evacuation of the uterus. It was a great disappointment to me to find that this sign, which I hoped would be a good indication, had failed. The only point on which I disagreed with Dr. Wetherill is that I do not attach to the percentage of the ammonia coefficient the same degree of significance that he has attached to it in his paper.

DR. H. G. WETHERILL, Denver: I have no final solution of the problem to offer. It is in a process of evolution and its solution must depend on the members of the profession and their laboratory co-workers. I did not intend to convey the impression that I regarded the percentage of the ammonia coefficient as a sole and final factor which should decide whether or not the uterus should be emptied. Like Dr. Fry, I do not accept the statement of Dr. Williams as the last word in this matter. Probably Dr. Williams himself may be inclined to modify his views later. Taken with other things, however, it has a great deal of significance. I think that the character of the toxemia is indicated much more by the state of the blood and the blood tension as shown in the eyegrounds and otherwise, and I regard the condition of the eyes and the cooperation of an expert ophthalmologist as most important in making the diagnosis and in deciding on the course of treatment to be adopted.

A SUMMER CAMP FOR THE TREATMENT OF SICK BABIES.*

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In the treatment of summer diarrhea in children, artificially fed, it is generally agreed that there are three important requisites, namely, clean milk, fresh air, and intelligent care. It is also agreed that in the prevention of diarrhea the utmost vigilance must be observed during the hot months, particularly in cities. How to provide all these conditions is one of the problems in medicine, the solution of which is imperative.

This paper has to do with the efforts of the Hartford (Conn.) Medical Society to solve this problem in its locality. During the summer of 1907 a camp was maintained in one of the city parks by a committee of the society. This camp was suggested at a meeting of the milk commission of the Hartford County Medical Association. It is easily seen that the production of certified milk is not sufficient alone to materially reduce the high mortality of diarrhea among the children of the poor. The price is prohibitive. Those who can afford to pay fifteen cents a quart for milk can conveniently remove their children to the country or seashore during the hot months. Those who, from necessity, must remain in the city, and can not procure certified or other high-grade milk, are the very poor. Some, it is true, realizing the importance of clean milk, obtain it at the sacrifice of other things, but many can not. It is to reach the latter class of people that the hospital was established. Milk stations and laboratories for distributing certified milk were carefully considered, but it was the opinion of all that the best results were to be obtained by a hospital assuming entire control of a patient, night and day, during his illness.

As a result of this opinion at a meeting of the Hartford Medical Society a committee of ten was appointed with authority to construct and maintain a summer hospital for the care and treatment of sick babies. The committee was given authority to collect money in the name of the society for the support of the hospital.

Permission was obtained from the city park board to locate a tent hospital on Riverside Park, and an appeal for money was made through the daily papers.

Riverside Park, as its name implies, is a park on the bank of the Connecticut River. It is not an ideal location for a camp. The park is very largely made ground, somewhat low, and twice a year at least is under water from river freshets. On the east side it borders the river, and on its west is a railroad freight-yard. It was certainly a severe test for the efficiency of an outdoor hospital. This park was selected because of its nearness to the tenement district whose babies it was designed to treat and to whose mothers it was desired to demonstrate that cleanliness for babies, pure milk, and fresh air would accomplish results.

In the construction of the hospital four tents were used. One was a ward-tent thirty feet long and fifteen feet wide, with six-foot side walls and thirteen-foot ridge. This tent held, with some crowding, twenty-four babies. Behind the ward-tent and connected with it by a covered passage, was the diet-tent, twelve by fourteen feet. There the babies' milk was prepared and instruction given to the mothers of the sick children in the methods of handling clean milk and of making simple modifications. Each mother had these instructions before taking her baby home. Behind the diet-tent stood a tent nine by nine feet, containing the boiler which furnished the hot water, and at one side was a tent twelve by fourteen feet used as a nurses' dormitory. All the tents, except the boiler-tent, were floored. The furnishings of the ward-tent were two long tables two feet in width, which held baskets for the babies. Each basket was covered by a hood of mosquito-bar. All woodwork was painted white. In the diet-tent were a sink with hot and cold water, a refrigerator and a table for preparing food for the patients. All the tents were lighted by electricity.

The hospital was opened July 15 with accommodations for twelve patients, and two nurses in attendance. Later twelve more baskets were added and three nurses. Our nurses worked under decided disadvantages. The dormitory as arranged was not practical for sleeping-quarters during the day. A room was provided and meals furnished up-town.

The attending staff consisted of members of the society. There were six attending physicians, a bacteriologist, who kept a careful oversight of the milk supply, and a pathologist. The members of the general committee having the work in charge acted as consultants.

According to Dr. Williams' report as secretary there were treated, up to the closing of the hospital on September 15, sixty babies. The average number per day was twelve; the average length of stay ten days. During the hot periods all twenty-four beds were filled; and on one day in August there were twenty-five patients, and eight were turned away from lack of room. Most of the patients (60 per cent.) came in for summer diarrhea; 30 per cent. were suffering from marasmus or severe malnutrition; 7 per cent. had gastrointestinal indigestion without diarrhea; 10 per cent. had marked rickets; 5 per cent. had pneumonia; while meningitis, malaria, pericarditis and cretinism claimed one case each. The death rate was comparatively low, considering the severity of the cases treated, most of the deaths occurring in cases in which diarrhea was grafted on a previous malnutrition or rickets. There were twenty deaths, or 33 per cent. mortality,

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including all cases. Deducting from this the patients that entered the hospital moribund and died within the first twenty-four hours, the death rate was 18 per cent.

The expense of the hospital was met by public subscription. According to the report of the treasurer, Dr. Abrams, the total expense was \$1,619.01. Of this amount \$483.96 was for equipment, tents, plumbing and carpenter work; \$274.42 for furnishings, bed-sheeting, household utensils, etc.; \$208.42 for maintenance, laundry, telephone and help; \$200 for food, including groceries, ice, coal and medicine; \$416.20 for nurses' salaries, meals and room, and \$35 sundry expenses not classified. Including total cost the average expense per day for each patient was \$2.23. Deducting the cost of equipment and furnishings and not allowing for depreciation, which is an unknown quantity, the average cost per day for each patient was \$1.15.

The committee feels that the society may congratulate itself on the success of the hospital, and on the interest which it aroused in the community. The well-to-do rallied most cordially to its support and gave help and money freely, and the east side showed its interest by coming to the hospital in such crowds that the tents had to be roped around to protect them.

Such, in brief outline, is the result of our first year's undertaking.

During the present summer the same general plan of work is to be continued as that of last year. There will be added another ward, thus allowing a total accommodation of forty patients. The nursing staff will consist of five trained nurses and five nursery maids. The nursery maids will be trained in the care of babies under ordinary conditions. They will be taught the rules of infant hygiene and the care and preparation of food. The committee also hopes to be able to give to the mothers more adequate demonstrations of the care of milk and bottles.

On account of the increased force of nurses and the difficulties experienced last year in finding suitable accommodations for board and rooms near the hospital, and also the expense and inconvenience of sending out the laundry, the committee has purchased a portable house, to be used as a dormitory, dining-room and kitchen for the nurses, and in which the laundry work can be done.

Our expenses must, of course, be greater than last year.

The committee does not put forward the idea of a summer camp with any claim of originality. In the important work of education and in the alleviation of the sick, this camp simply demonstrates a method which may be employed. It is modest in its construction and inexpensive to maintain. It offers the advantage over regularly established hospitals that it can be erected on any plot of ground where there is a water supply and drainage, and further, it fulfills its function as an object-lesson and means of education better than any isolated hospital can possibly do. It is in the open where those who pass must see its work and its aim.

75 Pratt Street.

DISCUSSION.

Dr. J. H. MASON KNOX, Baltimore: I have been interested in work of this character for several years and am glad to see that it is becoming more general. In Baltimore we found that the terrific thunder storms which we sometimes have there made tents impracticable for sick babies. Considering the short duration of time these babies stay in the hospital, there

should be trained nurses and physicians to care for the babies when they are returned to their homes. We found at Mount Wilson that unless, after the babies were returned to their homes, we could give them pure milk of exactly the quality we had at the hospital and supply the proper nursing much of our summer work at Mount Wilson was thrown away. If these children can be returned to their homes with a mother who understands better how to care for them and a trained nurse to visit them in their homes and give necessary instructions, the results from the summer camp treatment will be very much better.

Dr. JOHN M. BEFFEL, Milwaukee: I want to give a little review of the work that is being planned in Milwaukee. A year ago one of the women's clubs became interested in the death rate among children under 5 years of age. The death rate was shown to be 40 per cent. of the total death rate in children under 5 years of age. We had the highest death rate among children under 5 years of any city in the United States outside of Pittsburg. The matter was laid before the city council, which appropriated \$3,000 for the erection of a sanitarium or pavilion to be located on the lake shore. It is about 40 feet wide and 80 feet long. It faces Lake Michigan on the east. The main entrance is in the middle, and at the rear of the main floor is the administration room, then a room for nurses, a diet kitchen, an ice-box, a bathroom with a set of six infants' tubs and the lavatory. Then there is a space entirely open and surrounded by a railing. Curtains can be raised in time of wind to protect this space. Hammocks are hung here and ten little cribs placed in the rear. We have already raised by a little work about \$1,000 for the maintenance of this work for this summer, the idea being to call the attention of the public to the fact that there is here a vital problem. Let us become awake on this subject and realize that the babies under 5 years of age should be better cared for.

Dr. T. W. KILMER, New York: The statistics seem to show a strikingly high mortality—33.5 per cent. In New York in our out-patient department our statistics are so much lower than that, that I would like to know if these babies were practically moribund when brought in.

Dr. W. G. MURPHY, Hartford, Conn.: I won't guarantee the statistics. We had a very busy summer. Whether they are strictly accurate or not I do not know. But taking them as they are and deducting the cases of patients who came in moribund, we have a mortality of about 18 per cent. It is unfortunate that physicians will unload on us cases in which there is absolutely no hope. If I am not mistaken, the mortality of the floating hospitals is about the same as ours. Only desperate cases are sent to these hospitals; the mortality must be higher than other institutions. Our experience was that we got more money than we needed.

A NEW SIGN FOR THE DETECTION OF MALINGERING AND FUNCTIONAL PARESIS OF THE LOWER EXTREMITIES.

C. F. HOOVER, M.D.
CLEVELAND.

The sign I wish to describe is one which I have employed for the past two years. Although the cases observed number only four, I feel justified in attaching great importance to the sign because it is dependent on a normal function, which I find always exhibited in healthy persons and invariably present in the sound leg of patients suffering from hemiplegia or paresis of one leg due to some pathologic lesion.

If a normal person, lying on a couch in the dorsal position, be asked to lift the right foot off the couch with the leg extended, the left heel will be observed to dig into the couch as the right leg and thigh are elevated. If you place your hand under the tendo Achillis