 grains three times a day. The progress of each patient, while not nearly so remarkable as in Dr. Bagby's case, was very satisfactory. A week ago, however, one of them, who had had an organic heart lesion for years, died suddenly while talking to some friends. This patient had so far recovered as to be able to work half a day at a time. The other patient is improving rapidly. The arsenic treatment has been kept up, and I have been doubtful whether the improvement was due to the hexamethylenamin, the arsenic, or the time of the year, or to these three combined. I began the hexamethylenamin at the suggestion of Dr. Manfred Call of Richmond, who has, I think, been using it for several months.

WALTER E. VEST, Meherrin, Va.

Chinosol—A Correction

To the Editor:—In an article by Dr. Wilbur E. Post and myself on "The Comparative Efficiency of Some Common Germicides" which appeared in THE JOURNAL, Nov. 5, 1910, the value of chinosol as a germicide was the subject of criticism. Since the publication of the article, my attention has been called to the fact that chinosol is no longer advertised as a germicide nor has it been since the Council on Pharmacy and Chemistry proved to the satisfaction of its manufacturer that, while it possessed antiseptic powers, its germicidal action was practically nil. Our criticisms of this preparation, therefore, were without foundation. Chinosol was examined by us because at the time our experiments were made this product was advertised and sold as a germicide. In publishing the results of our work reference to chinosol should, of course, have been omitted.

HOMER K. NICOLL, M.D., Chicago.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

PLANS FOR HOSPITALS

To the Editor:—I desire information regarding the size, cost of building and arrangement of a hospital in a small city. Articles have been published in THE JOURNAL on this subject. Please give me the dates.

WILLIAM F. ROSS, New Kensington, Pa.

ANSWER.—The following original articles and abstracts have appeared in THE JOURNAL:

- Adams, H. P.: Construction of Cottage Hospitals, *Brit. Med. Jour.*, June 20, 1908; abstr. in THE JOURNAL, July 18, 1908, p. 261.
Ochsner, A. J.: Practical Points of Economy in Hospital Construction, THE JOURNAL, Sept. 21, 1907, p. 990.
Sturm, M. J.: Planning and Construction of Hospitals for Smaller Cities and Towns, THE JOURNAL, Feb. 20, 1909, p. 610; Construction of Hospitals for Tuberculosis, *Tr. Internat. Cong. on Tuberc.*, 1908; abstr. in THE JOURNAL, Oct. 3, 1908, p. 1174.
Thompson, W. G.: Modern Hospital Construction, THE JOURNAL, Sept. 21, 1907, p. 993.
Holmes, Bayard: The Hospital Problem, THE JOURNAL, Aug. 4, 1906, p. 318; A Suggestive Plan for a Modern General Metropolitan Hospital of Five Hundred Beds, THE JOURNAL, March 28, 1908, p. 1025.

The following books and articles also may be found of assistance:
Galton: Healthy Hospitals, Oxford University Press, 91 Fifth Ave., New York. \$2.75.

- Ochsner and Sturm: Organization, Construction and Management of Hospitals, Cleveland Press, Chicago. \$7.
Alkens, Charlotte A.: Some Common Blunders in Hospital Construction, *Nat. Hosp. Rec.*, 1907, x, 16.
Bellhach, P. H.: Natural versus Mechanical Ventilation of Hospitals, *Mil. Surg.*, 1907, xx, 199.
Goldwater, S. S.: Cost of Modern Hospitals, *New York Med. Rec.*, Oct. 14, 1905.
Goodrich, Annie W.: Some Common Points of Weakness in Hospital Construction, *Am. Jour. Nursing*, 1903-4, iv, 93.
Hucker, A. B.: Notes on the Requirements of Modern Hospital Architecture, *St. Paul Med. Jour.*, February, 1904.
McMullen, B. H.: Small Hospitals for Small Places, *Jour. Michigan Med. Soc.*, July, 1908.
Ochsner, A. J.: Hospital Construction in American Cities and Towns, *Cincinnati Lancet-Clinic*, Nov. 12, 1904; Hospital Construction, *Illinois Med. Jour.*, October, 1908.
Simpson, W. J.: Infectious Hospitals, *Jour. State Med.*, London, 1903, xl, 521; Plans for a Model Modern Hospital, *Nat. Hosp. Rec.*, 1907, x, 10.
Smith, G. A.: Application of the Cottage System to the New Hospitals, *Mil. Surg.*, 1907, xx, 199.
Vander Veer, Albert: The Essentials of Modern Hospital Construction, *Albany Med. Ann.*, July, 1902.

SWELLING OF NOSE AND UPPER LIP

To the Editor:—I have a patient, a woman, aged about 35, in good health, who yet has marked swelling of nose and upper lip every morning. This goes down slightly toward evening and appears again in the morning. There is scarcely any redness of the skin. I have examined all the organs and find no cause for the phenomenon. I have tried various treatments with no effect. The only symptom is the swelling. Probably you could suggest some line of treatment.

INQUIRER.

ANSWER.—It would be impossible to give intelligent advice without knowing more about the case. Is the condition due to some error in diet, to derangement of digestion from other causes, to some medicine the patient may be taking, to some condition of sleeping apartment, to late supper, to anemia, to malaria, to angioneurotic edema, etc.? It would not be safe in such a case to accept as final the statement that the patient is in good health.

The Public Service

Medical Department, U. S. Army

- Changes during the week ended Nov. 12, 1910.
Mason, George E., D.S., Nov. 1, left Fort Snelling, Minn., en route to Fort Lincoln, N. D., for temporary duty.
Leslie, Samuel H., D.S., Oct. 27, reported for temporary duty at Fort Robinson, Neb.
Stallman, George E., D.S., Nov. 2, reported for temporary duty at Fort McIntosh, Texas.
Ford, Clyde S., major, Nov. 1, reported for temporary duty at Fort Yellowstone, Wyo.
Wilcox, Charles, major, Nov. 3, relieved from duty at Fort Totten, N. Y., and ordered to Fort Sheridan, Ill., for duty.