sions, were each successively used, without ever reducing the temperature for more than 1° or 1.5° for longer than one to two hours. Every morning I would drive out expecting to find my patient dead, only to hear that he had passed a very bad night. Often I watched by his bedside all night not expecting him to live until morning.

I saw Dr. Barnett's paper after this patient had been under my care about three weeks, and procured some am. salicylate, which I began to administer in 15-grain doses every six hours, but not being satisfied with its action, the mode of administration was changed to 8 grains every two hours. Within eight hours the temperature began to fall, and although there was a temporary rise every evening, it reached normal at the end of the sixth day. He made a slow and tedious recovery, and it was fully eight months before he returned to work. During the course of the disease such remedies were administered at different times as the symptoms called for. I found the various formulæ of my honored teacher, Dr. N. S. Davis, as given in his lectures, most excellent to combat the delirium; later on the involuntary discharges from the rectum and bladder and the dried and furred state of the tongue.

As your correspondent referred to at the beginning of this article, I also ask the question: What is the nature of this affection? He gives as a possible solution a contaminated water-supply, the streets having been torn up, and the water being below its usual level in the river; but here none of these causes can be found, for the fever occurred alike in city and country, visiting the settler in his log cabin in the midst of the pine forest, the farmer in the well cleared country, and the city dweller in the centre as well as in the outskirts of the city. The supply of drinking-water was derived at different places from the clear springs, running brooks, wells and the city hydrants, while there seemed to be no special influence at work, either as to the duration or severity of the disease. The rate of mortality at one time was quite large, rather more than the average percentage.

D. SAUERHERING, M.D.

Wausau, Wis., Feb. 14, 1888.

UNETHICAL USE OF PHYSICIANS' NAMES.

Dear Sir:—I have a little grievance to bring to your attention, and to that of the profession at large.

In October last, there came to Charleston, Messrs. Bernhardt and Matthez, "scientific opticians" from Chicago. Immediately upon their arrival here they visited all of the prominent physicians, explained that they were opticians—not oculists, nor did they interfere in any way with the oculist—and asked these physicians to give them their names in recommendation of their (the opticians') work, in order that they might publish them. Strange as it may seem, many of our most prominent physicians readily signed their names without knowing anything more of them than that they had good names of other men.

Before they could publish these names I succeeded in having a special meeting of the County Medical Society called, and stated my case. I said: "I am

a specialist in diseases of the eye and ear, a member of the American Medical Association and of your Society; I observe the rules and abide by the Code of Ethics; yet you have given your names in recommendation to men entirely unknown to you, who are not physicians, who say they do not interfere in any way with the oculist, but whose actions and further admissions belie this, for they test the eyes and prescribe glasses for all who may come. The prescribing of glasses is known by many well-informed physicians to be a large factor in the practice of the oculist and one that requires the most careful attention; and yet these men are bold enough to say they do not interfere with the practice of the oculist. I consider that you have done me an injustice, and that when your names appear in the daily press recommending these men that my practice will be materially damaged, and my patients inclined to lose confidence in my ability."

Upon this statement the members of the Society present unanimously consented to withdraw their names, and so they were not used. Furthermore, these men do not hesitate to state publicly that Knapp, Agnew and Chisolm, not to speak of the lesser lights, know but little about prescribing glasses, and they tell persons who may have been treated by any of the above mentioned, that their eyes have been murdered, etc. Their charges for glasses are most exorbitant, ranging as high as \$50 and perhaps more. One poor woman who consulted them afterwards came to me. Upon examination it was found that she had cataract in both eyes, and their combined vision was $\frac{2}{60}$. Of course a glass would be practically useless. They advised glasses that would make her see and would cost *fifty dollars*, but if she wished her eyes *put out* to have them *operated* upon.

Now, my cause of complaint is as follows: Of course I cannot prevent their selling glasses, nor can I regulate their charges; but I do think it unkind and not strictly according to the Code of Ethics for physicians standing high in the profession, members of the American Medical Association, and Professors in regular colleges, to give their names for publication, thereby misleading the public and injuring the practice of professional brothers who are trying conscientiously to stem the rapid current. I enclose one of their advertisements which appears several times a week in each of the daily papers. The names therein are sufficient to bring these people practice. Very truly yours,

CHARLES W. KOLLOCK, M.D.

Charleston, S. C., Feb. 16, 1888.

CONGENITAL PHIMOSIS.

Dear Sir:—I find in THE JOURNAL of November 19, 1887, an article on "Congenital Phimosis," read before the Section on Diseases of Children at the thirty-eighth annual meeting of the Association, by Professor Wm. S. Stewart, of Philadelphia, in which he clearly sets forth the reflex manifestations resulting from this abnormal condition, as every careful surgeon of experience has met them, and as have as often been overlooked by the careless diagnostician,