Division and brigade surgeons of volunteers, and the medical officers of the so-called immune regiments, have been appointed by the President upon the recommendation of the surgeon-general of the army.

Acting assistant surgeons have been appointed and discharged by the surgeon-general of the army or by the chief surgeons of military departments and armies in the field. These appointments are of a temporary nature, and during the first months of the war the urgency for medical assistance was so great that it was not practicable to convene medical examining boards for the selection of "contract surgeons."

It is a mistake to suppose that the secretary of war has attempted to control the appointment of commissioned medical officers or of acting assistant-surgeons. In a few instances he has suggested the appointment of physicians personally known to him, and naturally his wishes have had due consideration. In making recommendations for presidential appointments or in appointing acting assisting surgeons, I have not been influenced by political reasons, but a large number of those seeking appointment filed with their applications letters from members of Congress and other influential persons. These letters have been considered simply as testimonials as to character and professional standing, and it has been my aim in all cases to obtain satisfactory professional endorsement for candidates not personally known to me. No doubt mistakes have been made, but I believe that a large majority of those appointed have proved themselves to be competent physicians and many have shown a special aptitude for the military service.

Very respectfully, GEO. M. STERNBERG,
Surgeon-General, U. S. A.

Upper Panes Replaced With Double Panes.

ELLCOTT CITY, MD., May 18, 1899.

To the Editor:—I note in the JOURNAL of April 29, under "Public Health," that a prize has been awarded Dr. Caslaing "by the French Academy of Science, for his suggestion that two upper panes in each window be replaced with double panes a short distance apart, the outer pane leaving a narrow opening at the bottom, as it does not reach quite to the sash below, and the inner pane leaving a similar opening at the top, as it does not reach quite up to the top of the sash."

This seems a curious thing, when we read in Parkes' "Hygiene" (Edition 1883, Wood's Library, p. 174, Vol. i), in speaking of natural ventilation and its practical application: "Various plans have been proposed by different persons. The panes of glass may be made double, spaces being left at the bottom of the outside pane and the top of the inner one, so that the wind is obliged to pass up between the two panes before it enters the room."

Is there nothing new under the sun? And under the circumstances does not this prize belong to the original suggestor? Our French colleague must have thought of this independently, for no one would accuse him of plagiarism, but where, oh where, was the board of censors of the Academy that they did not know something taught in our medical schools for the past sixteen years?

Very truly yours,
S. J. FORT, M.D.

Clinic Gynecology in Paris and America.

CINCINNATI, OHIO, May 16, 1899.

To the Editor:—It seems strange that in this day when the efficiency of medical study and medical practice is accomplished chiefly by specialization, the University of Paris should not long since have established a chair of clinic gynecology. It would seem, however, from recent proceedings of the municipal council of Paris (*Le Progrès Médical*) that this long delayed step is at last an accomplished fact. An address to that august and conservative body by M. André Lefevre,

recounted the fact that such a chair exists in the faculties at Besançon, Bordeaux, Dijon, Grenoble, Montpellier, Nancy, Nantes, Poitiers, Rennes, Limoges and Rouen; yet at the great metropolis this department is not organized. M. Lefevre reviewed at length the development and present status of the chair in Germany and wound up by saying that they teach clinic gynecology, "not only in all the universities of Europe and the United States but also at Melbourne, Toms, Bombay, Madras, Cordova (Argentine Republic), Bahia, Lima and Tokio." After slight opposition the municipal council voted a "subvention" for a chair of clinic gynecology to be opened November 1, consisting of 12,000 francs for the professor, 1200 for the chief of clinic, 2200 for the chief of the laboratory.

It is highly gratifying to feel that Paris by this step has increased the efficiency and the attractiveness of medical teaching in that great capital. It is gratifying also to observe that in taking this step, the principle of substantial reward for labor in a clinic department is recognized. While the United States anticipated Paris by many years in the establishment of this chair in the various universities and medical schools of the country, yet, almost without exception, the professors receive no direct compensation for their services. It is assumed that their reward will come in the nature of increased private patronage. The natural tendency of such a policy must be to minimize interest in and devotion to the strictly professional work and to stimulate attention to that labor which will yield the bread of life. The sooner America ceases to offer these professorships as gratuitous advertising media, and adopts the tardy example of Paris, the better for America.

CHARLES A. L. REED, M.D.

Hydrophobia in California.

PASADENA, CAL., May 22, 1899.

To the Editor:—I wish to report the occurrence of the first truly authenticated case of hydrophobia in Southern California. The onset, course of the disease, and death were typical, and subdural injections of cerebrospinal fluid of the patient into rabbits were followed by death of one of the three animals experimented on (after a period of twelve days) in convulsions followed by paralysis. As the whole case was a characteristic one (and it was my privilege to see a great many cases with Pasteur, in Paris, in the spring of 1893), the details are hardly worth publishing; but as Southern California has so far been considered exempt from this disease, the occurrence of this first authenticated case, I believe, merits chronicling in the interest of medical statistics and of public sanitation. Any details of the case, of postmortem finding, etc., will be gladly forthcoming, should you desire them.

Respectfully yours,
ALFRED C. CROFTAN, M.D.

Fluid Vaccin Virus.

McCook, NEB., May 17, 1899.

To the Editor:—At a meeting of the Nebraska State Medical Society, held May 9, I called attention to a new method of handling fluid vaccin virus. The method is simple, quick and efficacious, and will at once appeal to readers of the JOURNAL: Break off both ends of the capillary tube of virus and blow the contents into a sterilized spoon or other small receptacle. The one or two drops which go to make up the contents of the tube are then drawn into a sterile hypodermic needle, and the needle pushed just under the outer skin, where pressure on the piston of the hypodermic deposits the drop of serum.

No dressing is necessary, for the skin furnishes a protection for the virus, and you will find that nearly all, if not all, of your cases thus inoculated will "take." The method takes less time and is more cleanly, sure and scientific than any of which I have knowledge. Sincerely yours,

W. V. GAGE, M.D.