

rhoids and amputated a forearm in a manner that would do credit to any general surgeon. Besides all this, I visited, with him, his wards that contained nonsurgical cases, and he examined and prescribed for these in a manner that showed him to be well up in internal medicine. The patients in this hospital were all natives, and bowel troubles and malarial complaints were the most widely prevalent diseases among them.

I saw swarms of rats running over the patients' beds and chasing each other about the floor. On asking the Doctor why he did not exterminate these pests, he told me that if he should kill or poison a single one every patient who could walk would abandon the ward at once. "These people," he said, "would divide their last grain of rice with a rat," and these little beasts were as tame as cats.

I visited also the prison hospital, where 2000 prisoners are confined, and the attending physician told me that during a service of ten years he had never had a case of typhoid fever under his care. Such is the willingness of the British authorities to pander to the religious prejudices of its Indian subjects, that three cooks are employed in this institution to prepare the food for the different sects into which the inmates are divided.

DELHI.

In this remote city of the Far East, I was surprised to find the table in the reading-room of my hotel covered with numbers of Dowie's *Leaves of Healing*. I looked these over with considerable interest, for the success of this man illustrates a phase of humanity that I have always studied with interest. This periodical, and the doctrines that it teaches, show into what absurdities mankind will drift in search of a religion to save their souls, or some therapeutic agent to heal their bodies. It most thoroughly illustrates "What fools we mortals be." Platform orators and writers for the press are wont to paint, in glowing terms, the intellectual progress that the race has made during the century just closed. Let, however, any cultivated man or woman, with a well-balanced mind, read this sheet of Dowie, study the absurd pretensions of the man, and consider the success that he has achieved in that great center of modern progress, Chicago, and I think he or she will lay it down with a mind full of pessimistic reflections, and a firm conviction that our race has a long journey yet before it ere it will have shaken off the shackles of ignorant fanaticism and freed itself from the power of designing mountebanks. In a single article in this periodical the term stinkpot is used a score of times. Yet this man who revels in such slang is looked upon by his followers as so near approaching the Divine that a god who is deaf to the entreaties of the noblest of our race hears him and does his bidding. In conversation with a prominent western lawyer, in regard to Dowie and his work, he said: "I had always been inclined to be a little agnostic, but had never settled down into an attitude of absolute unbelief. Being in Chicago over Sunday I went to hear Dowie, and after listening to him for an hour and a half, I left the hall where he spoke fuller of doubts than I had ever been before in my life, and I have ever since been a firmer believer in agnosticism than I had ever been before." Ingersoll is dead, Dowie is the best man living for the propagation of his tenets, and the confirmation of thinking men in their doubts as to the Divine authenticity of the Bible.

JEYPORE.

I visited the Mayo Hospital, in this city, an institution containing 209 beds, under the charge of Dr. Pank, an up-to-date Englishman. Like Dr. Anderson of Agra, I found him doing all kinds of work, and that, too, in a most satisfactory manner. Jeypore is the capital of the native state of Rajputana, and the ruling Maharaja is a liberal-minded ruler, and furnishes Dr. Pank with unlimited funds to keep up this hospital.

The patients in the wards devoted to internal medicine were largely those in whom malaria and its complications played the most important role. I saw a large number with spleens that filled the entire abdominal cavity. Dr. P. told me that this disease kills more people in India than all others combined, the plague and cholera not excepted. He treats these cases by the administration of large doses of the iodid of arsenic,

together with 3 grains of quinin three times a day. I traveled 2000 miles over the dry plains of India, where for nearly two years not a drop of rain had fallen, and where men and beasts were dying by the thousands on account of this drouth, yet if this dry crust of earth on top be disturbed and the underlying soil exposed there emanates from it a malarial poison, the influence of which the oldest resident can not withstand. Dr. Pank confirmed the opinion I have so often heard expressed by physicians in India, that the natives never have typhoid fever. Pneumonia is very prevalent in Jeypore during the winter months, and the natives, who are nearly all illy nourished, fall ready victims to its ravages; 60 per cent. of those attacked die.

It seems that at Colombo, Madras, Calcutta and Bombay, each of which is located near the sea-level, and where the temperature is nearly uniform during the entire year, pneumonia scarcely ever prevails and articular rheumatism is a rarity. However, at Jeypore, where the altitude is considerable and where the nights are cool, the former disease is very prevalent. Its treatment is entirely of a supportive character, consisting of the administration of the tincture of bark and the carbonate of ammonia. I saw the Doctor treat several cases of lupus, by first curetting the diseased surface and then sprinkling antipyrin over it in the form of a powder, and applying over this an adhesive strap to keep it in place. He claims that in his hands this treatment has been eminently satisfactory.

At my first visit to the Mayo Hospital Dr. Pank began his forenoon's surgical work by operating on four patients for cataract, and two for stone in the bladder. In operating for stone the Doctor crushes everything. If the stone be too large to be caught in the jaws of the lithotrite, or too hard to be crushed by that instrument, he makes a perineal incision, not for the purpose of removing the stone in its entirety, but to introduce a powerful crusher, and after the stone is crushed, the fragments are washed out, both by the perineal opening and by the urethra.

The earth-closet system of the disposition of the excreta of the patients in the hospitals in the interior of India is the one generally adopted, and as the dry earth is abundant, and is changed often, the system seems to work well. Jeypore was the first great famine center that I struck in my tour through India. In the Mayo Hospital grounds long rows of temporary rice-straw sheds were erected, where nearly a thousand women and children were being housed and fed, their husbands and fathers working on public works in the vicinity. Many of these, especially the children, presented a most sorrowful aspect. Starvation among them carried with it a train of morbid phenomena to which many of these poor creatures succumb, even after they have an abundant supply of food. A catarrh of the whole alimentary tract affected a good many of the children, and in their emaciated condition nothing seemed to arrest it. Two score years devoted to the practice of medicine ought to school a man to the sight of human misery and suffering, yet in famine-stricken Jeypore I witnessed scenes against which my blunted sensibilities turned away with horror and disgust. For instance, a woman with a child just born, naked and unwashed, paraded herself before me, exhibited her withered, skinny breast, telling me that as she had no food to eat, she could not give milk to nourish her child. Then came a nearly nude skeleton of a man carrying in his arms a dead child, and he recounted with tears in his eyes that the infant he carried was the last of his family to die of starvation, and he would soon follow them to the grave unless I gave him money to buy food.

M. S. CALDWELL, M.D.

The Mad-Stone.

PHILADELPHIA, April 11, 1900.

To the Editor:—A question in regard to the so-called "mad-stone," in THE JOURNAL of April 7, 1900, prompts me to reproduce from my notes on hydrophobia some facts in regard to this subject, as it is one about which much uncertainty prevails.

One of the earliest descriptions of such a thing is that attributed to Abbé Grosier, in his "Description of the Chinese." He there gives an account of the use of a stone called the ser-

pent-stone in "Tang-King." This was applied, stuck fast, absorbed the poison, dropped off, and the patient was freed. The stone was washed in lime-water, dried and could then be used again.

In a work on hydrophobia, published in 1812, Dr. Thacher says: "There prevails a fanciful opinion among a certain class of people, that a celebrated substance, known by the name of snake-stone, possesses, intrinsically, the power of extracting the poison of a snake or mad dog from the human body; that when applied, the stone will adhere like a leech to the bitten part, nor loose its hold till its numerous pores are literally glutted with the liquid poison. A case intended to corroborate this doctrine is recorded by Mr. William H. Harding in the *Medical Repository*, Vol. 4, hex. 2. He relates that his child received a bite from a dog supposed to be affected with rabies. The snake-stone was applied (in due form and full faith no doubt) by which every particle of poison was extracted, and no ill consequences resulted from the accident. Dr. Mease has, in the *Medical Museum* (Vol. 5, p. 1) with his usual freedom and good sense, animadverted upon the unreasonable prejudice in favor of this popular but fallacious expedient. He informs us that in India such stones are very common, and the credulous natives believe, most firmly, in their preservative powers against the effects of the bites of venomous snakes. The author of the 'Wonders of Nature and Art,' says Dr. Mease, thus notices these stones in the account of Tonquin. 'Persons who happen to be bitten by serpents, press out the blood, and apply a small stone, called the serpent-stone, which is said to possess the miraculous power of drawing out the poison. When impregnated with the venom it drops off like a leech. It is then carefully washed with milk and water in which lime has been diluted, and on a second application to the wound, it exhales all the virus so completely, that in less than an hour, the patient becomes perfectly free from pain.' 'Two of these stones,' adds Dr. M. 'are in the cabinet of the Philosophical Society, and another one is in my possession, all of which were brought last year by a gentleman from India. They are rather more than an inch long, and about five-sixteenths of an inch broad, of a bluish or slaty color and flattish shape.' [Pp. 204-206.]

In 1801 Dr. Samuel Davis, of Petersburg, Va., wrote a letter to Dr. Benjamin Rush, which has never been published, but which is preserved in the Ridgway Branch of the Philadelphia Library. In this letter he describes a mad-stone which emitted bubbles when put in water after the application, and this was taken to be evidence that it had extracted the poison from the bite. The owner of this stone refused an offer of 300 guineas for it, a very large sum of money at that time. It was yellow, light and had many black pores. It had been given to the owner by a stranger who had been sick and cared for. It was wrapped in a printed paper, which declared "Francis Torres, a Native of France, is in possession of a chymical preparation, called a Chinese snake-stone, which will extract the poison of the bite of snakes, spiders, and of a mad dog and will cure cancers, which are sold at half a Guinea for the small and a Guinea for the large ones." This was dated Charlestown, S. C., 1740.

Mad-stones seem to be of two sorts: 1, some porous form of calcareous rock, or, 2, a concretion found in the intestinal canal of herbivorous animals, in this being like the Bezoar stone which figured so largely in the pharmacopeias of one hundred and fifty or two hundred years ago; in fact, it seems as though the mad-stone was indeed in many cases the Bezoar stone, which, when it ceased to be used in internal medication, came to be applied externally. There have been a number of so-called mad-stones in different parts of this country, most of them in the South and Southwest. In one case, in Virginia, the owner of a mad-stone in 1885 believed that it was the "talisman" sent by the Sultan as a wedding present on the occasion of the marriage of the Earl of Huntington to Edith Plantagenet.

Serious writers usually treat the mad-stone as having no specific virtue, but serving as a means to calm the apprehensions of those who have been bitten by rabid animals. I quite agree in this opinion, but am assured from my long-continued investigations of the subject of hydrophobia that in this re-

spect it is not really inferior to some other modes of preventive treatment which have obtained the approval and support of men whose distinction in medicine is far greater than their industry in critically investigating the real worth of prophylactic measures which present themselves, with a pretentious air of scientific accuracy.

CHARLES W. DULLES, M.D.

4101 Walnut Street.

Division of Fees.

CHICAGO, April 29, 1900.

To the Editor:—For some time the surgeon and specialist have been giving their opinions as to the demands for fees and their division between the general practitioner and the operator. The view taken by the majority of specialists, that division of fees is dishonest and does the patient an injustice looks well in print and reads as though it were necessary for the specialist to guide the physician and correct his dishonest, grasping hand.

This controversy has been one-sided. And to show where the corruption is to be found I will state my own personal experience with the specialist. Within the last three years I have been approached by no less than three of the prominent and leading surgeons of Chicago who, openly and of their own free will, made these propositions to me: One said he would be pleased to do all my surgical work and give me 50 per cent. of his fees from all patients I sent him. Another said he would do the square thing and give me 33 per cent. The third, and not the least, so far as his reputation as an operator and writer, offered me 50 per cent. of all fees. These same specialists have given their opinion freely at medical meetings, denounced the general practitioner and placed him alongside the crook. If all surgeons and specialists who have been so free to denounce the practice are playing the double game it is time to correct the would-be honest surgeon and place him where he should be. For my part I think he has played the part of the wolf long enough. I feel sure that I am not the only physician doing general work who has had such propositions.

LEWIS S. EASTLAKE, M.D.

Castor-Oil in Neuralgia.

NEW YORK CITY, April 26, 1900.

To the Editor:—In the discussion on castor-oil in the treatment of neuralgia, I note (see *THE JOURNAL* of April 21, p. 982) that Dr. Paddock is troubled to know how the oil can be given, while Dr. Fütterer tells of giving it with alcoholics that may in some degree interfere with its usefulness; and Dr. Hirst is quoted as advising that it be given in warm milk, while the question is raised as to how warm milk disguises the taste of the oil.

Some fifteen years ago I not only gave to the profession the fact that cold milk is the best of all vehicles in which to administer both castor-oil and cod-liver oil, but also pointed out the method of administration with the reasons for the method used.

Milk, like these two oils, is an oil or, more properly speaking, an emulsion—and just here let me say that it is Nature's emulsion and, in a very short time, when allowed to stand, it separates, hence the uselessness of all emulsions made by men, for all separate and are a snare and a delusion. Few if any of the emulsions contain the amount of oil that is claimed for them, hence the stomach tolerates the supposed amount of oil better than the amount given when we measure out the oil ourselves.

The method I gave is this: fill the mouth with milk and hold it there; dip up a tablespoonful of milk and pour into this spoon—already full of milk—about a teaspoonful of oil; whether cod-liver oil or castor-oil, you will see that it displaces milk to the extent of its bulk, as any other liquid would do, but the globules of either of these oils, being different from the globules in milk, do not mix with the latter, and the oil will be in a round ball, not touching the spoon. As you swallow the milk that has been held in the mouth, take the spoonful of milk in the mouth and at once begin to drink milk from a cup at hand. I have never yet found the person who, if the procedure