"The same question might be asked with at least as much if not even greater propriety concerning the other remedy requested and the complaint for which it is to be used.

"In the interest of a suffering public"—which has already suffered too long at the hands of nostrum manufacturers whose principal asset is public ignorance—we suggest that druggists use their influence to send sufferers from asthma and other ills to those who are legally authorized and presumably professionally equipped to diagnose their cases and prescribe remedies for their relief. The man who undertakes to diagnose and prescribe when he has not completed a course of study which entitles him to legal recognition as an expert in the practice of medicine, thereby becomes a quack and may justly be regarded as a faker; and his status is not changed by his surroundings, no matter whether they be the luxurious fittings of a suite of offices in a large manufacturing establishment, rows of bottles over a prescription counter, or the gaudy trappings of a mountebank's cart at a county fair."

Correspondence

Bacteriologic vs. Clinical Control of Diphtheria Quarantine

To the Editor:—Dr. Simonds in his article on diphtheria (*THE JOURNAL*, Jan. 7, 1910, p. 37) said: "It is evidently unjust to . . . the patient . . . to place him in quarantine on a clinical diagnosis of diphtheria, which in over 40 per cent. of the cases is proved by bacteriologic examination to be incorrect."

It seems to me that this is assuming an infallibility for bacteriologists that is unwarranted. No careful and experienced physician would consider even half a dozen bacteriologic examinations as proof of error in a case diagnosed as diphtheria from clinical evidence such as the presence of a membrane and a rise of temperature. Negative evidence must always be uncertain, and, while a positive diagnosis based on bacteriologic examination should be taken as conclusive even where the clinical evidence is negative, it does not follow that the reverse is true. In other words, the presence of the characteristic membrane is quite as conclusive as a positive bacteriologic finding.

THOMAS J. TURPIN, Corpus Christi, Tex.
Health Officer Nueces County.

[The above was referred to Dr. Simonds, who writes:]

To the Editor:—It must be borne in mind that the statement quoted by Dr. Turpin referred solely to the regulation of quarantine in diphtheria. It was not intended to apply to the treatment of the disease. When the clinical symptoms are reasonably clear, the physician who administers antitoxin without waiting for a bacteriologic examination is to be commended. The harmlessness of antitoxin and the more favorable results obtained from early injections render its use on clinical grounds alone perfectly justifiable. But in the case of quarantine I insist that it is unjust to a patient, especially to an older child or adult, to confine him for an arbitrary period of time on clinical grounds alone when a bacteriologic examination is obtainable. It is just as unfair to the community to release such a patient merely because all symptoms of diphtheria have disappeared.

It is true that a small percentage of positive cases are negative on first culture—at the Boston City Laboratory something more than 6 per cent. This simply means that neither clinical nor bacteriologic examinations are absolutely infallible, but that the percentage of error in the latter, especially where single negative cultures in suspicious cases are followed by second cultures, is so small that we are justified in relying entirely on this method for the regulation of quarantine.

I cannot agree with Dr. Turpin that "the presence of a characteristic membrane is quite as conclusive as a positive bacteriologic finding." For the control of treatment such a principle is very good; but from the standpoint of public health it is exceedingly bad for two reasons: First, when the people of a community are taught that a membrane is characteristic of diphtheria it will be difficult to convince them that the patient may still be a source of danger after the membrane has disappeared. Second, such people will also refuse to believe

that a perfectly healthy person may be a carrier of virulent diphtheria bacilli and thus be a menace to his associates. It is from patients released too early and from healthy carriers that the disease is kept alive in a community.

To sum up the whole matter, the control of treatment by clinical manifestations is entirely justifiable; but the regulation of quarantine should be based solely on the results of bacteriologic examinations, when such are obtainable. Every suspicious case should be held in temporary quarantine until the result of the bacteriologic examination is known. Such a method, while not absolutely infallible, is far more accurate than clinical observation; it will certainly insure better protection to the community.

J. P. SIMONDS, Indianapolis.

Gonorrhea and Ophthalmia Neonatorum

To the Editor:—I am in receipt of a circular letter from the Ohio State Board of Health and the Ohio Commission for the Prevention of Blindness, stating that more than one-fourth and nearly one-third of all blindness of infants in Ohio is due to ophthalmia neonatorum, urging the necessity of preventive treatment of the new-born and also announcing the free distribution of silver nitrate solutions to physicians and midwives. While this is a laudable effort and one to which we should all lend a helping hand, we must go a step farther, it seems to me, if we wish to strike at the root of this evil. For every child born with this disease there is a mother who is infected with gonorrhea. For nearly every mother so infected there is a father who married with an uncured case of gonorrhea. While it may be true that in many instances the man has made no effort to obtain a cure, or what is worse, has been self-treated or treated by a druggist, it is equally true that in the majority of cases he has been treated and discharged as cured by a practicing physician. It is high time to call a halt and to ask that the treatment of this disease be given the same serious consideration as is granted to other much less serious and far less disastrous diseases. The presence or absence of a visible discharge seems to be the only determining factor that is used by the majority of men in diagnosing the presence or absence of gonorrhea. This is utterly fallacious. In the same category may be placed a single determination of the presence or absence of the gonococcus in the discharge. Of course the use of such means leads to the discharge from treatment of thousands of men who are still suffering from the disease and who will, in the majority of instances, infect their innocent partners. Instances of this kind have come to the notice of every practicing physician in this country. The following item, clipped from a Cleveland daily paper, illustrates the frequency of such cases:

TO PROSECUTE MIDWIFE—SOCIETY CHARGES THAT WOMAN NEGLECTED BABY'S EYES

A warrant was yesterday issued from the police prosecutor's office for the arrest of Mrs. Rose Natrefa, charging her with failing to report soreness of a child's eyes. Mrs. Natrefa, who is a licensed midwife, lives at 2253 East Eighty-Third Street.

Officers of the Society for the Promotion of the Interests of the Blind found Luretta Sovenski, 3 days old, 7610 Stanton Court, S.E., infected with what physicians say is an extremely virulent case of sore eyes. The baby was at once removed to Lakeside Hospital, where the physicians say there is only a slight chance of preserving its sight. The midwife, officers who made the investigation say, told the mother of the child that the case was nothing more than a cold in the baby's eyes.

I have not touched on the morbidity in the patient himself, which, as we all know, is of alarming frequency, and, in the case of women especially, is attended with such dire results. Let me repeat, the time has come for intelligent, serious and persistent treatment of gonorrhea to prevent the consequences of present-day methods.

DR. W. E. SAMPLINER, Cleveland.

Action of One Society on the Secret Commission Evil

To the Editor:—The subject of fee-splitting and commission-giving by surgeons has come up in the Western Surgical Association, and the society has taken some definite steps to eliminate the practice. Dr. John P. Lord, in his presidential address, read a paper on this subject. The executive council