

claiming for it advantages over any other method, it will no longer do for men who have not tried the method to stand back, shrug their shoulders and wink at it, and try to console themselves by the antiquated idea that electricity in medicine is quackery. The question is no longer one of theory, but one of practical facts.

Not every tumor of the uterus is curable by electricity; but I believe that every *fibroid* tumor can be symptomatically cured.

Myomata, or the very soft variety of uterine tumors are not so much benefited by this treatment, and in this variety requires great care in its application.

But in the case of fibromata or myo-fibromata we may make the following claims without reserve: Intra-uterine cauterization, from 100 to 250 milliamperes, will arrest hæmorrhage, relieve the pain and reduce the size of the tumor, sometimes slightly, and sometimes greatly. In the case of small tumors I believe that they are often made to disappear entirely.

The almost absolute freedom from danger in this method of treatment may be inferred when it is known that Apostoli lost but two out of two hundred and seventy cases, and Thos. Keith in a large number lost but one.

I can do no better in this connection than quote a few paragraphs from a man who to-day stands, perhaps, unparalleled in his success in hysterectomy. I refer to Thomas Keith, of London. He says:

"What I now plead for is that for a time all bloody operations for the treatment of uterine fibroids should cease, and that Apostoli's treatment, as practiced by him should have a fair trial.

Hysterectomy, remember, which is performed every day for a complaint that rarely of itself shortens life, kills every fourth of fifth woman who is subjected to it. This mortality must cease; it is not a question of surgery, it is a question of humanity. Every time that a disease can be cured without resorting to a bloody operation progress is made in our art, and there is a gain to humanity; while surgery is the better for being purged of a deadly operation. It may seem strange to some that after the results I got in hysterectomy—results that almost made it justifiable—I should now begin to throw stones at the operation instead of trying still further to improve upon it; and but for Dr Apostoli I would now be doing so. I would give something to have back again those sixty-four women that I did hysterectomy for, that I might have a trial of Dr. Apostoli's treatment upon them. I have thrown over all surgical operations for this new treatment, and the longer I follow it the more am I satisfied."

In conclusion, I cannot refrain from anticipating some of the stumbling blocks that will naturally be hurled in the pathway of the sincere, earnest and efficient worker in this field of electro-therapy.

The application of electricity in gynecology does not differ in certain respects from any other art. Skilled work is not usually the result of *unskilled* hands, and nowhere is this more true than in the application of electricity.

Nor is this skill easily attained by every one. Certain requisites are indispensable to begin with. First and foremost there must be *earnestness of purpose*. Unless enthusiasm enters into the work failure must result. Other essentials are a thorough knowl-

edge of the behavior of a current, a thorough equipment with apparatus and instruments, mechanical ingenuity, a hand capable of delicate and gentle manipulations, and a *bountiful supply of time and patience*.

In addition to this, there is such a thing as *special aptness* for certain kinds of work, and when this is associated with the other requirements mentioned, the claims we have made will certainly be verified.

The venerable and grand Dr. Robert Newman, of New York, who has so successfully treated hundreds of cases of stricture of the urethra by electrolysis, has been striving for years to force upon the profession at large just how he accomplishes it, and yet we find men here and there decrying the method as inefficient and dangerous, claiming that they had tried it, and in some instances exposing their abominable ignorance by admitting that they had produced cauterization, and that the treatment was followed by a worse stricture than the one it was attempted to cure. We simply say that Dr. Newman does not cauterize with his own hand, and when some fool through his ignorance and clumsy manipulation does do so, neither Dr. Newman nor his method are responsible. It is the operator alone, and that too in spite of clear and explicit directions in every detail, laid down by Dr. Newman. Will a Lawson Tait or a Joseph Price submit to have the results of their laparotomies judged by the results of the operator who has killed half of his patients? By no means. We must distinguish between the *method* and the *operator*. They are entirely different factors. All we demand in this matter is fairness. We demand that each factor shall carry its own proper share of responsibility. We demand that you do not shoulder upon the method, responsibilities which belong to an individual operator.

SHOULD MEDICINE AND DENTISTRY BECOME A FUNCTION OF THE STATE?

BY C. S. BACON, M.D.,
OF CHICAGO, ILL.

In these days when the functions of the State are somewhat rapidly increasing, so that we hear without amazement proposals that the State shall undertake to manage railroads and telegraphs, and the municipality shall furnish gas and electric lights and manage street railways, we may ask if this extension of governmental activity can effect the medical profession. The right of the State to interfere in the preservation of public health is now recognized. Quarantine laws, laws regulating medical and dental education and practice, building of hospitals and asylums, etc., shows that the State assumes certain medical functions. How far they ought to extend may well be a legitimate subject of inquiry.

I will omit that logically important portion of the discussion concerning the sphere of the State and assume that when anything can be better done by the State than in any other way, and that the greatest good to all is thus secured, then the State should undertake this task.

We notice at the start that there is considerable difference between preventive medicine and curative medicine. This difference, especially in the case of dentistry, is more apparent than real. But let us

take it as a basis of division and consider first preventive medicine and dentistry. Our first proposition may then be thus stated. Conservative dentistry and preventive medicine cannot develop except as a State function.

Is it necessary to elaborate the importance of conservative dentistry and preventive medicine? What proportion of dental work is plate work? How much of this could be prevented by proper and timely care of the teeth? How many that now lose their teeth before thirty years could retain them for life? How much ill health and disease sequent to digestive disorders could be prevented? How many years of life could be saved? How much is now lost to the community? The statement of these questions may suffice to indicate the importance of conservative dentistry.

Let us then turn to preventive medicine. Without assuming to give an exhaustive statement of its scope, let me call attention to a few of the things it undertakes to do.

First, it aims to absolutely prevent those diseases of infectious or contagious, *i. e.*, parasitic character, by quarantine, isolation and destruction of their causes, and, as fast as our knowledge permits, by producing artificial immunity.

Second, by securing freedom from adulteration and contamination of food, water and air, by attention to sanitation of dwellings, school houses, work shops places of public assembly, etc., by careful regulation of occupations of dangerous character, it aims to procure such conditions as will best secure the individual in the possession of a healthy body, able to resist the attack of such diseases as cannot be banished, and withstand the ever present hostile influences of time and limitations of nature.

It is to realize more or less completely the last objects that State medicine, ever since there has been such a department of governmental activity, has aimed. To destroy infectious diseases was a dream that could hardly come to a sober practical man until within the last few years the immortal labors of Pasteur and Koch have paved the way of hope. Even now, however, when we contemplate the still imperfect knowledge of the life history of disease germs and the means of destroying them, our ignorance of the ways in which they are spread, the great obstacles to the sanitary control of the population in our large cities, it may seem idle to hope for such a result. Let me remind you how equally Utopian seemed the idea of an aseptic surgical operation, or the banishment of erysipelas and puerperal fever from the hospitals to one who, twenty or thirty years ago, lived in their germ infected wards.

Without spending more time in defining the scope of preventive medicine or elaborating its importance let us consider the proposition that preventive medicine and preventive dentistry cannot develop, except as a function of the State.

The general problems of sanitation, such as the sanitary disposal of sewage, prevention of contamination of the water supply and adulteration of food, etc., are now generally recognized to be the function of the State, and need no further argument. I will simply observe that sanitary provisions are very imperfect and will remain so until they are under the control of the medical profession, and that a State functionary. Is all the influence and wisdom of the profession brought to bear in favor of the best sani-

tary conditions? Is it not a fact rather that most of the energy of the profession is spent on curative measures and but little systematic effort made in preventing disease? Consider the epidemic of typhoid fever in Chicago last year. The sewage of one hundred thousand people is poured into the lake on the north shore. The intake tunnel, extending out about one thousand feet originally, is now still nearer the new made land, formed by all sorts of debris and refuse filling. Water was pumped from this intake and sent to our homes, poisoning with typhoid germs thousands, and killing twenty times as many as die from this disease in the great dirty city of London. Why was this done? Simply that the engineer might save coal and make a good record. It is easier to pump from the short tunnel than from the crib. Is the influence of the profession brought to bear on this sanitary problem? But why should the physician care for good sanitary conditions? He is financially interested in curing disease. Every case of typhoid fever is worth thirty to three hundred dollars to him. Are lawyers expected to advocate measures for decreasing litigation? Do undertakers lie awake nights thinking of means to decrease the death rate? Well, by our present system can one expect the energy of the medical profession to be concentrated on sanitary measures that would take away two-thirds of its income? The fault is in our present system under which the physician profits, as does the apothecary, by an increase in sickness. As a result sanitary measures are left in incompetent hands. The profession is poorly educated on sanitary problems; its attention is not given to these problems. This explains why such a dangerous system of sewage exists in Chicago. This is the reason why the Bridgeport pumps, which carry the sewage into the canal, are allowed to get out of order. This is why so serious a charge can be brought against the officials, a charge the truth of which is admitted by them, to the lasting disgrace of the fair name of our city. Until we have a medical profession well educated in sanitary problems, paid to prevent disease, and who should pay but the State, can we expect the enactment and execution of efficient sanitary laws?

The same question arises when we consider the second function of preventive medicine, viz: the eradication of infectious and contagious diseases. I shall consider the proposition that the eradication of these diseases can be accomplished only by the State assuming entire control in each case of the quarantine or isolation, the treatment and the measures of disinfection. Consider the condition at present existing in this State. Diphtheria, scarlet fever and small-pox must be reported and placarded. No pretence is made of attempting to prevent consumption and pneumonia. But in case of the diseases mentioned the measures taken are so absurdly inadequate as to be almost ridiculous. It is as if a surgeon should make a show of disinfecting the skin in a laparotomy and then work with dirty instruments and hands with filth under the nails. A statement of the sources of infection that are overlooked shows the impotence of placards, and at the same time proves the proposition that only the State can cope with the problem.

First, there are many cases of contagious diseases in poor families where physicians are not called, and which of course, are not reported. These are generally in the densely populated districts and become

fruitful sources of infection. The extent to which infection may in such cases extend has recently been demonstrated in the sweat-shop investigation, which revealed instances where cloaks and other garments that were being made at cheap rates, and soon to be sold in our large stores, were used to cover children sick with diphtheria and scarlet fever.

Next, many cases where physicians are called are not reported. Frequently great pressure is brought to bear upon the physician, to have him withhold his report. The parents of a sick child keep a store or boarding house. Well, it is to the interest of the doctor to please the one who pays his fee. The diagnosis is, therefore, left uncertain, and often, if the case terminates badly, the crape is on the door before the red card.

Then, again, the case has been reported and carefully isolated. The attendants conscientiously try to avoid spreading the contagion, but the physician himself must pass from the sick room to other patients. Has he some charm that keeps him from being a contagion carrier? Is not every physician almost certain that he has sometime literally carried disease, and often death with him? How can the State manage better? Leave the care of all contagious diseases to specialists who treat nothing else, who learn the technic of isolation as a competent surgical nurse learns the methods of asepsis, who are paid by the State and therefore independent of patrons, and called by those who need them most, the poor. These men shall also learn scientific measures of disinfection, shall learn where infectious matter resides and how it is rendered innocuous. Then we should see less confidence reposed in a little harmless sulphur smoke, and little saucers of chloride of lime. Without such a system is there any hope of eradicating contagious diseases, and are not our present measures almost absurd?

There is one other function of State or preventive medicine in relation to contagious diseases that I must mention, for from the nature of the case it must be the work of the State, viz.: the artificial production of immunity by preventive inoculation. The recent work in the study of attenuated virus or the immunizing power of bacterial cultures under abnormal conditions of growth, gives ground for hope that the accidental discovery of Jenner may not remain alone; but that we may find protection against other diseases. Such extension of protective vaccination must come from the State. To prove it let me call attention to the great dangers of the present plan of allowing irresponsible individuals to supply vaccine virus. At present any one can run a vaccine farm. As a result, much of the vaccine in the market is impure and unsafe. So serious a matter is this that it furnishes some ground for the anti-vaccination sentiment that in some quarters is rather threatening. The State must soon assume a most rigid control of these vaccine farms. How much more important will be the question of control when we find preventive inoculation for scarlet fever, pneumonia and consumption?

The question of preventive dentistry is somewhat different from that of preventive medicine, in the fact that preventive dentistry, when developed, includes all dentistry. However great the development of preventive medicine, the physician must always find room for the exercise of his art in alleviating pain and supporting weak, overworked or worn out

bodies. The dentist, on the other hand, may confidently hope for the time when he need not make the humiliating prognosis of death in case of the parts of the body committed to his care. I am told that in those parts of the city where, on account of ignorance or poverty, people pay but little attention to their teeth, four-fifths or nine-tenths of the dentist's work is in extracting and plate making, while dentists whose practice is among what is called the better classes, derive four-fifths of their income from filling. Hence it seems reasonable to say that when a way is furnished to extend the advantages of the dental art to all, preventive dentistry will develop to include practically all dentistry.

And so we come to a consideration of the probable effects of such a change of system, its merits and defects, the result to the community and to the profession. It may be taken for granted that what is for the best interests of the community is for the best interests of the profession in the long run, and what is harmful to the profession is not for the best advantage of the community. Hence, we consider the question of making the dentists and physicians (for the same problems concern both) State officers, by studying its effect on the community and on the profession; and naturally we ask first, how would it affect the profession?

It may be admitted that the new system would be for the benefit of the poor. We may admit that if a practicable scheme can be devised by which every family, no matter how poor, can have the best advice and education in the proper care of the mouth, and the services of a well educated and scientific dentist in the management of the teeth of the child, from infancy to manhood, it would result in a great decrease of painful disorders of the mouth and digestive diseases, and a great improvement of that important body of the community, the workers. But will the result be equally as fortunate for the profession? The character of a profession is determined, to a considerable extent, by the class, standing and character of the men who enter—the recruits. The inducements which determine a young man to enter the medical profession, including of course the dental branch, are its emoluments, the dignity which attaches to a learned profession, and the opportunity which such a profession gives for living a life engaged more or less in the prosecution of intellectual and scientific work.

Would the new system decrease the emoluments? Without making any attempt to work out in detail the organization of the medical corps in our proposed system, we must contemplate of course the gradation of physicians and dentists according to their experience, skill and ability to originate, direct and control, or assist and attend to details, and the necessarily consequent gradation in their remuneration. Yet it is not to be expected that any State employé can ever expect to receive the large fees, over ten or twenty thousand dollars, to which a few can now attain. On the other hand, many well educated, competent men, who perhaps are deficient in that business tact that now is so valuable to the ignorant and unscrupulous and boasting quack, and often so lacking in the first few hard years of the student, will be saved the bitter and sleep destroying anxieties of the first year's struggles with humiliating poverty. Would not this consideration attract to our profession a class of men better fitted to develop its scientific and

therefore its most valuable side? Are the men who make the biggest incomes our most valuable members? Is it not true that a certain kind of quackery is often involved in making the most money out of the business of medicine and dentistry? Has not much of the work in bacteriology, pathology and experimental therapeutics, that has so greatly advanced our art within the last thirty years, been done by men who are not counted among those with a fifty thousand dollar income, who in fact are often paid by the State?

The fact is, as J. S. Mill observes in his Autobiography, in congratulating himself on having a position in the East India House, that a definite, secure salary is one of the best conditions for good thinking. This leads to a consideration of another attraction to the recruits of our number, viz.: the chance to live a life engaged more or less in the prosecution of intellectual and scientific work. I shall freely admit that if a man aims for the high opinion of his colleagues he must do good scientific work, and that this competition is a great stimulus. But it may be claimed that this stimulus would not be withdrawn by assuring a salaried compensation. Indeed, the competition to scientific honors might be greater, as then, money compensation being fixed, no other compensation than that of increased reputation would be looked for. And how does the case stand with the young and poor member of the profession? Instead of wasting his time in more or less futile or humiliating expedients to increase his practice, by increasing his acquaintance through clubs and societies, studying the problem of combining economical living with keeping up pretences and denying himself books and necessary instruments, for the prosecution of his studies, he should be at liberty to pursue his own bent, secure of a comfortable living, and supplied with all necessary means of original investigation. Would it not be reasonable to look for a considerable increase in the total amount of scientific work by the profession? What induces our best students to teach in colleges and institutions? A salary, often too low, but fixed, with opportunities for intellectual work. And in spite of the isolated life of the army surgeon, the chance it gives for scientific work attracts to it many of our best men, who, like Sternberg and Billings, give honor to the whole country.

The third attraction for our medical recruit is the idea that he is coming to the dignity of a learned medical profession. Could the suggestion come to him that his dignity would be detracted from were he allotted to care for a district of poor foreigners, educate them in the uses of the tooth-brush, or teach them how to live to keep away diphtheria or cholera? If it is more degrading to care for the poor than the rich, the hospital physician suffers, the public school teacher suffers. But who that has had experience does not know that he is more apt to meet with inconsiderate treatment from a whimsical woman on Prairie Avenue, than from Milwaukee Avenue working people. And the unjust charges that we now have to meet, the annoying dismissals from some of our most interesting cases, is it not largely the result of the system that makes us the employés of individuals? Do we not waste time and self-respect, in humoring ignorant whims in order to keep the fees and influence of a "patron?"

Looking the matter squarely in the face, it must be admitted that the service rendered by the physi-

cian is a personal service, like that of a barber, or manicure, or valet. When the recipient pays for this service, he is apt to look on his physician as differing only in degree from his other employés. This is entirely changed in the new system. Here we become officers of the State, charged with the important duty of preserving the health of the members, and incited to prosecute the development of the science of life, which fact raises the dignity of our profession to as high a plane as man's intellectual and benevolent nature can carry him.

I will also call attention to the fact, that when a considerable number in any profession are lacking in the general culture of well educated gentlemen, when its ranks are infested with a horde of charlatans, and when the public understand that there are hostile schools, one as good as another, between which it must decide, the good name of our profession is inevitably lowered. Let all this pass away with the institution of such strict admission examinations as are now required of candidates for the army and navy medical service, and there must follow an appreciable improvement in standing.

For these reasons, we can promise that the new system will prove a benefit to the profession, by attracting to it a better class of recruits, and surrounding its members with conditions calculated to incite them to work for medicine as a science instead of as a business.

Is it equally as clear that the community would be benefited? Practical men look first to the pocket-book. Perhaps it may be urged that as our plan contemplates the support of the profession from the public treasury, it is unjust for the bachelor with sound teeth to pay a tax for the support of the dentist to care for his Blue Island Avenue neighbor's family of a dozen. This is the old objection to the public school system.

At the beginning I declined to discuss the sphere of the State, simply assuming its duty to provide for the general welfare in the best possible way. The increased popularity of accident and mutual and labor insurance is accustoming people to the idea of insurance, of which this plan is but an extension or development. And notice its great economical advantages. State dentistry means timely prevention of diseased teeth. I do not need to say how much is thus saved. Much also may be expected from preventive medicine. How much is saved by preventing one case of typhoid fever? How many hours of time to the physician and attendants? How many weeks of time and vital energy to the patient? Often, how many years of life full of the brightest possibilities? And now, how much of the physician's time and strength is wasted by having his practice scattered over miles of territory, when it might be limited to one block, and divided over the whole range of medicine, when it might be limited to a specialty. What an opportunity would the new system afford for an extension of the principle of division of labor by the development of specialties. And how much is lost when the physician or dentist of valuable experience and skill is obliged to attend to time-consuming details that might be left to younger assistants. I believe it very safe to say that one-fourth the number of physicians now in Chicago, could easily care for the health of the city under the new plan.

I will notice only one more thing concerning the

way the community would be affected by the adoption of this new system. Will Mr. Jones be satisfied to have the State furnish him a physician and dentist, just as it supplies a teacher to teach his children? Probably he prefers to choose his own doctor. Well, if he is poor and has to go to the county hospital, he must accept the physician in charge. That is all right; but if he is rich it is a different matter. He may fancy that Dr. Smith is a better aseptic surgeon or dentist than Dr. Brown, and object to being consigned to the care of the latter. Perhaps some way may be arranged to let Dr. Smith have charge of the Prairie Avenue district. In the Methodist Church each individual is not allowed to choose the doctor for his soul, yet I have never heard of Dr. Bristol or Dr. McIntyre being sent to Podunk and plain Pastor Dryasdust being assigned to Trinity Church. We may learn to manage as well. But I must again call your attention to the fact that the family physician will be much less important under the State régime than he is now. The sanitary officer will be responsible for perfect plumbing in the house, and uncontaminated air and unadulterated food and drink. The vaccinationist, from his perfect laboratory, furnishes immunity from small-pox, scarlet fever, pneumonia and consumption. The visiting doctor, then, has often little more to do than to decide upon what specialist the patient shall call.

In presenting this subject, I have unwillingly been placed in the position of an advocate. Knowing that nearly every one to whom it is new, looks upon it as absurd, and sees only the objections that arise, I have been obliged to meet these objections in the style of an advocate. I have not attempted to say how the State shall organize its medical corps. I have only asked, is it reasonable that the State should assume the function of medicine? By establishing the propositions that preventive medicine can develop only as a function of the State, and that both the profession and the community would profit by making all medicine such a function, I have completed the proof.

SALISBURY DIET AS AN AID TO THE CLIMATE OF COLORADO SPRINGS, IN THE TREATMENT OF PULMONARY CONSUMPTION.

BY E. C. ATKINS, M.D.,
OF COLORADO SPRINGS, COLORADO.

The beneficial effect of Colorado climate on pulmonary consumption is too well known to call for comment, and that nearly all hæmorrhagic cases either recover entirely or are greatly benefited by residence in this altitude, is a well accepted fact, as hundreds of now well men, who came here for hæmorrhage of the lungs, will testify.

But with catarrhal or fibroid cases the results obtained by climate, while encouraging, are not so universally good. Many of this class, it is true, recover entirely or live in comfortable ill health for indefinite years; but we are all forced to recognize the fact that a large percentage of this class of cases do well only for a short time, if at all.

They improve for a while, perhaps a few months, possibly a year or two, but the disease is not arrested. Sooner or later, for some reason not always apparent, they begin to lose ground, the appetite fails, hectic reappears, diarrhœa is frequent and the patient

steadily fails in health in spite of all the efforts that are put forth to save him.

It is very difficult, to arrest the downward course of such cases with climate and medicine. The stomach, which is our sheet anchor, having failed, we are powerless to prevent the progress of the disease toward a final and fatal termination.

But it is in just this class of otherwise hopeless cases that the Salisbury beef diet proves to be of the greatest service. It takes up the patient at his weakest point, his stomach, giving tone to that organ, stopping nausea and diarrhœa, restoring that greatest of all blessings to a sick man, a good appetite, and eventually bringing him back to health and vigor. Under its influence the appetite becomes enormous; the patient who sickened at the sight of meat, now eats three or four pounds a day. The veins fill out and the red corpuscles of the blood increase many fold, a healthy glow suffuses the face, the nerves become quiet and steady, the muscles increase in size, and the general improvement is so marked as to be most gratifying to both patient and physician.

Let those who doubt the efficacy of this mode of treatment try it thoroughly. One case will be a revelation to them. Climate cures many, but let not those whom climate and medicine fail to cure be discouraged, for the pure and dry air and constant sunshine of Colorado, aided by such abundant nutritive and hygienic measures as are brought to bear by the Salisbury treatment, make a combination which rarely fails to bring comfort and a large degree of health to the otherwise discouraged and hopeless consumptive.

The following cases will speak for themselves:

Case 1.—A physician, 35 years old. Came to Colorado two and a half years ago with chronic catarrh of the right apex. Dullness and moist râles present over same area. Bad cough, muco-purulent expectoration containing abundant tubercle bacilli. Did well for two years, and then without apparent cause began to decline in health. Had fever every afternoon, great loss of strength and flesh, sat up only part of the day. Entire loss of appetite, loathed the sight of food. Was eating nothing but milk and soups. No solid food. Great nausea after eating and constant watery diarrhœa. All the usual means were used to stop the diarrhœa and improve the appetite, but without appreciable results. The patient was going rapidly down in spite of medicine and climate. Began the Salisbury diet as a last resource.

End of two weeks.—Diarrhœa stopped, nausea ceased, has less repugnance for food and is eating one pound of beef pulp a day.

End of four weeks.—Fever gone, has good appetite, strength increasing; general appearance much improved. Is out of doors all day.

End of eight weeks.—Has a splendid appetite, eating two pounds of pure beef pulp a day and enjoys it. Has stopped whisky and all medicine and is gaining rapidly.

End of four months.—Still improving and has gone to work; does four hours office work a day. Looks perfectly well. Only remaining symptom is a little cough in the morning.

End of six months.—Remains well, eats about four pounds of meat a day. Is the picture of health and working regularly.

Case 2.—Clergyman, age 33. Came to Colorado three years ago for asthma. Asthma somewhat better since coming out, but for a year past his general health has been steadily failing. Has bad cough and abundant muco-purulent expectoration. Is greatly emaciated and very weak. Has some fever afternoons; entire loss of appetite. Is very much discouraged and thinks he must give up his church and make a change.

Physical examination shows râles at both apices; slight dullness and hoarse respiration over same areas. Was advised to stay where he was and try Salisbury diet.

Partial result after nine weeks.—Has adhered strictly to the