the other hand, of 128 who continued to live on imported rice 47 died. Mr. Hose has forwarded to Cambridge specimens of this mouldy rice for examination. It is reported that beriberi has broken out among the Chinese coolies employed in Christmas Island, which owing to its isolation has only recently become inhabited. This offers a unique opportunity for the scientific study of the disease which it is hoped the Government will take advantage of.

Correspondence.

Adhesive Rubber Dam.

CHICAGO, May 14, 1901.

To the Editor:—In reply to the criticism of Dr. Fenton B. Turck, in THE JOURNAL dated May 6, I regret exceedingly that the Doctor does not distinguish between the aseptic adhesive rubber dam described in my article and the rubber dam, not adhesive, which he advocated in THE JOURNAL of June 9, 1900, or the one mentioned in the *Medical Record* of Aug. 11, 1900, "being held in place with straps and buckles," to use the Doctor's description; or the one mentioned in the *Philadelphia Medical Journal*, March 30, 1901, p. 622, which latter article was published after the dam which I described was made and used publicly in my clinic, and after I had promised my article to the editor of THE JOURNAL. The dam I describe is not put on with bisulphid of carbon cement, nor with any of the Doctor's several special cements made for that purpose. The desirability of material for the prevention of infection from the skin was not original with Dr. Turck nor myself. The trouble with the Doctor's dam is that it lacks the elements to make it stick. If he will give the profession the name of the manufacturer and the date of manufacture of his adhesive rubber dam similar to that produced by Johnson and Johnson, I think the profession will appreciate it. I would further refer him to my correspondence between Mr. Truax, Elwood Lee & Co., and Bauer & Black, in our efforts to secure the adhesive rubber dam described in my article. Very truly yours,

J. B. MURPHY, M.D.

Anesthesia During Sleep.

St. Louis, Mo., May 4, 1901.

To the Editor:—In view of the fact that I have not been able to find a recorded case of a sleeping individual being placed under the influence of an anesthetic without first awaking, and also from the medicolegal bearing which such a record would have—an expert medical witness in the recent trial in New York City in the Rice Will Case having stated that such a feat was impossible—I report three cases in which I succeeded in accomplishing such anesthesia:

CASE 1.—Dr. T. C. Witherspoon, professor of surgery in the Marion-Sims College of Medicine, St. Louis, requested me to give chloroform to a healthy boy of about 4½ years for a small operation. On arriving at the home we found the child asleep and I proceeded to administer the chloroform, and the child went under its influence easily; only once did he make a move, and that was to turn his face away from the mask,

CASE 2.—I was to operate for circumcision, on a healthy boy of 8 years. Being a somewhat refractious child, when I was ready to operate I told him I would give him a piece of money if he would go to sleep and not bother me, and within thirty minutes after lying down he was sound asleep and I started the anesthetic, which was chloroform. He went under the influence easily, excepting only one moment, when he turned his face away from the mask.

CASE 3.—A boy of about 7 years, healthy, had sustained an injury around his left shoulder joint, the nature of which was impossible to determine exactly on account of pain and the rebellious nature of the child. I accompanied Dr. C. E. Walker, physician in charge. The boy was asleep when we arrived and I requested that he be not awakened. I began the administration of the chloroform and succeeded in bringing him under its effects without his so much as turning the face away from the mask as the previous subjects had done. The child slept sometime afterward, about three hours, and when he woke up

asked when the doctors were coming. He knew we were expected and fell asleep while waiting for us.

These three cases were all boys between the ages of 4 and 9 years, the anesthetic being chloroform in each case, and at the time of their occurrence I was fresh from college, but had had considerable experience as an anesthetist. There being no difficulty encountered in any one of them I did not consider them out of the ordinary and do not think so yet.

P. G. PAUGH, M.D.

Association News.

Report of the Committee on Transportation.

The Committee on Transportation reports that the Central Passenger Association has changed its former ruling in the matter of rates for the medical meetings in St. Paul, Minn., May 30 to June 7, from one fare and a third, on a certificate plan, to the more favorable rate of one fare plus \$2 for the round trip throughout its territory. The Association has not, however, agreed to the stop-off privilege at Milwaukee, but grants the time limit and restrictions agreed to by the Western Passenger Association, to July 15, thus allowing time for the excursion from St. Paul to the Yellowstone National Park. The Committee yet hopes to get a subsequent ruling favorable to this stop-off. The Trunk Lines and the New England roads are considering the requests of the committee in the matters of rates and time extension, and their action will be promptly reported in THE JOURNAL when received.—H. L. E. Johnson, M.D.; Miles F. Porter, M.D.; I. N. Love, M.D., Committee on Transportation.

Reception and Ball.

On the evening of June 6, the physicians of Minneapolis will give a reception and ball in honor of the members of the AMERICAN MEDICAL ASSOCIATION, at 8 o'clock. It will be held in the Armory and Campus of the University of Minnesota, Minneapolis. All the buildings of interest to physicians will be illuminated and open for inspection.

Reception to Women Physicians.

The women physicians of St. Paul and Minneapolis, Minn., will tender a reception to the women physicians attending the St. Paul meeting, on Tuesday evening, June 4. They are requested to register at the headquarters for women physicians, 140 Lowry Arcade, as early as possible.

Book Notices.

THE THEORY AND PRACTICE OF MILITARY HYGIENE. By Edward L. Munsen, A.M., M.D., Captain Medical Department, United States Army. Illustrated by 8 Plates and Nearly 400 Engravings. Cloth. Pp. 971. Price, \$8.00. New York: William Wood & Co. 1901.

This book fills a want which has been seriously felt since April, 1898, when the army increased from 25,000 to 250,000 men and its medical force had to be correspondingly augmented. The rapidity with which this increase was effected gave no time for the extension of a practical knowledge of military sanitation from the experienced medical officers of the army to the hastily organized medical force attached to the volunteer army. The want of a good text-book on military hygiene was then fully realized. It may safely be said that if a work of the kind now under review had been in the hands of our hastily enrolled volunteer medical officers in 1898 and had been carefully studied by them much sickness and suffering might have been prevented. The author writes with a facile pen and his discussions of controverted subjects are carried on in a manner which gives the reader an easy appreciation of the views inculcated. The ground also is thoroughly covered.

The book opens with a consideration of the average physical proportions of the United States soldier, the method of examining candidates for enlistment and the conditions which disqualify for the military service. The value of systematic physical training in the development of the recruit and the best means for effecting this are fully discussed. Greater attention