diate notification to the local sanitary authorities of all cases of plague which may occur in England. The order also requires the sanitary authorities to send circular letters to all the medical practitioners in their respective districts informing them of their duties under the regulations, and it imposes on every medical officer of health the duty of forthwith reporting to the board any case of plague notified to him. The Dublin corporation, as a precaution against the plague, have established an isolation hospital at some distance from the city. It is fitted up with 24 beds, which can easily be increased to 100. As to the progress of the Glasgow outbreak from September 10 to 14, no fresh cases occurred. Then on the 15th a fresh case occurred in a ward-cleaner in the hospital. On September 17, 5 other cases were reported. Four of these occurred in a family which had been in contact with previous cases, and the patient in the fifth was the wife of a worker in the hospital. Yersin's antiplague serum has been used and appears to have had a distinctly beneficial effect. The dose was 40 c.c. subcutaneously injected. All the cases seem to have originated from those which occurred first in one house, but whence the contagion has been derived is still a mystery.

THE HOSPITAL COMMISSION.

Very important evidence has been taken by the hospital commission in South Africa. Sitings have been held at Bloemfontein, where General Kelly-Kenny paid a tribute to the conduct of the orderlies, who did a great deal of work in addition to their own. They even carried a number of Boer wounded across a river, wading up to their arms, which was a purely voluntary service. The most important evidence was that of the commander-in-chief, Lord Roberts. He said that on entering an unknown, sparsely populated and hostile country, it was absolutely necessary to take large food-supplies, and the number of mules and horses and the amount of forage for these were limited. Rapid movement was possible only by cutting down the equipment of the field hospital and other details, as every day's delay put more heart into the enemy. The whole question was one of limitation of transport and the first consideration was the supply of food and ammunition. In Bloemfontein everything possible was done for the care of the sick and an unlimited order was given to commandeer everything obtainable. The enormous difficulties were shown by the fact that from March 13, when Bloemfontein was reached, till March 28 not a single truck was able to cross the Orange River. For 16 days, therefore, there were no supplies, and but few medical comforts. From March 29 till April 7 the trucks sent to Bloemfontein were 105 less than the number required to supply the food actually necessary. The troops were only just fed, and not one day's reserve was accumulated. At Kroonstadt everything obtainable was commandeered, and ladies came crying that mattresses and beds were taken from under them. Lord Roberts thought that no blame attached to the home authorities in reference to the supply of military stores and equipment. The campaign had been an extraordinarily difficult one from the hospital point of view. In his opinion the Royal Army Medical Corps, assisted by the civilian surgeons had met the difficulties magnificently. Lord Kitchener declared that the cutting down of the hospital transport under the order of January 29 was absolutely necessary in order to quickly relieve Kimberly. The problem was what could be carried with the number of mules available. He deprecated placing the transport altogether in charge of the field hospitals. Surgeon-Gen. Stevenson explained that the men had to lie in the field hospitals in their khaki uniforms, as no provision was made for supplying the field hospitals with clothes. In Bloemfontein everything was taken that was capable of being worked by the personnel. He admitted that there was a shortness of utensils, milk, bedding, etc., and overcrowding of the general hospital. There was also, for a short time, a lack of drugs and utensils in Kroonstadt and Pretoria. He had permission from Lord Roberts to purchase everything obtainable, and he spent several thousands of pounds.

LONDON'S LUNATICS INCREASING.

The annual report of the county council shows that there

are more pauper lunatics in London than ever. The only consoling feature is that the rate of increase last year was not so great as usual. At the beginning of this year the number of lunatics was 21,393 against 21,060 last year. There is a high proportion, 1 in 6, of mania from alcohol and more than double the number of women than men have been admitted from this cause. It is found that women relapse and are readmitted with greater frequency than men. Drink was a more prolific cause of insanity than hereditary taint, and much more so than "business worries," "love affairs," etc. Single patients outnumbered the married. This last year the admissions were 1804 married, 2063 single.

Correspondence.

A New Remedy for Whooping Cough.

CALUMET, MICH., Sept. 24, 1900.

To the Editor:—In the *Berliner Klinische Wochenschrift* for Dec. 11, 1899, appeared an article by Dr. Max Heim, of Düsseldorf, in which he recounted such successful results in the treatment of pertussis with a new remedy, "antitussin," that I was impelled to obtain a small amount of the remedy for trial. The results of this trial are, I think, sufficiently interesting to be worthy the notice of those who may not have seen Dr. Heim's original article or any abstract of it. It is an ointment, consisting of 5 parts difluordiphenyl, 10 parts of vaselin and 85 parts of lanolin, and is administered by inunction. The back, chest or abdomen of the patient is thoroughly washed with warm soap and water and rubbed dry with a rough towel. On the skin thus prepared the ointment is applied, a small portion at a time, and rubbed in until the greasy feeling has disappeared. This usually requires from twenty minutes to half an hour. The amount applied at one time varies with the age of the patient; for a child a year old I used a quantity of the ointment as large as the end of my thumb, and for one 5 years old about twice as much. I think, however, that slightly larger amounts would give still better results. I have treated six cases in all, and have been furnished with the data of one other, which was treated by my associate, Dr. Bourland. These ranged in age from four months to six years. In all of them the treatment was not commenced until the paroxysmal stage had been reached, and in most of them this had proceeded about two weeks. In general, the cases were treated in the manner above described daily for the first week, and thereafter every other day until the conclusion of the case. In all an immediate improvement was noted from the very first application of the ointment. The number of the paroxysms rapidly diminished. In four of the cases in which an accurate count was kept of their number, they diminished as follows: In Case No. 1, from 16 paroxysms on the first day of treatment to none on the thirteenth; in Case No. 2, from 27 on the first day to none on the thirteenth; in Case No. 3, from 18 on the first day to none on the sixteenth; in Case No. 4, from 25 on the first day to none on the fifteenth. In another case in which very severe paroxysms, though few in number, had existed for over a week, there was not a single severe additional attack after the first application of the remedy, and the attacks entirely disappeared after the fourth application. In one of the cases there was a relapse about a week after a cure seemed to have been effected.

The severity of the paroxysms, as well as the number, rapidly diminished from the time of beginning the treatment. They were neither so long nor so exhausting; the vomiting which usually followed them became less frequent and the children improved in appetite and in getting their normal amount of sleep. At night the greatest improvement seemed to be manifested. In fact, from the beginning of treatment, the patients all steadily improved, and progressed to a complete recovery, save in the one case of relapse mentioned. They were receiving no other medication during the time of this treatment. The patients all seemed to take kindly to the method of medication, and the younger babies in particular seemed to get a great deal of pleasure out of the process of inunction. In no case

were any unfavorable symptoms, visceral or otherwise, observed which might have been due to the use of the remedy.

In a disease like pertussis, for which so many remedies have been proposed, and most of them untrustworthy, any one which approaches the nature of a specific would be given a hearty welcome. While my limited experience with the remedy does not warrant my making any too extravagant statements concerning it, I do feel justified in expressing the belief that it is of great value in pertussis, and well worthy of a trial by any who are called on to treat this disease.

FREDERICK T. WRIGHT, M.D.

The Kernel of Listerism.

FORT RENO, OKLA., Sept. 21, 1900.

To the Editor:—Your editorial entitled "Pathologic Asepsis" on page 691 of THE JOURNAL of Sept. 15, 1900, helps to answer the query: What, after all, does the good residuum consist of when Listerism has been boiled down, filtered, and, in general, freed from all extraneous and worthless ingredients? That there will be a good residuum is beyond doubt. It has long been known that germs are necessary for digestion, for producing fermentation, and for bringing about useful decay of dead bodies, vegetable or animal. In other words they promote progress. The best garden-soil reeks with germs, poisonous and non-poisonous. Sterilized soil plus sterilized water will bring forth nothing, whether sown or not sown. Your editorial implies that, without the little organisms, wounds will not heal. In other words, life—for germs represent, and the word "germ" primarily means, life, or the first principle—is needed everywhere we wish to maintain or to increase life. Furthermore, wounds not infrequently healed by first intention before asepsis was dreamed of; and during the last few years in Cuba, the Philippines and South Africa, it seems to have been the rule rather than the exception that the simpler wounds healed that way—and certainly asepsis or antiseptics was not usually carried out—could not be, in fact.

But cleanliness was enforced. Gross handling, the application of dirty substances, and the probing with dirty instruments, was not allowed. In most cases a clean bandage was immediately placed over the wound—though the latter was but imperfectly cleansed—and kept there.

Is it not entirely pertinent, then, to ask: Does not the condensed extract of Listerism—the solely useful part to the patient—consist merely in the cleanliness involved? It would appear that had surgery forty years ago been the cleanly art it is to-day Listerism would never have seen the light. The old saying, "cleanliness is next to godliness," receives new force.

J. D. POINDEXTER, M.D.,

Capt. and Asst.-Surgeon, U. S. Army.

Deaths and Obituaries.

JESSE W. LAZEAR, M.D., U.S.A., who died from yellow fever in Quemados, Cuba, September 26, was born in the suburbs of Baltimore, in 1866. He took a course of study and his B. A. degree at Johns Hopkins University, and his M. D. degree with honors at the College of Physicians and Surgeons, New York, 1892. He served as interne for two years in Bellevue Hospital and then went to Germany for a year to pursue special studies in bacteriology. In 1895 he became demonstrator of clinical microscopy in Professor Osler's service, and one of the house physicians at Johns Hopkins hospital until the spring of 1900, when he entered the Medical Department of the Army as acting assistant-surgeon. He was at once assigned to duty at Quemados, Cuba, made a member of the board appointed for the study of yellow fever, and placed in charge of a laboratory at that place. His work since then can be best described by quoting from the letter sent to the surgeon-general of the army, by the chief surgeon, department of western Cuba: "Dr. Lazear has for the past four months exposed himself with absolute fearlessness in the discharge of his duties. He has

examined the blood of every case of yellow fever which has occurred at Columbia barracks and in Marionao during that time; has immensely aided in the making of prompt diagnoses, which has been so important an element in our preventing the spread of the disease and in the success of the treatment of our cases. In the investigations of the board he has shown the same courage, earnestness and ability which characterized all his work. Dying at the age of 34, he leaves a wife and two children, the youngest of whom he never saw, as his son was born in the United States while he was in Cuba this summer."

PRESTON BROWN SCOTT, M.D., died in Louisville, September 24, of typhoid fever contracted while at Mount Clemens, Mich. He was born in Frankfort, September 12, 1832; his father was the first school commissioner in Kentucky, and on his own farm in 1841 erected the first public school, and there Preston Scott, when 9 years of age, became enrolled as the first public-school pupil in Kentucky. He was graduated from Georgetown College in 1849; from the medical department of the University of Louisville in 1856. He settled in Hickman County, Ky., but later removed to Bolivar, Miss. When the war broke out, Dr. Scott was appointed surgeon in the 4th Kentucky Infantry, C.S.A., was promoted to brigade surgeon under Gen. Ben Hardin Helm, and later was transferred as surgeon to the staff of Gen. Jos. E. Johnson at Jackson, Miss. At the conclusion of the war Dr. Scott went to Louisville, where he practiced continuously, enjoying one of the largest general practices in the city. He was possessed of a particularly broad and versatile mind, and kept thoroughly abreast with the times. He was one of the medical directors of the Episcopal orphanage and was physician in charge of the Masonic Widows' and Orphans' Home. At the last meeting of the Confederate veterans in Louisville he was elected president of the Surgeons' Association.

JAMES HART CURRY, M.D., of Shrub Oak, N. Y., where he had been in practice for nearly fifty years, died there September 24. He was born in New York City in 1827 and was graduated in 1852 from Yale Medical College. At the time of his death he was the oldest member of the Westchester County Medical Society, in which he had held every office. During the Civil War he served as surgeon of the 18th N. Y. Volunteer Infantry, and subsequently on the staff of the 5th Division, N.G. S. N. Y.

JAMES WILLOUGHBY PHILLIPS, M.D., superintendent of the Burn Brae Sanatorium, Clifton Heights, near Philadelphia, died September 20, aged 53 years. He was born in Montreal, attended the University of Toronto, and afterward studied medicine for three years at Guy's Hospital, London. He obtained his M.R.C.S. in 1874. He came to Philadelphia in 1876, and was a member of the College of Physicians and various medical societies.

SAMUEL N. PIERCE, M.D., a graduate of Vermont Medical College, Woodstock, surgeon of the 13th Iowa Infantry in the Civil War, and one of the oldest physicians as regards length of practice in Iowa, died at Cedar Falls, September 23, from paralysis, aged 68 years.

J. F. MOSER, M.D., while burning brush on his farm near Silverton, Ore., was pinned down by a falling tree and burned to death, September 13. He was 44 years of age, a graduate of Willamette University medical department, Salem, and had served as physician at the Warm Springs Indian Agency.

JAMES A. PADDOCK, M.D., a native of Princeton, Ill., a graduate of Bellevue Hospital Medical College in 1874, one of the pioneer physicians in the Black Hills and surgeon to the Burlington Railroad, died suddenly from apoplexy at his home in Deadwood, S. D., September 16, aged 52 years.

REUBEN SWARTZ, M.D., who died suddenly in Lebanon, Pa., September 16, was born in Hancock in 1842, was graduated from the Medico-Chirurgical College, Philadelphia, and practiced in Myerstown until 1882, when he moved to Lebanon.

ROBERT F. FORREST, M.D., a native of Watertown, Mass., and a graduate of Harvard Medical School in 1898, died at his home September 18. After his graduation he practiced in Cambridge until last June, when he was obliged to go to Colorado for his health.