medico-military situation and the pitiable condition of our wounded or sun-stricken soldiers. He says:

The first division of our troops landed at Baiquiri and advanced swiftly to Siboney, which it occupied without resistance. On the 24th, the transport *Alleghany*, upon which I was, with other members of General Wheeler's staff, steamed down to Siboney, but it was only on the morning of the 25th that I was able to make a landing. This landing was accelerated by the news, brought by a newspaper man, of the fight which had taken place the day before in the jungle of Guacima. Fortunately we had kept on the upper deck, in an accessible place, three medical and surgical chests, quite a lot of additional articles, a small bale of blankets and a few litters. All these we quickly transferred to a row-boat and successfully landed, so that there was no suffering, at any time, among my patients due to any want of medical attendance, medicines or dressings. We also had an abundance of rations, which were cooked and served without counting.

A large store-room, much dilapidated but with plenty of doors and windows, seemed to be the best place for our provisional hospital; I already found a few patients there and hastened with one assistant surgeon, two acting stewards and four hospital corps men, to make the place as clean as possible. The wounded, some forty in number, were brought in during the whole day of the 25th, on all kinds of improvised litters, about five miles over a very muddy trail, in the heat of a tropical jungle, but all arrived safely. This transport by hand of the wounded by their devoted comrades struck me as hardly less heroic than the battle itself.

We laid the patients in two rows upon the hard wooden floor, with hardly room enough to pass between. We were almost entirely destitute of cots and blankets, the few litters we had brought from the ship being used as bunks for the worst cases. With and after the wounded, came in a steady stream of cases of heatstroke, remittent fever and dysentery. Soon the floor space in the main room was crowded, the patients lying side by side. Other adjoining rooms were utilized, light and ventilation being obtained by knocking down the partitions; but before long the whole building was overflowed and patients had to be placed upon a narrow rickety porch, more or less exposed to rain and sun. To make matters worse, cases of measles came and had to be provided for. This we did in a nearly contiguous rum-shop, exceedingly filthy but with one front room susceptible of some degree of cleansing. In this we crowded twenty-six patients, several sleeping on the large counter.

Our kitchen arrangements were a comparative success. We had an active and intelligent cook who knew how to hustle in an emergency. He got together the necessary utensils, and enough of substantial food was provided from the first. An unexpected and much prized discovery in the village, was a half dozen casks of excellent and wholesome Spanish wine, which was turned over to the hospital and probably saved several patients' lives.

However, our position was pitiful; the patients lying on the floor, mostly in their trousers and flannel shirts. With few exceptions they had thrown away blouse, blankets and ponchos. The blankets we had brought with us did not go far in this great need. The days were very hot but the nights unexpectedly cold and some thick covering was required for comfort. As already stated, we had nothing better to feed these men than the ordinary articles of the soldier's ration, with but few delicacies, which did not last more than a day; but notwithstanding this destitution, I do not recall that a single man brought into that building died there. In two or three days the hospital ship *Olivette* arrived and most of the wounded were carried upon her. On the 29th I transferred the few remaining patients to Dr. LaGarde and rejoined my division at the front.

From the beginning, Miss Clara Barton's ship, the *City of Texas*, lay in the Bay. Realizing the futility of expecting stores from the hold of our own ships, although anchored only a few yards from shore, I rowed to the *City of Texas* and called on Miss Barton the day after I took charge. She received me kindly, listened to my tale of suffering and promised to send some cots, blankets, and whatever food stores for the sick she could spare, the primary object of her charity, as she explained, being the Cuban rather than the American soldier. She was as good as her word. Only a few cots came, but the blankets were nearly sufficient to give one to all patients who were without any.

Next day, some of the members of her staff visited the hospital and, in my absence, asked my assistant what they could do for the comfort of the patients. This assistant took upon himself to decline their kind offer of services, not even notify-

ing me of the occurrence. Here I may remark that I was surprised the gentleman who accompanied the ladies should not have inquired for the officer in charge of the hospital and responsible for it. Probably I was stealing a nap in some corner and could easily have been found. Therefore, I was amazed when, later in the afternoon, an elderly lady and a younger one appeared, both meeting me in the middle of the main ward with marked frigidity of manner and addressing me with unmistakable acerbity of tone. Sweeping their arms along the rows of patients, they asked me how I could stand unmoved at such a pitiful sight and scorn assistance when I stood in need of everything. The younger lady was particularly persistent in discharging her injured feelings upon my innocent head, and it required considerable self-control not to betray myself into an expression of impatience. They told me all that they had accomplished at the Cuban hospital, half a mile away; how the floors had been scrubbed, fresh linen put on the beds and every patient made comfortable; that it was a shame they should not be allowed to do the same for the American soldiers. I succeeded, in time, in making them understand that a very unpleasant mistake had occurred, for which I was exceedingly sorry but blameless; that, on the contrary, I had, from the beginning, been hoping for their help and was ready and anxious to receive it at any time, the sooner the better. One of the Red Cross gentlemen joined us at this time and I offered him the same explanation and extended the same request. It was then agreed that the ladies would come the next day. They accordingly appeared in the forenoon and I showed them the uninviting field of their volunteer labor. The inquiry was naturally made, where they could find a room for themselves. I told them that there was absolutely none in the two buildings occupied by the patients, the medical officers taking chances at any unoccupied part of the porch. I took them about four hundred yards to a barn which had a habitable room, or rather a room which could have been made as habitable as could be looked for at that time and place. They consulted among themselves, gave me some evasive answer and went to the Cuban hospital, where they remained. Never afterward did they return to my hospital or offer personal services. In other words, to speak plain truth, an earnest appeal was made to them and they did not respond. Their reasons may have been good and I never questioned them, but I have wondered why in their accounts of those painful days, I am blamed for refusing the services of those ladies when, in fact, they refused to give the services that were asked.

This incident did not, however, alter my high appreciation of the Red Cross. Even at Siboney, if I missed the deft fingers of sympathetic nurses, I received substantial help in other ways. Later, at the field hospital, on the Santiago road, after the dreadful days of July 1 and 2, when I saw Miss Barton, with another lady, arrive on an army wagon over one of the worst roads in the world, and, without any rest, go to work and prepare soup over a camp fire, I realized that a society inspired by such a leader could not help being fruitful of good results. Therefore I obeyed a very natural impulse when, at Santiago, the day before her departure, I called on Miss Barton and, in the name of the Medical Department, expressed to her my grateful acknowledgments for all her society had done for us in our times of need.

CORRESPONDENCE.

For a National Bureau of Health.

DETROIT, October 14, 1898.

To the Editor:—It is now the time of the year that the medical men of the United States should be sounding the candidates for the office of United States Representative as to the position they are going to take upon the question of establishing the National Bureau of Health.

The Wayne County Medical Society of Michigan, the largest medical society in the State, excepting the State Society, passed resolutions last evening, appointing a committee to look after this matter, and also to inquire into the position that the State Representatives will take on this matter when the selection of United States Senators goes before them. Individually, several members of our Society have also taken pains to see various prospective candidates so as to place this matter before them in such a light that they may act intelligently upon the question when presented to them; and if a

candidate refuses to co-operate with us, then it is proposed to "snow him under" at the polls.

I am satisfied that had this National Bureau been formed a year ago much of the terrible deprivations and sufferings that overtook our boys in the field would have been largely reduced; for had President McKinley had at his elbow a man in touch with all the leading health organizations of the States, as he would have, had this Bureau been formed as the Committee of the AMERICAN MEDICAL ASSOCIATION had it mapped out, a better selection for Army camps would also have been made.

While I do not wish to criticize at all the work of Surgeon-General Sternberg—for I consider it magnificent—yet, at the same time, I feel that had he had the aid of some one at headquarters, in the President's Cabinet, who was a careful, conscientious medical man, that the medical record of the army would not have been surpassed in the history of active military campaigns.

With this view, I ask your readers everywhere to put into operation the necessary measures for explaining these matters to the Congressional candidates, and for those of the State Legislature, so that in the coming year our representatives can work more in harmony upon this all-important medical question—the establishment of a National Health Bureau.

Some of the present United States Senators and Representatives are warmly in favor of the bill advanced by the Committee of the AMERICAN MEDICAL ASSOCIATION, introduced by Senator Spooner, and we are satisfied that many of the other members of both the House and Senate would be as warmly committed to its provisions if they only knew its far-reaching beneficial results.

Yours truly,

C. HENRI LEONARD, M.D.

Another Cataractous Family.

WHEELING, W. VA., Oct. 15, 1898.

To the Editor:—About two years ago, in the *New York Medical Journal*, I reported "A Cataractous Family," in which the mother, three daughters, and possibly two sons, have had cataracts at about the age of 40.

I operated today on a mature cataract in the right eye of a man named Reason Goddard, farmer, aged 67. It had first begun to dim his sight sixteen years ago. One in the left eye is about half formed.

His father had cataracts in both eyes, well-matured, when he died at the age of 68.

An older sister of the patient was blind from cataract and was operated on at about the age of 50.

Another sister, aged about 60, has a mature cataract in the right eye.

Two male cousins, sons of his father's brother, had cataracts in both eyes when about 60 years of age.

JOHN L. DICKEY, A.M., M.D.

SOCIETY NEWS.

Postponed.—The Southern Surgical and Gynecological Association has postponed its Memphis (Tenn.) meeting until Dec. 13, 14 and 15, 1898, on account of the prevalence of yellow fever.

American Microscopical Society.—This society at its recent annual session, elected the following officers for the ensuing year: President, Dr. William C. Krauss, Buffalo; first vice-president, Prof. A. M. Bleile, Columbus, O.; second vice-president, Dr. G. C. Huber, Ann Arbor, Mich.; secretary, Prof. Henry D. Ward, Lincoln, Neb.; treasurer, Magnus Pflaum, Pittsburg; executive committee, Prof. S. H. Gage, Ithaca, Dr. A. Clifford Mercer, Syracuse, and Dr. V. A. Moore, Ithaca.

American Electro-Therapeutic Association.—This association, at

its eighth annual meeting in Buffalo, N. Y., held September 13, 14 and 15, elected for president, Francis B. Bishop, Washington, D. C.; vice-presidents, Ernest Wende, Buffalo, N. Y.; William P. White, Boston, Mass.; secretary, John Guerin, Auburn, N. Y.; treasurer, Richard J. Nunn, Savannah, Ga.

Wayne County Medical Society.—At the regular meeting, held October 13, in Detroit, Dr. K. Gunsolus read a paper on "Cranial Abscess." He said that, in the early '70s, when he first began to practice medicine, he passed through an epidemic of cerebrospinal meningitis, in Monroe County, Mich. The epidemic began in the spring of the year and continued with more or less severity for about a year. Great numbers had been attacked and the mortality was high, many of the deaths being due, no doubt, to the formation of pus in the cranial cavity. No attempt at relief by surgical interference had been done, for brain surgery was then in its infancy. While there is an increasing field for the general surgeon in this branch of science, there is more work and more attainments to be accomplished by the ear specialist in this direction than any other, for it is conceded, and statistics show, that more than one-half of the cases of cranial abscess arise from a suppurative process in the middle ear. As to the other causes of cerebral abscess, we have first, traumatism, more frequent than severe, though it may follow a slight injury and a long while after the injury has been received. In these cases the abscess is always found at the seat of injury. Another cause of cerebral abscess is caries or suppurative processes in the orbital cavity, the antrum of Highmore, or the nasal cavity. Boettcher reported a case where a cerebral abscess was secondary to an abscess of the lungs. Lastly, there are the so-called idiopathic cases, which some so stoutly deny having any existence. The doctor then entered into the symptoms, including the localizing symptoms by which it is possible to tell more or less accurately the location of the abscess, enumerated the diseases from which cranial abscess should be differentiated, and gave the treatment, which is the evacuation of the pus with good drainage, as in abscesses elsewhere. Drugs of any description amount to nothing.

NECROLOGY.

H. A. GILMAN, M.D., for many years superintendent of the Hospital for the Insane at Mount Pleasant, Iowa, died October 9. Dr. Gilman was a man of rare executive ability, and came to Iowa from the institution of like nature at Jacksonville, Ill., where he had been assistant physician fifteen years. The hospital at Mount Pleasant stands as a monument to his general capabilities as a manager. He was graduated from Dartmouth Medical College in 1867. He was 53 years old.

NATHAN SMITH LINCOLN, M.D., University of Maryland, 1852, a well-known physician of Washington, D. C., died there October 3, aged 70 years. He was an emeritus professor of surgery to the Columbian University at the time of his death and was also a member of many medical societies, and of late years in high esteem as a consultant. He will be recalled by most of the profession as an attendant of President Garfield during the last months of his life.

FRANCIS LIEBER, M.D., an acting assistant-surgeon U. S. A., Judge Advocate-General Lieber's oldest son, died of typhoid fever at Fernandina, Fla., October 10.

HENRY CLAY BAKER, M.D., Malvern, Ark., October 9.—C. M. Holmes, M.D., first assistant physician at the Northampton Hospital for the Insane, Northampton, Mass., October 7, aged 49 years.—Charles L. Fox, M.D., Lowell, Mass., aged 28 years.—Calvin Morgan, M.D., Dugansville, Ky., October 3.—William Pratt Read, M.D., Philadelphia, October 8, aged 51 years.—John G. Stuart, M.D., Fortville, Ind., October 7, aged 73 years.