tainment of the following objects: The prompt diffusion of medical knowledge, the furnishing of a ready means for the intercommunication of professional thought, the elevation of professional morals, the binding together of the medical profession into one harmonious organism, the representation of the best medical thought with the effort to raise the intellectual and moral qualifications of the entire profession to that level, and the extinction of sects and of all unreason in the art or science of medicine. The publication whose course does not conform to these standards has no excuse for existence. It is necessary, therefore, that physicians should know the earmark of the good and of the bad among medical journals, in order that intelligent and discriminating choice may be facilitated.

Like trees and men, medical journals may be distinguished by their fruit. First and foremost eschew instantly every journal that intermixes its original matter with advertisements—such journals are not conducted for any good purpose, and do not meet any of the indications given above as adequate reasons for existence. It is manifestly incumbent on reputable journals to furnish to their readers reliable information of the worth of new pharmaceutical preparations; and not all proprietary remedies are to be ruthlessly and unreasoningly condemned. Nevertheless, beware of that journal that repeatedly publishes cheap reports of limited experience by unknown authorities with remedies that are rightly regarded by reputable physicians with more or less suspicion, because of secrecy of composition or brazenness of exploitation. Such reports and experiences are of no value to the profession, and only those dealing with reputable and ethical pharmaceuticals are worthy of attention. The drug makers will soon learn that the profession is not to be hoodwinked by paid puffs published as original articles in cheap journals. The day for receiving large returns from that method is happily nearly gone, but it should be hastened by all physicians unanimously refusing to read or to be influenced by such articles, or to receive further copies of the journals in which they appear. The application of this remedy will greatly reduce the number of "fake" medical journals. If the profession could only realize the extent to which medical editors are constantly being importuned—even threatened—to cheat their readers by publishing as original matter articles that have been purchased or cajoled from frail or recreant doctors, there would be no hesitancy in applying the above remedy whenever the diagnosis of depraved journalism was made. It is better not to take any journal that repeatedly publishes unscientific articles concerning wares that are advertised in its pages. Unfortunately also it is almost always safe to look askance on those journals that publish "clinical and therapeutic reports," clippings from other journals, and "reading notices" scattered throughout their reading pages. Clean journals either refuse to publish such matter or else plainly include it in their advertising pages.

The preference should always be given to journals that are owned and entirely controlled by medical men. Even though of necessity they often err, it is at least certain that those conducted by reputable physicians are not promoted for mere mercenary reasons. Journals that are supported by or connected with reputable medical societies are universally governed by only the highest motives, and are well deserving of professional favor. Inasmuch as some of the best scientific work, and nearly all the practical advances in medicine, are first reported to medical societies, it follows that the papers and discussions presented are of the very freshest and most

definite interest to the profession, and that the prompt publication of this original matter is of unquestioned service to scientific medicine. Foremost in this class stands by right THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, whose national scope and well-recognized merits need no further mention. Other commendable instances of journals of this class will readily occur to your memory. They are deserving of your constant interest and cordial support. Their ascendancy, along with the few other really independent journals, will mean the extinction of disreputable journalism—a desirable end that can be obtained only through the discriminating favor of an awakened professional conscience—and will insure the occupancy by American medical science of a much higher plane than is possible under present conditions.

Know something about the character and reputation of the editor of the journal for which you subscribe. It is not in reason to expect a clean journal from the hands of a self-advertiser or of a man of doubtful reputation, nor on the other hand is it likely that a physician of good character will edit an immoral journal. Be discriminating in your choice of journals. If you accidentally subscribe for one that on trial proves to be venal and to be opposed to the best interests of the profession, stop it and refuse to receive further copies.

That medical journals are overnumerous and too frequently demoralized and virtueless is in the main the fault of the profession, for if these papers were not received and read they would soon, as they deserve, die of inanition. Therefore it follows that the remedy for the existing disgraceful state of the ethics of medical journalism lies in the hands of the great body of the profession. Just so soon as you refuse to in any way countenance the readily recognized indecent journals, just so soon will they die for want of pabulum, for advertisers will be quick to realize that neither covert nor open advertising will pay in journals thus rejected by an enlightened professional conscience. If you are unable to persuade the promoters of these journals to cease sending you copies, write a letter for publication in one of the better class of journals stating the facts of the case, so that both the disgraced profession and the depleted advertiser may plainly see what journals are in ill repute with the profession and endeavor to exist by doubly deceiving both reader and advertiser.

It is not to be hoped that the reforms urged in this paper may be accomplished in a day, but if, in this imperfect manner, the conscience of the profession is aroused by directing attention to some of the evils that afflict American medicine through the shortsighted cupidity of many of its journals, the writer will feel amply rewarded for his effort.

CONGENITAL APHAKIA AND IRIDEREMIA.*

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Congenital aphakia is an exceeding rare anomaly, and is usually accompanied with other serious defects of the eye. The cases I report are of two brothers, aged 21 and 10, who visited my office Feb. 23, 1899. Advised to see me by Dr. Waterman, of Wilson, Kans., they were brought by an older brother who was perfectly emmetropic, with vision of 20/20 of each eye. This brother stated that there were seven children in the family, three of whom, one sister and these two brothers, had some trouble with their eyes; also that the mother had

*Read before the Midland Ophthalmological Society.

the same affection. An examination showed an involuntary oscillation of the globe—nystagmus of the lateral rotary form—also a gelatinous trembling or vibration of the iris—iridodonesis. The pupils were decentered toward the nasal and inferior quadrant, and would only slightly respond to the mydriatic. There was no history of consanguinity, but one of inheritance from the mother's side. The children having this trouble had brown irides, and those having perfect vision were blue-eyed, although the father had brown and the mother blue eyes. The iridodonesis nearly disappeared when the iris was under the influence of the mydriatic, but reappeared as soon as the pupil was allowed to contract. However, there was a slight trembling at the ciliary margin, seen during mydriasis. The fundus could not be distinctly seen by the direct method, nor did it show very distinctly by the indirect, and by this method the disc appeared convex. It was impossible to get any images by retinoscopy, or by the catoptric test: this I accounted for from the fact that there seemed to be no lens, excepting a small rim of one at the peripheral portion, which was opaque. These opacities seemed to be the residue or remnants of a once existing embryonic lens. They reminded one of a snowdrift nearly melted away. The eyes were all microphthalmic, especially in the lateral diameter. Each boy had one eye smaller, namely the left, and the other was not macrophthalmic. When the pupils were dilated the ciliary processes came distinctly into view. The younger boy had a shaking palsy—lateral—of the head. Each had binocular convergent strabismus and uiocular sursumvergence. The vision of the elder boy was 6/200 and that of the younger 5/200 of each eye.

Iridodonesis is usually accounted for by the loss of the crystalline lens, that is, the posterior support of the iris. In these cases I attributed the trembling of the iris not only to congenital aphakia, but probably to a weakness of the ciliary body and suspensory ligament. The irremediable dimness of vision I considered due to an arrest of development or defect of one or several of the ten layers of the retina. My colleague, Dr. Geo. E. Bellows, also examined the eyes with the ophthalmoscope and corroborated my diagnosis as to the aphakic and probable pathologic conditions of the eyes. For the strabismus I operated on the extrinsic ocular muscles, advancing without tenotomy, conserving all the power of adduction with no loss of abduction, bringing the axes into perfect parallelism, thus not only correcting the strabismus but lessening the iridodonesis to a considerable degree.

The most remarkable thing in these cases is that concave glasses gave improvement of vision showing a high degree of myopia, whereas hypermetropia was expected. I might add that both of these boys, aside from their eye trouble, were of good physical development and of bright intellect, the elder one already a graduate of a normal school and possessing a certificate for teaching.

Since writing this report, the sister of whom I spoke has consulted me with her brother Thomas, who has an iridodonesis with an eccentric pupil to the inferior and nasal quadrant (showing the patients). His eyes are not under the influence of a mydriatic and the iridodonesis is easily seen. He is aphakic, except that there is a remnant of the peripheral lens remaining, and he is also myopic. The iris trembles like a mass of jelly throughout its entire extent, and the trembling is more pronounced at the ciliary margin. In the sister Elva, aged 24, the right eye is disorganized; the cornea is not only

opaque, but has retrograded, having a yellowish exudate throughout all of the laminae; it is flattened antiposteriorly, is a shrunken, old phthisical eye and totally blind, with an increased ocular tension (T.+2). The left eye is also diseased, there being an interstitial vascular keratitis with an increased intraocular tension (T.+3), and only vision sufficient to discern an object when passed between the eye and a bright light. She is scarcely able to see or tell the direction from which the light comes in a dark room. The cornea, however, of her left eye, is not so opaque but that you will be able to illuminate the fundus and get a slight retinal reflex. There is some keratoconus, but there is no iris.

A few weeks ago I reported my first case of irideremia, the only one out of 25,000 patients seen within the last twenty years and now, following close on the heels of this first one, comes the second. It is with some hesitancy that I present my second case, it being such a rare affection and coming so soon after the first one. There is no iris present in this young woman's left eye, and the ciliary bodies here are to be seen. (The eyes were examined by the oblique illumination as well as by the direct and indirect methods, by several of the members present, all corroborating the diagnosis, especially agreeing that there was complete irideremia of the left eye.) May 19, I enucleated the right eye of Miss Elva and, on cutting it open, I found a fluidity of the vitreous humor, of a ceroplastic nature, the cornea hypertrophied and opaque, no iris, but a dense thick fibrous membrane stretching entirely across from the corneoscleral junction in front of the vitreous body. This membrane seemed to be in part an extension of the hyaloid membrane, besides being of a neoplastic nature. The crystalline lens was lodged between this membrane and the cornea, and was perfectly calcified, being as hard as a stone. From the fact that in the two brothers of this family there is aphakia, or absence of the crystalline lens, we need not be too much surprised in finding irideremia or absence of the iris in the sister. It is, however, most remarkable that two patients with this rare anomaly, irideremia, should have presented themselves so closely together.

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TREATMENT OF VARIOLA BY BICHLORID BATHS.

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During March, April and May last, Dr. R. L. Yeager and myself treated thirty-six cases of variola, of which one was hemorrhagic and thirteen confluent, without mortality, by means of these baths.

Our first case was seen in the papulo-vesicular stage, and we began the baths with the view of lessening the stage of pustulation, thereby securing a minimum of pitting, believing that pustulation was due to the ordinary pus cocci in the pores of the skin, and that in those vesicles that did suppurate the destructive process would be limited to the superficial layer. This case was a confluent one and we were pleased to note that not only was the disease lessened in pustulation and pitting, but that the patient was fairly comfortable, no opium being needed, and there was but little distortion of features at the beginning of the stage of pustulation and but a trace of the peculiar odor of the disease could be detected. That the baths were comforting is evidenced by the fact that the patient asked for them in case of delay. The method of giving the treatment was as