time—for its solution depends upon the success of medical organization.

Yours truly,

C. S. BACON.

SO. NORRIDGEWOCK, MAINE, April 29, 1902.

To the Editor:—In your issue of April 19, you voice the sentiment, editorially, that the "mortality, in private practice, from puerperal sepsis is greater to-day than in the pre-septic period."

It seems to me that this statement is altogether too sweeping in its nature, and that a careful investigation will not bear out the allegation.

For one, I can say that in five years in this field of 1800 people, with three practitioners, neither better nor worse than the average country doctor, there have been no deaths from puerperal sepsis, nor from any diseases that might have resulted from even a slight sepsis. I am very much inclined to think that Dr. Wiggin's statement and your editorial comment are overdrawn.

E. GARD EDWARDS.

Unfair Deductions from Statistics.

DAVENPORT, IOWA, April 28, 1902.

To the Editor:—In the volume of papers and reports just issued by the American Public Health Association, the deaths from typhoid fever during the years 1898, 1899 and 1900 in 135 municipalities are given under the misleading title, "Typhoid Fever Death-Rates in American Cities." In the interest of accurate statistics and the fair fame of many of the cities misrepresented by this title, I wish to enter a vigorous protest against the article in question.

The rates given are based on but three years' data, and those are the least representative of local conditions that could possibly have been selected. In them was observed, all over the Union, a marked increase of enteric fever due to no change in local conditions, but scattered broadcast by returning soldiers from the Spanish war. It is unjust to select this particular brief period to show the typhoid death-rate of American cities; and it is unfair to use these rates, as has been done, in a comparison of methods of water filtration.

If, instead of three we take ten years, ending with 1900, the typhoid death-rate for this city has been but slightly over 21 instead of 32 per hundred thousand, as given. With an average population since 1900 of at least 32,000 our typhoid deaths in the ten calendar years have been but 68, making our rate as above 21.25. Even this figure is too large for our average rate inasmuch as it includes the abnormal importation period of the war.

Respectfully,

C. H. PRESTON, M.D.

Miscellany.

Causation of Beri-Beri.—In the reports of sick for January and February, 1902, recently received at the Surgeon-General's office, Washington, D. C., from the prison and beri-beri hospital at Lingayen, Pangasinan, P. I., Captain Harry A. Littlefield, asst.-surgeon, U. S. Vols., has the following interesting note on the causation of beri-beri: Since the establishment of this prison until February 1 of this year, the native prisoners have been supplied with Chinese white rice. During this time beri-beri has been markedly endemic in the prison. The records of this office show that the number of deaths have averaged five monthly, while the number of new cases monthly averaged twenty. When prisoners reported sick with beri-beri they were removed from the prison to a building about one-half mile from the prison, the upper story of the building used for a hospital. The difference between conditions existing at the beri-beri hospital and the prison being only the higher elevation of the former; the diet supply was the same at both places. Many of the cases at the beri-beri hospital continued to grow worse and died. The majority of those who did recover, did so after a very long illness and many of them suffered from numerous relapses. During the month of January there were thirty-five cases in the beri-beri hospital and as many who were slightly affected in the prison. The sanitary conditions were excellent. In the civil prison, not

more than one quarter of a mile distant, there were confined a large number of natives, the sanitary condition not as satisfactory as those of the military prison, they were more crowded, in poorer buildings and not in the open air any more than the natives confined in the military prison. In this civil prison there were no beri-beri cases, the only difference existing in favor of the civil prison being that the ration was purchased in the open market. At the beginning of February of this year, upon the recommendation of the prison surgeon, the use of the Chinese white rice supplied by the commissary was discontinued and native rice from the open market purchased in its place. Since that time no new cases of beri-beri have developed and no death has occurred. Of the 29 cases remaining in hospital on the last of January, 16 have been returned to duty; 8 released, greatly improved; 5 remaining, greatly improved and still improving. The mild cases in the prison have all recovered. This marked change occurred in the space of one month, the only apparent difference existing during this period and in the previous times being that of the rice supply. From these facts it would seem that the cause of beri-beri in this prison has been brought about by the use of the Chinese rice, white variety.

The Recent Operation on the Xiphopagous Twins.—The Orissa twins have long attracted the interest of scientists. Baudouin published an illustrated description of them in the *Semaine Medicale*, in 1892, p. 474. He stated that 9 cases of this kind are known, all girls except the Siamese twins. Three of the pairs died soon after birth; 3 were successfully operated on with the survival of one or both twins, and since 1892 Chapot-Prevost and Doyen have each performed the operation of separating xiphopagous twins with the survival in health of one twin. The mother of the Orissa twins had previously borne five children, the oldest now 28, and since the birth of the twins, in 1889, has passed through another pregnancy. Her other children are normal. It is a curious fact that 3 out of the 9 known cases came from Southern Asia. Doyen presented the details of his operation at the Paris Académie de Médecine, April 8. He mentioned that the twins had not been united by any supplementary tissue. The union was as if an incision had been made in two normal children from the ensiform cartilage to the umbilicus, and the corresponding raw surfaces of liver, diaphragm, ensiform cartilage and skin had been approximated and sutured together. The pedicle was merely the result of traction. At the back it was no more than a groove, but in front it was 5 or 6 cm. wide by 10 or 12 in height. When the twins faced about the pedicle acted like a hinge, the back becoming a groove and the front stretching to the above size. The umbilicus was in the center of the lower edge of the pedicle. The presence of three large arteries in the hepatic pedicle in Doodica and the fact that Radica seemed always to thrive at the expense of her sister, and that the latter exhibited much greater resistance immediately after the separation, seemed to corroborate the assumption that Radica received arterial blood in abundance from Doodica while she returned to her only venous blood. The operation was performed to save Radica's life, as Doodica was in an advanced stage of tuberculous peritonitis. The former had exhibited tuberculous ganglia before the latter's peritonitis developed. The methylene blue test, made on Doodica before the operation, showed that the interchanges were very rapidly accomplished. Doodica's temperature was 102.4, while Radica's was only 99, which fact is another refutation of the "humoral theory" in regard to fever. Doyen believed that the least loss of blood would have been fatal and safely avoided it by the application of his "écraseur" which crushed and clamped the stump of the liver on both sides. The stump was sutured with the wall, leaving two wicks of gauze in each wound to warn off hemorrhage. The results were perfectly satisfactory. The autopsy of Doodica, who succumbed to her peritonitis, showed that all the organs were in normal position. Radica has gained more than 12 pounds since the operation, February 9. The tuberculous ganglia in neck and axilla have been extirpated and she seems to be thriving, although affected with pronounced lateral curvature in the dorso-lumbar region of the spine. This curvature is evidently due to the constrained position which she had