more examples of the deplorable interference due to public hysteria and misdirected sentiment, exemplified by the sending of special trains to convey the sick many hundreds of miles to civil hospitals. Certainly these cases stood a better chance of recovery, left quietly in any field-hospital, than after transportation by long and arduous journeys in unventilated and ill-equipped trains with the attendant excitement and shock of removal to and from cars, ambulances, etc.

8. To leave the consideration of those unfortunate, though unavoidable, conditions which are so closely associated with all large military camps in time of war, and in which it is made clear that a careful and scientific study of any but selected cases was quite out of the question, I wish to refer again to the general peculiarities of camp fevers. Personal observation has occasionally given me the chance to wonder whether, under such conditions, and with the inevitable consequences of organizing and equipping, on short notice, an army so large that the nucleus of trained officers and men, provided by the regular establishment, was but a meager leaven for the vast concourse of volunteers whose experience—when they had any—generally gained in those regimental picnics, called state camps, was entirely inadequate for the serious business of large encampments during actual campaigns. I wonder if they did not somehow produce solutions which later shaped themselves with a riper experience and ample opportunity certainly carried with themselves a vindication of the much belittled officers in command of the various departments concerned.

I am writing this for the edification of those doctors who fail to see an inestimable advantage in their opportunities for the extended examination and careful study of their cases, and who seem to have a mistaken idea of the difference between a modern health resort and a hastily prepared military camp.

ALEXANDER NETTELMUTH, M.D.
Late Acting Assistant Surgeon, U. S. Army.

Original Papers Used for Advertising.

CHICAGO, MARCH 30, 1901.

To the Editor:—I notice in the advertising columns of The Journal of March 30, an advertisement which states: "Official Figures Reported to the American Medical Association by the Chairman of Section on Pediatrics," and then it goes on to give statistics where 6523 cases of diphtheria were treated with the advertiser's antitoxin, with a mortality of 2.8 per cent., and 539 cases treated with all other American and foreign serums with a mortality of 7.46 per cent. These figures are taken from an article which is furnished to whoever applies to the manufacturer of the antitoxin referred to, and on the inside of the cover it states that "this is presented with the compliments of the author." I wish to ask if it is possible that this article was written as an advertisement for this particular antitoxin? If this is a fact, is it not a prostitution of the position of a chairman of a Section in the American Medical Association? Very truly,

ROBERT H. HARVEY, M.D.

Fatalities of Spinal Cocainization.—P. Reclus states that spinal cocainization now has a record of six deaths in Europe. Goliv and Jonneso, of Bucharest, have each reported a fatality. In the former's case 1.5 ecg. of cocaine was injected and a leg amputated. Two hours later the temperature rose to 38 and 40 °C, pulse 125 and death in twenty hours. Juillard has also reported a death the second day after an operation for hydrocele and inguinal hernia. The autopsy showed a ruptured aneurysm of the aortic artery. The vascularization induced by the cocaine may have been a factor in the premature rupture of the aneurysm. Even in Tuffier's case, in which a mitral lesion and acute edema of the lung have been assigned as the cause of death, Reclus queries whether the action of the cocaine may not have been a factor in the evolution of the edema. Heumburg has also reported the death of a man of 30 in coma fifteen days after an operation under spinal cocainization. The autopsy disclosed hemorrhage in the cauda equina. In Dumont's case a febrile, tuberculous condition in the spinal column was followed by symptoms of meningitis, and three days after spinal cocainization, no direct cause for the death could be discovered at the autopsy unless it were the cocaine. This total of six deaths to less than 2000 applications of spinal cocainization, is not an encouraging record, he remarks, in the conclusion of his address to the Paris Académie de Médecine, March 19.