question, and the innocent, ignorant children who often fall victims to lack of a humanity which is Christian, and knowledge and skill which are truly scientific.

I wish to urge that the profession at large report every such case that may come to their knowledge, and that at the next meeting of the American Medical Association, proper and decisive steps be taken, seeking state and, if possible, national legislation which may limit and punish directly those responsible for such deaths. It is a sad reflection on the owners and editors of our daily press that we can not, through them, have started a propaganda against such sects; and, too, most popular magazines are loath to take a decided stand against them. Hence, as in the past, the medical profession has waged a successful fight against germ disease, it remains for it to continue with more determination than ever the struggle against a pandemic of mental degeneracy. Otherwise, we will have lost power to control and cure many diseases and surgical conditions over which we now have power, and which is giving us a yearly decreasing death rate.

SCOTT P. CHILD.

Weakness and Dilatation of the Heart in Chronic Nutritional Disease.

NEW YORK, July 11, 1903.

To the Editor:—With interest I read the paper of Dr. G. W. McCaskey with the above title in *THE JOURNAL*, July 11, 1903. My interest will be readily understood if I may be permitted to quote from my own writings a few practical points in regard to the relation of myocarditis or feeble heart in general to atonia gastrica, and one remark about my carbonic acid gas baths to take the place of Nauheim baths.

In the year 1895 Dr. M. Einhorn pointed out to me the frequency of the occurrences of splashing sound (that is, atonia gastrica) in cases of heart disease. We examined together a number of cases and I published the result of this investigation in a paper ("What is the Significance of the Splashing Sound of the Stomach," *N. Y. Medical Journal*, June 15, 1895). Later on I followed this subject independently from Dr. Einhorn, and called attention to the importance of this symptom of atonia gastrica in its different forms in numerous papers. Among others I had observed how it seemed to correspond in many instances with tachycardia.

In one of these papers ("Gastroptosis the Cause of Symptoms Erroneously Attributed to Nephroptosis," *N. Y. Med. Journal*, June 21, 1903) I referred to a case reported by Dr. Groddeck of Baden Baden as follows:

An elderly gentleman is suffering for several years from attacks of vertigo and unconsciousness. Almost daily, sometimes hourly, and even at shorter intervals, the alarming symptoms appear. The frequency of the pulse is 27-31 beats in the minute; only every second contraction of the heart causes pulsation. All the physicians who saw the case diagnosed, quite correctly, myocarditic affection and treated him accordingly, but without success. The enormously distended belly of the patient had not been taken into consideration until Dr. Groddeck paid attention to it. The reduction of the size of the belly, although it did not cure the diseased myocardium, was followed by cessation of the attacks of vertigo and unconsciousness. The size, the weight of the belly, having been reduced the work of the heart was materially relieved, relieved to such an extent that even the imperfect contractions were sufficient to fill the brain with the necessary quantum of blood. It is sometimes of more importance in cases of heart disease to examine the abdomen than to distinguish the fine points of the auscultatory symptoms.

In every case of heart disease in which I find atonia gastrica I make it a point to relieve the relaxation of the abdominal viscera by means of plaster strapping, a method which I have frequently described. I have had invariably the satisfaction to see the beneficial effect on circulation and nutrition.

The absorption of large amounts of carbonic acid gas by the skin has a remarkably beneficial effect on the circulation, whether it is introduced into the rectum or dry gas baths are taken. The capillaries and arteries become dilated, the amount of blood in both, as well as the blood pressure in the arteries, is increased. The diastole of the heart becomes more effective. These are matters of significance, for the heart and its work in so far as the intensity of the peripheral arterial circulation is augmented, and the drawing of the blood from the veins facilitated. The diastolic filling is improved, and the heart muscle is given more time for relief and for renewed energy.

The question is now, why should we use the Nauheim baths to obtain this effect pure and simple of carbonic acid gas? The Nauheim baths are complicated, accidents are at least possible by the inhalation of the gas floating on the water. The dry gas baths, as they are given in Franzensbad, are perfectly harmless, no accidents, at least when the arrangements are made as I have made them, are possible, and the patient can enter without undressing. Every physician can improvise such a bath in his office.

A. ROSE.

An Indian Bath.

PHILIPSBURG, MONT., July 7, 1903.

To the Editor:—I noticed lately an article on the improvised Russian baths of the North American aborigine. In Wyoming, Idaho, Montana, Washington and British Columbia they are erected on the banks of streams, rivers and lakes, and in close proximity to a deep pool. Sometimes the work is extremely crude, just a few willow boughs slightly interlaced and barely large enough to hold an adult in a crouching position, the hole in the center, a shallow depression, and no attempt at com-

fort for the victim. Accompanying this is a photograph of the best constructed one I ever saw. It was made by Flat-heads, or as they call themselves, "Selish." The length was 95 inches on the ground, and the height 81 inches in the center. The willows from each side are deftly twisted and braided together in the middle, the ends are tied with bright red flannel, of which a piece is continued over the top like a ridge pole; the hole in the center is 19 inches square, and nearly 13 inches in depth, and where the bather lies is spread with deep grass, called sometimes wild rye. This one was possibly used for more than one bather at a time.

E. F. CONYNGHAM.

American Research and German Reviewers.

NEW YORK, July 21, 1903.

To the Editor:—Anent your editorial under above title I wish to state that the *Biochemisches Centralblatt* has since its inception endeavored to furnish abstracts, and in many instances auto-abstracts of all publications pertaining to the special field, and that the American collaborators have been instructed to prepare abstracts of every important article and to report the original works executed in American laboratories.

HEINRICH STERN,

American Editor *Biochemisches Centralblatt*.

Queries and Minor Notes.

MEDICAL ETHICS.

ALBERT, W. VA., July 14, 1903.

To the Editor:—1. Dr. A. is in attendance on a case of appendicitis and he decides that an operation is necessary. The family ask that Dr. B. be called in consultation. Dr. B. agrees with