Iceland. Was this joke or abuse? Dr. Dyer's article first conjured up that doubt in my mind. Ought not he to know? Is not he a judge? Who among his numerous readers will ever forget his delicate appreciation of Dr. Virchow's attic joke, when this venerable sage expresses his regret not to have been informed at an earlier period that free beer was to be had for the asking at the lunch counter!

There is, however, in these lunges of Dr. Dyer, made with what I take the liberty of calling a vicious but also ridiculous carelessness, one which claims a little more attention. It remains for me to explain to Dr. Dyer's readers, should they come across these lines, what must, if they take Dr. Dyer *au sérieux*, rather startle them. How could Dr. Ashmead, in New York, aspire to be the ring-master (whatever that may be) and manager as well as the director of the Berlin Leprosy Conference? And yet, this is easy to answer. Dr. Dyer means that Dr. Ashmead in every article he wrote for a long time insisted upon one point, from which he never swerved for one moment, that the Conference, or Congress as it was originally called, could only do one thing that was useful: obtain the enforcement everywhere of absolute isolation and the enactment of laws preventing the contamination of one country by another; that every thing else was vanity; that what would be said and read in the Conference and printed by the authority of the Conference, could be said, heard and printed everywhere without conference; that the time for talk should be freely admitted to be past, and that the mind of those who attended the first Leprosy Congress should rise to one great conception, easy to understand and easy to carry out and infinitely salutary to mankind. This is what Dr. Ashmead repeated indefatigably and, no doubt, he irritated some people.

There was once at Rome a senator who believed that the safety of his country depended on the destruction of a certain town in Africa. This man allowed no influential person to remain in ignorance of his views, and proclaimed them in and out of season after every one of his speeches in the senate: *Carthago delenda est*. Yet no one ever suggested that he intended to become the ring-master, manager and director of the republic. Dr. Dyer, happily, did not want to destroy Carthage, and could enjoy himself without getting at loggerheads with everybody.

"I was waked by the band Sunday morning and saw a host of soldiers going to the palace for new flags, and they marched merrily and looked well and they were men. Long live Berlin! Long live the Emperor! Long live the Leprosy Conference and its work!"

Suppose now I should indulge in some banter like that of which I rendered myself guilty against the renowned *privat docent* of Copenhagen, this dithyrambic gush, this touching imperialism (which might draw tears from a stone), and even the innocent enjoyment of the medal (reproduced in Dr. Dyer's paper) which informed those whom he met in Berlin that the bearer was a member of the Conference and that his name was Dyer, would suffice for a little string of light pleasantry. But it might be abuse. Perhaps even quoting Dr. Dyer might be construed into abuse of him. ALBERT S. ASHMEAD, M.D.

Appendicitis.

DETROIT, MICH., Jan. 11, 1898.

To the Editor:—In the January 8 issue of the JOURNAL I found an article on appendicitis, by an old practitioner, opposing operation and advising conservative treatment.

The article refutes itself, as the report of eight cases with five recoveries and three deaths, or a mortality of 37.5 per cent., is so terrible that if surgeons would report any such mortality, a hue and a cry would be raised which could be heard across the continent. I simply want to call attention to it for fear that the article might have been overlooked. It is the same

old story. By conservative treatment a good many cases will recover, and about 15 per cent will die. This man's statistics are far worse.

There may be surgeons who are ambitious and inexperienced and who consequently operate when a patient is convalescing and there is no need of it, but every experienced abdominal surgeon will refrain from operating when the patient is recovering, but will postpone it and urge an operation in the interval. However, all experienced surgeons urge *immediate* operation upon every case, claiming that if all cases are operated upon the mortality will not be more than 2 to 5 per cent. Although in that case a certain number will be operated upon who would never have another attack, still they can not be distinguished beforehand, and we claim best results by prompt operation in every case as soon as diagnosed. Of those five cases which recovered in the article spoken of, four will have recurrent attacks; some will die with the second, some will die with the third, or the fifth, or the tenth, but all will die from appendicitis, not to mention the long continued illness and the suffering they undergo in the meantime. So that out of eight cases there will finally be one who will live and have no recurrences, and all the rest will be dead. While if the eight cases had been promptly operated upon the first day, seven at least would have recovered and not been in danger of any subsequent attacks, and one might have died.

With this and the other side of the question, any reasonable and conscientious member of the AMERICAN MEDICAL ASSOCIATION can easily decide which is the correct method of treatment.

Yours truly, J. H. CARSTENS, M.D.

X-Ray Blindness.

NASHVILLE, TENN., Jan. 10, 1898.

To the Editor:—Though possibly it may already have been mentioned, I am not conversant with any report on what may be called X-ray blindness. During the Centennial Exposition here this summer there were several X-ray machines in operation. One of these was attended by a gentleman of my acquaintance, of more than average intelligence and observation, and also possessed of a fair amount of electric knowledge. He tells me that out of about 3,500 persons who looked into the tungstate of calcium screen, at his hand or other object, four were unable to see anything. They were not only unable to see the bones of the hand or other objects more or less opaque to those rays, but they could not even distinguish the fluorescent light; the interior of the box was just as dark to them as before the light of the tube was turned on. These individuals he allowed to make a number of trials, even bringing them back at night, so as to avoid the disturbance of daylight, but without avail; the screen remained persistently black. My acquaintance learned, also, that the general agent who installed the machines, possessed the same peculiarity. This gentleman said that though he had tried many times he had never been able to see anything in the screen. This condition, it seems to me, is one that would not be unexpected. The eyes of some individuals read, abnormally, certain colors, and that there should be some eyes unable to grasp the X-ray is no more remarkable than the phenomena of color-blindness.

ERNEST B. SANGREE, M.D.

Another Interesting Case: An Impacted Quid.

CHICAGO, ILL., Jan. 15, 1898.

To the Editor:—The case reported by Dr. Tufts of Sioux Falls, in which death was caused by the sudden plugging of the bronchi with a quid of chewing tobacco, recalls a less tragic case in my own experience.

A number of years ago I had a paper-hanger at work for me, who was using as a stage to reach the ceiling he was decorating, the top of a ten foot partition. Busy at his work with his head

thrown back as he looked directly above, he failed to notice that the board on which he was sitting was insecurely placed.

I had been watching the man, but had gone perhaps seventy-five feet away, when I heard a mighty crash, but no outcry. Calling out and receiving no reply, I hastened to the spot to find my man perfectly livid and completely unconscious. My first thought was that he had been killed, so free was he from all motion; no gasping and struggling, just an inert mass of flesh and blood.

The thought ran through my brain as I pulled his vest open to reach his heart, which, just as in Dr. Tuft's case, was beating, was that the distance the man had fallen had not been sufficient to produce such seemingly disastrous results. What was the trouble?

The man's mouth was open, and from it trickled a little tobacco stained saliva, hint enough to warrant my cramming my fingers down his throat and fishing out a great wad of moist fine cut that was simply packed in the back of the mouth, covering the trachea and extending down into it.

Hastily turning the man upon his face and giving him a few hearty thumps on the back, I had the satisfaction of seeing my patient within fifteen minutes cough himself back into lusty but somewhat profane existence.

The moral of my tale and that of Dr. Tufts is that the emergency physician should look out sharply for impacted quids.

JOHN E. BEEBE, M.D.

Bureau of Public Health.

{ UNITED STATES SENATE,
{ WASHINGTON, D. C., Dec. 23, 1897.

To the Editor:—Your favor of the 16th inst. has been received and read with interest. I note what you say with reference to the united effort on the part of the medical profession of our State, supported by the medical men throughout the country, in favor of the establishment of an independent bureau with a commissioner to be appointed by the President at its head.

There is no class of professional men in this or any other country more entitled to the highest consideration than that of the medical profession. Upon that profession the people always rely in times of physical distress in their everyday life, or in times when contagious diseases seize and threaten the lives of the people of a locality and the communities surrounding it, among whom the malady is likely to be spread.

I therefore should be very glad to be of service in any reasonable direction looking to the support and encouragement of the medical profession and also to the interest of the whole people. I think we have within a year or two had evidence that those in authority have failed in the performance of their whole duty in protecting the lives of the people against the ravages of yellow fever in certain portions of our country.

Wishing success in the conduct of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, I am, sincerely yours,
S. M. CULLOM.

National Legislation on Sanitation.

MILWAUKEE, Dec. 29, 1897.

To the Editor of the New York Medical Journal:—In an editorial in the last issue of your valuable *Journal* there appears the following statement: "The American Public Health Association bill seems to us a retrograde measure. It would involve a departure from all existing methods of departmental work. It would create, to stand between the executive of the department and the management of an epidemic, a deliberative body of forty-five men whose opinions would have to be had before action could be taken."

Permit me to state that this is not the meaning or intent of the measure at all. It is intended that rules and regulations can be made by the department concerning which every State

and Territory can have a voice, the only satisfactory way such rules and regulations can be adopted, and that such rules shall be standing provisions under which the head of the department can act at any moment when occasion occurs and without any delay whatever. No other bill thus far presented does more than provide for quarantine regulations, and such regulations are to be under the entire control of the Marine-Hospital Service. States are to have no voice in the matter, but must submit to the federal government. There are no provisions in any measure presented, except the bill presented by the AMERICAN MEDICAL ASSOCIATION and approved by the American Public Health Association at its last meeting, that provides in any way for internal sanitation, vital statistics, etc., so much needed, and which are far more important than the maritime quarantine provisions, which are but a small part of the needed sanitary legislation in this country. To say that the bill is retrograde seems to the writer to result from a very imperfect understanding of the measure. It is true that the bill as printed contains a number of errors and is more or less ambiguous in its language. A new draft of the bill is being made, and when it is introduced into Congress it will present a clearer meaning and we trust will be less objectionable.

U. O. B. WINGATE, M.D.

Medical Courtesy.

SHELBYVILLE, IND., Jan. 11, 1898.

To the Editor:—I can not agree with you in your answer to R. A. H. on "Medical Courtesy," in the JOURNAL of January 8. My understanding is, and has been for more than forty years, that on this point of medical etiquette the rule is the reverse of that in social life, and for very obvious reasons. When a physician locates in a town, it is his duty to call on members of the regular profession at the earliest convenient time, if he is a regular physician himself. By this action he manifests his intention to continue in the regular profession and wishes to associate with its members.

He may, as is sometimes the case, be changing his location for the purpose of engaging in quackery, and to avoid any embarrassments, he should be left free to indicate his future intentions, which he can do in an emphatic manner by calling only on those of the regular profession.

Very respectfully, W. G. MCFADDEN, M.D.

BOSTON, Jan. 10, 1898.

To the Editor:—In the JOURNAL of January 8, page 104, "Medical Courtesy," I would suggest adding to the answer, but the newcomer should first leave or send his card as an introduction or announcement of his coming.

Respectfully, J. S. W.

Ans.—Amendment is accepted.

PUBLIC HEALTH.

Influenza at Angers.—The French exchanges mention that the hospitals at Angers are full and patients turned away, from an epidemic of influenza.

Hospital Contagion of Typhoid Fever.—A number of instances were related at the meeting of the Paris Soc. Méd. des Hôpitaux in which patients and nurses in the hospitals acquired typhoid fever, presumably from other patients. Stricter precautionary measures were urged upon the attendants and the use of special vessels, etc., for typhoid patients.—*Semaine Méd.*, December 22.

Health in Chicago.—The report for December, 1897, gives the total deaths during the month as 1,790, or 1.10 per 1,000 inhabitants, the rate for December, 1896, being 1.12 per 1,000. Of these 1,790 deaths 361 were persons under 1 year old and 204 from 1 to 5 years. The causes were: Diseases of the nervous