investigation or examination. The case at best leads to rather unsatisfactory conclusions as to the absolute perfection of the English lunacy methods.

There is still another point which it strongly emphasizes, namely, that no matter how absurd or outrageous an individual may act, the popular prejudice against the restriction of his or her liberty on the ground of insanity can be made effective on almost any pretext. The public *en masse* is not a rational being under such circumstances and mob law and its equivalents are as ready to release inconvenient lunatics at some times as they are to hang them at others. There is no other subject in regard to which public opinion and the lay press takes more opposed and irrational views, than that of insanity, and there is hardly another subject on which the judge-made law is more inconsistent. Whether there will ever be any perfect popular enlightenment on this subject is perhaps a question, it is too much to expect even if individuals are well informed, that acting collectively they will ever be altogether rational in their behavior, and insanity is certainly one of the subjects upon which the *vox populi* becomes too often the *vox diaboli* more than anything else.

It is especially unfortunate when individuals or bodies acting in a judicial capacity are influenced by such misguided public clamor or find it necessary or expedient to give way to it, as it can only cause infinite distress to innocent persons and tends to no public good.

NEW YORK OFFICERS AT VARIANCE OVER THE CLOTHING OF INSANE PATIENTS.

A disagreement has arisen between the New York State Commission in Lunacy and the Charity Commissioners of New York City regarding the clothing of the insane to be taken charge of by the former board in the Manhattan State Hospital. The latter board is litigating the question of providing new suits of clothes for the lunatics transferred by it to that hospital. Dr. C. F. Macdonald, of the State Commission, defends the exaction of new clothing as follows:

1. To reduce, as far as practicable, the danger of introducing contagious or infectious diseases into the institutions which were then sheltering about 13,000 patients, coming from all the walks of life and in widely different conditions of physical and mental debility, beside some 2,000 employes and over 100 officers, while the yearly admissions of new cases exceeded 2,000.

2. To put a stop to a then prevalent practice among county authorities of sending to State hospitals patients clad in filthy, ragged and worn-out clothing, which had to be discarded and often destroyed altogether, before the patient could be safely received in the wards.

It is notorious that the germs of such diseases have been introduced in this way into hospitals, and have there caused serious and in some cases fatal results. This danger is especially present and potential in the case of vagrants or tramps, or the outcasts of cities, who become insane. In order to guard against epidemics and protect the health and lives of these thousands

of peculiarly susceptible persons, it was felt to be indispensable that the clothing should be new and not merely clean, but it was not insisted that it should be of a high grade. From a wide range of inquiries it was found that the average cost of sufficient clothing suited to the different seasons of the year need not exceed \$10 per capita. Had the rule prescribed clothing, not new but simply "comfortable," it would have opened the way for continual bickering over the question of what in any case could be accepted as "comfortable."

If the decision of the Supreme Court, which will be appealed, be sustained, its effects will be most lamentable, since it will largely impair, if not render useless, an important safeguard erected in defense of health and safety for the insane inmates of State hospitals, now exceeding 19,000, beside several thousands of officers, attendants, nurses and other employes. An appeal will be taken, and a stay of judgment be sought, since the effect of the order is not confined to the one locality of New York city, but extends over the entire State. Meanwhile the Commission's order will be maintained until the question is finally settled by the court of appeals.

Aside from the harmful effect of the action of the charities commissioners in its bearing upon the patients of the Manhattan State Hospital, and upon those in other State hospitals, it is not conducive to the financial interest of the city of New York, since the yearly cost of new clothing if provided by the city for each of its insane when sent to the hospital, would not at a liberal estimate exceed \$20,000, while if the State has to provide clothing in advance and pay for it out of the State treasury, the city's share of such cost, being based on its assessed valuation, would reach close upon \$25,000.

THE JOURNAL SPECIAL TRAIN

Will leave the Central Station at Twelfth street and Park Row, Chicago, via the Big Four Route, at 12 o'clock Sunday, May 3, arriving Indianapolis 6:10 P.M., there to be joined by parties from Peoria, St. Louis and the west; arriving Cincinnati 9:05 P.M., Chattanooga 9:30 A.M. May 4, and Atlanta 3:10 P.M. the same day. Sleeping car accommodations will be provided at the following rates: Lower berths, Chicago to Atlanta, \$4.50; full section, \$9. Detailed information may be obtained from this office.

CORRESPONDENCE.

American Ophthalmologists Not Ashamed of Their Work.

DENVER, COLO., March 25, 1896.

To the Editor:—The JOURNAL for the 21st inst., under the heading, "Ashamed of What They Should be Proudest of," contains an indictment of American ophthalmologists that must not pass unnoticed. The allegation that the American ophthalmologist obsequiously suppresses his own best work, on refraction and muscle balance, to court the favor of the "foreign distributor of distinction," is not sustained by the facts.

To require in medical literature that the number of papers upon each subject should be proportioned to the number of cases of the kind met with in everyday practice, would be to make it a dreary waste of profitless repetition and unsuggestive detail about minor ailments. But even by this standard the Transactions of the American Ophthalmological Society for 1895, which furnished the occasion for the attack, have been misrepresented. The Transactions contain the following papers relating to refraction and the ocular muscles: Report on Six Hundred

and Twelve Cases of Convergent Squint, with Final Results of Operation; Amblyopia ex Anopsia; Recurrent Oculo-motor Palsy; Variations in the Power and in the Astigmatism of Thin Lenses in Oblique Central Refraction; Four Thousand Cases of Ocular Headache and the Different States of Refraction Connected Therewith; The Use of Strychnin in Insufficiency of the Interni; and a Note Concerning the Lens in the Eyes of Rodents. And these papers with the discussions upon them occupy 84 of the 214 pages of the transactions in question.

In the recent volume of the Transactions of the Section on Ophthalmology of the AMERICAN MEDICAL ASSOCIATION papers and discussions on similar subjects occupy 150 out of 350 pages, almost exactly the same proportion. But perhaps this charge of a lack on the part of American ophthalmologists of a proper respect for this part of their work, or of fear to avow it before European critics, is most completely met by the Transactions of the last International Ophthalmological Congress, held in Edinburgh. Of the ten papers of American authorship therein contained five are concerned with anomalies of refraction and muscle balance, and in the discussions on such subjects the small number of Americans present furnished two-thirds of the speakers.

The attack in question is equally uncalled for and unjustified whether it be regarded as against American ophthalmologists, or as against the American Ophthalmological Society, the only important rival of the Section on Ophthalmology of the AMERICAN MEDICAL ASSOCIATION. One who has read the papers mentioned, and who can understand them, will recognize such expressions as "travesty of medical progress," or "caricature of conservatism," as inapplicable and absurd.

Of course it is impossible for one editor to prepare all the editorial columns of our great medical weekly, and I feel sure that you will not knowingly allow the use of those columns for the expression of private spleen or personal disappointment.

Cordially yours, EDWARD JACKSON.

Reply to the Article on Treatment of Aural Catarrh in the London Central Throat, Nose and Ear Hospital.

To the Editor:—In No. 9, p. 411, of this JOURNAL there is an article on "The Treatment of Aural Catarrh in the London Central Throat, Nose and Ear Hospital," that is liable to do harm, since it fortifies the position of the routinist, by allowing him to creep behind the walls of a large hospital. This article being typical of the standpoint of a great many physicians it would be treachery to let it pass without criticism.

Its author says: "I shall now proceed to make clear the method used for the cure of those varieties of ear disease, usually termed catarrh, and divided into acute non-suppurative, acute suppurative, chronic non-suppurative and chronic suppurative." Here the doctor undoubtedly speaks of the greatest number of those diseases that have their seat behind the drum, that is, in the middle and inner ear, and calls them "catarrh." What does that word catarrh mean? Where is the line clinically? Would it not be better to talk first about an accurate diagnosis? The writer speaks about the methods of "curing" them. When there is necrosis of the ossicles, or of the walls of the tympanic cavity, which I know from other men of this school are classed under the head of chronic suppurative catarrh, or when there are adhesions of the ossicles to those walls, which very often exist in those cases that they call chronic non-suppurative catarrh, did ever anybody see cures from the methods indicated? Cure means restoring, at least partly, normal and anatomical conditions and functions. It is not the purpose of these lines to show another way to reach that aim. For this there are text-books and papers, but I wish only to state that the way the article indicates will mislead.

The article correctly classes together acute suppurative and non-suppurative forms, but not because the one is a more severe form of the other. The reason for classing them together is that they are alike, the only difference being a perforation of the drum in one case, where this membrane is not so thick and offers less resistance. Pus is present in all ears afflicted with acute otitis media, as Bezold, Gradenigo and Knapp proved long ago.

The statement about adenoids is a matter of course, but I am thankful to the writer for giving this disease the place that is due to it. The subject of adenoids is not a fad of the specialists that will disappear again; but its high influence on the general condition, as well as on the special condition, of the surrounding organs, especially the ear, can not be overestimated. Because their removal is a nice and easy operation is not a reason why we should neglect it.

The paragraphs on chronic suppurative and non-suppurative catarrh have again the marks of routine treatment. I do not understand why, if such routine is adequate, those practical Englishmen should take doctors for such cures instead of nurses or intelligent waiters.

I think that the London Throat, Nose and Ear Hospital does not any longer occupy that standpoint. The days of the routinist in medicine are past; let them be past in otology, too. Let us start the reformation, however, in our own neighborhood. Let us instead study the conditions of each single case, then give it proper attention, and thus deserve the name of doctors and not treatment manufacturers.

DR. J. HOLINGER,
Lecturer Post-Graduate Medical School; late Assistant Illinois Eye and Ear Infirmary.

Death from Antitoxin.

WHEELERSBURG, OHIO, March 27, 1896.

To the Editor:—A most unfortunate and distressing accident occurred in the practice of Dr. S. S. Halderman, of Portsmouth, Ohio, on March 22, in connection with the use of antitoxin. A mild form of diphtheria was prevailing in the family of Mr. George Krickler, cashier of the Central Savings Bank, and the doctor administered the usual dose of antitoxin, as a prophylactic, to a little boy, 5 years old, in whom the disease had not yet appeared. The child, which had seemed to be in perfect health up to this time, was asleep when the injection was given, and in five minutes was a corpse. The doctor had withdrawn to another room to refill his syringe for use on another child, when the mother noticed the boy's lips puffing up and called to him that something was wrong with Willie. By the time the doctor reached the child, breathing had ceased. The killing fluid which thus acted with far more rapidity than a fatal dose of morphia, arsenic or strychnia given per mouth would have done, seems to have caused death by paralyzing the heart. At least that is the cause assigned in the death certificate. The serum was Behring's, fresh, injected beneath the scapula and in the usual way. The doctor, one of the first to introduce antitoxin into medical practice in Portsmouth, was an enthusiastic advocate of serum therapy, and presumably used all the precautions which skill and experience can suggest. This terrible accident, therefore, can have but one meaning. It furnishes absolute proof of the inherent danger of antitoxin as a therapeutic agent.

Cautious scientific observers have insisted from the outset that a substance capable of acting on the economy with the alleged effects of antitoxin must necessarily be a powerful agent. Hence many conservative physicians have hesitated to employ the new remedy. The older men remember—aside from the new fads which have been constantly coming up—how it was with chloroform forty years ago. The highest medical authorities then insisted that it was perfectly safe when