conduct his investigations by letter. That method is peculiar to Washington. Let us have a Department of Public Health!

CORRESPONDENCE.

The Poor Physician.

NEW YORK, Feb. 1, 1897.

To the Editor:—While we are discussing the question of capital and the farmer, why not touch on the interesting question of the poor physician? His case is truly, if you look at it closely, which nobody seems inclined to do, a very, very lamentable one. Think of this: A man who has made his millions, by fair means or else by hook or by crook, it does not matter, feels that he has done nearly enough for this world and that some of his thoughts and deeds might be now reasonably employed to do something to result in dividends in another world possibly to come. The recipe for the cure of such morbid anxieties is an old and hackneyed one. No necessity for breaking one's head, as he had done before on Wall street matters, or about Standard oil wells in the West. Oh, no; there is a panacea! Let's found a hospital, or if we are very high-toned, let us endow a college. The hospital staff is filled by the founder's beneficiaries, or perhaps such of his friends, especially of such as are willing to contribute more influence and more money for the institution. To the clinics of this hospital only the poor are supposed to go. Such as appear there, and are not poor, are treated also and pay a monthly fee. We may naturally expect that some of the staff physicians, who, be it understood, receive no pay, as they are simply helping in a friendly way the rich man to pay his debt to heaven and his conscience, will divert some of the latter patients to consult him in his own office. But what becomes of the poor physician, the general practitioner of the community, while so much good is being done around him? He has to eke out his existence, support his wife and children, with what these good charitable people have left him. Only some of the very poor are left to him and these he can not, without public condemnation and a kind of dishonor, refuse in case of urgency to treat *gratis pro Deo*. This poor physician is not so perplexed as the rich man may have been, before beginning his great charitable career, as to the means of insuring to himself a livelihood in heaven, but he would be very much pleased if the admirable philanthropy of others allowed him to make one in this valley of tears.

I can not help making here two remarks which seem to me exceedingly curious, and I believe that anybody with a tolerable modicum of humor in him must be struck by their piquancy. First, the anxiety of doing good is sometimes so great that the thing is monstrously overdone. What will you say of a hospital intended for 700 patients that can only recruit 35? But now comes the second point: In order to come as near as possible to the number of patients which their colossal structure requires, they have the unspeakable naïveté to send around inviting the poor physicians, whom they have already despoiled, to help them complete the spoliation by sending to the hospital clinics the few poor patients whom they have left them. The man in the hospital whose specialty it is to care for a certain fraction, or a certain casualty of the human body, wants the poor physician to send him *all those of his patients* (if this way of speaking is not ridiculously grandiloquent) who are affected with the complaint to which he has devoted his genius. Another who watches over a different point makes a similar request; they want their clinics to be well attended and interesting, whatever the poor doctor's dinner may be. For, you see the rich man must read reports which show that his work is prospering on earth, as his spiritual wheat is in heaven.

ALBERT S. ASHMEAD, M.D.

The Roentgen Ray in Ophthalmology.

PHILADELPHIA, PA., Jan. 29, 1897.

To the Editor:—In the issue of the JOURNAL of January 16, the proceedings of the Chicago Academy of Medicine are reported. Dr. Casey A. Wood, in the discussion of Dr. E. H. Lee's paper on "Dermatitis following the Roentgen Ray," is quoted as saying "So far as the diagnostic value of the X rays in ocular diagnosis is concerned the subject may be dismissed in a few words. . . . But it was found that inasmuch as the eyeball is surrounded by a bony casing . . . the experiments were found to be of little value." In experiments made in Chicago to determine the presence and location of a foreign body in the eyeball "the X ray was found to be of little or no value." In Philadelphia our experience has been quite the reverse. Within the past two months, two instances of the detection of steel in the vitreous have been reported in the Transactions of the Ophthalmic Section of the College of Physicians, the first by myself and the second by Dr. G. Oram Ring. Dr. G. E. De Schweinitz has verbally communicated to me the history of the third case in which, after the presence of the foreign body was determined by the X rays, it was extracted by the Hirschberg magnet. Thus it will be seen that the bony walls of the orbit and the coats of the eye are permeable to the rays. By comparison of the shadow of the metal with that of the margin of the malar process of the superior maxillary bone and the knowledge of the relation of the Crooke's tube to the sensitive plate the location of the foreign body can be closely estimated. The three radiographs of the cases above referred to were taken by Dr. Max J. Stern in the laboratory of the Philadelphia Polyclinic. Dr. Wood's hope "that we shall be able to make use of the Roentgen ray for purposes of this sort" has been realized.

Very truly

HOWARD F. HANSELL, M.D.

Blindness and Quinin.

COLUMBUS, OHIO, Feb. 2, 1897.

To the Editor:—In your issue of Nov. 7, 1896, Dr. H. B. Ellis, of Los Angeles, Cal., reports a case of total blindness, "possibly due to an overdose of quinin." I have read his report with interest, although I can not but regard the quinin as a very improbable factor in the production of the blindness.

The report, however, reminds me of a case which occurred many years ago in the practice of my preceptor, Dr. J. C. Reeve, of Dayton, Ohio. A young man came to the office complaining of symptoms which lead to a diagnosis of malaria. A prescription, containing quinin as the chief ingredient, was given him. A few hours later he reported that he had become suddenly and entirely deaf. This deafness was absolute and permanent. He had, however, not taken a single dose of his medicine. Had he taken the quinin I have no doubt the case would have gone on record as an undeniable one of permanent deafness produced by the administration of quinin.

There are so many things happening in this busy world that many events which seem to be sequences are really only coincidences, and I think the blindness in the case reported was of this nature.

J. F. BALDWIN, M.D.

A Case of Temporary Amblyopia from Eucain.

GALESBURG, ILL., Feb. 6, 1897.

To the Editor:—The new succedaneum for cocaine—eucain—has, I believe proved so useful and so nearly free from danger that its continued employment is not a matter for doubt. I have frequently used it in cases where its points of difference from cocaine have seemed to indicate its employment in preference to that drug, and I have often been struck, in such cases, by its excellences.

Recently, however, there fell to me an experience of a kind to teach us that eucain certainly has its dangers. The case was

that of a man, a physician, aged 32, who came to me with a moderately large hypertrophy of the anterior extremity of the right inferior turbinated bone. Ordinarily, before applying galvanocautery to the turbinated bones, I produce anesthesia with cocain. In this case, however, from the fact that the hypertrophy was seated so far forward, I did not think it necessary to produce the shrinking of tissue that follows the use of cocain, and hence merely secured anesthesia by means of eucaïn. The strength of the solution I used was 5 per cent.

Immediately after the cauterization, the patient complained that his sight was growing dim, and a few minutes later, he said that it had entirely left him. There were no strongly marked constitutional effects, though the pulse was rather rapid and the patient seemed talkative and a little incoherent. The amblyopia was of exceedingly short duration, having almost entirely disappeared at the end of four hours. Neither while it continued nor afterward were any changes perceptible by the ophthalmoscope. The return of vision has been perfect and permanent.

I have read of at least one case of amblyopia from cocain, but as yet no other case from eucaïn has come to my notice.

Yours, etc.,

THOS. H. SHASTID, M.D.

A "Mill" Graduate in Indiana.

PERU, IND., Feb. 8, 1897.

To the Editor:—I see in the JOURNAL of February 6, a reference to the Illinois Health University, now Independent Medical College, of which one J. Armstrong is president, secretary, treasurer, etc. We have had here a little experience with one or more of his graduates, one Dr. Elmor (?) who struck our town last summer, with long hair, a good supply of cheek, but little money and glowing advertisements, prepared as he thought to bluff everything in sight; but for once he overlooked his hand. We made him lie down, shut up, and get out, as we have all other advertising quacks of similar qualifications, coming to our town. If you will send J. Armstrong and his college down to Peru, we will turn his college into a hospital and make him the leading patient.

My idea about his college is to suppress his graduates, and that can be done in almost every State in the Union with the now existing laws. Indiana has a very weak medical law; but we find that a weak law strongly used is better than a strong law weakly used. Now if the profession will go to work and enforce the different laws effectually against all such quacks and graduates as of the Illinois Health University or Independent Medical College, in two years time there will be no such institutions. One thing is sure, such rot does no go in our section.

J. O. MALSURY, M.D.

The Journal Gives Post-Graduate Instruction.

LEOMINSTER, MASS., Feb. 3, 1897.

To the Editor:—Let me thank you for calling my attention to the JOURNAL. I received my medical education forty years ago and it was an old garment that fitted nothing in the earth beneath or the heavens above, so I had decided to take it to some post-graduate school for reconstruction, when the JOURNAL came with its wealth of knowledge, up to date and exhaustive, yet within the limits that any busy practitioner could compass, and I soon made the discovery that a reader of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION is receiving a post-graduate course in his own study.

Yours truly,

C. A. WHEELER, M.D.

PUBLIC HEALTH.

The Epidemic History of the Sandwich Islands.—The *Medical Examiner* has compiled the following statistics regarding those islands: Some time ago I came across a rather rare epitome of history of the Sandwich Islands. In connection with our

line of business, I noticed that in 1805 there was an epidemic of cholera, which swept off half the inhabitants of Hawaii. There was no census between 1836 and 1850, but the decrease of population in that period was very rapid. In 1848 the measles were introduced from California, and spread through the group—10 per cent. of the population died. In 1853 there was an epidemic of smallpox. Census taken about that time gave a population of 73,137—a decrease of 11,027 in three years. In 1853 leprosy was first found in the islands; in the year 1864 leprosy had begun to spread to an alarming extent. In 1865 an Act of Isolation was passed; a peninsula on the north side of Molokai was selected for the purpose of isolation. In 1872 smallpox again appeared, but was easily suppressed. In 1881 smallpox came in from China, but was confined to the Island of Honolulu. Total population in 1890 was 99,990.

Valid Garbage Ordinances.—No argument is needed, says the appellate division of the supreme court of New York, to show that garbage in a decayed or decaying condition is a substance deleterious to health, the keeping of which may properly be prohibited by a municipality in the exercise of the police power. And it holds reasonable and valid, in *Town of Newtown v. Lyons*, Dec. 22, 1896, an ordinance which forbids any person from having or keeping at any place within the town any garbage or refuse vegetable or animal matter in a decayed or decaying condition, and prohibits boiling or cooking it at any place within the town in any open vat, kettle or caldron, or in any manner so as to permit the vapors or exhalations from such boiling or cooking to escape into the surrounding air. But a reasonable construction, it goes on to state, requires it to hold that a cooking vessel shut into a closed building would not be "an open vat, kettle, or caldron," within the meaning of the ordinance.

Public Health in Michigan, January, 1897.—For January, compared with the preceding month, pneumonia increased in area of prevalence. Compared with the average for January in the eleven years, 1886-1896, erysipelas, consumption, diarrhea and pneumonia were less prevalent. Including reports by regular observers and others, consumption was reported present in Michigan in the month of January, 1897, at 209 places; diphtheria at 94 places; measles at 77 places; scarlet fever at 63 places; typhoid fever at 42 places and whooping cough at 37 places. Reports from all sources show consumption reported at 7 places more; diphtheria at 9 places less; measles at 37 places more; scarlet fever at 22 places less; typhoid fever at 29 places less, and whooping cough at 4 places more in the month of January, 1897, than in the preceding month.

Contagious Period of Whooping Cough.—Dr. Weil of Lyons asserted in 1894 that whooping cough is not contagious during the period of paroxysms nor during its decline, but only in the earliest stages, when it is still unsuspected unless the child is known to have been exposed. He now confirms his revolutionary statement by an imposing array of statistics, collected in his hospital experience, where 865 child patients in the various wards were in close contact with fifty-nine cases of whooping cough in the paroxysmal period, without a single case of contagion occurring. Thirty little patients in the most intense stage of whooping cough, but convalescent from other diseases were accustomed to play among the other convalescents (195 between 2 and 5 who had never had the whooping cough), without the appearance of a single new case. Léon has recently published an observation of the contagiousness of the disease in its catarrhal, bronchial stage. The prophylaxis of the disease, therefore, assumes a new phase; the prompt isolation of every child at the first appearance of a cold during an epidemic of whooping cough, and the inutilty of further isolation when the paroxysms have made their appearance. According to Roger, the incubating period is six to seven days, and not until this time has elapsed without the manifestation