kraals to die. The Transvaal Medical Society has recommended as a method of prophylaxis that dry mining should, as far as possible, be converted into wet mining, and the commissioners have suggested that jets and sprays of water would, in combination with good ventilation, prove an efficient preventive against dust.

PARIS LETTER.

Quack Advertisements in France.

Physicians in France have had cause to complain of competition by quacks who advertise in or prescribe by means of the daily press. At a recent meeting of the Society of Legal Medicine Dr. Rocher reminded his colleagues that a hundred years ago Dubois, the prefect of police, had sent to the newspapers a circular which provided that all medical matter in newspapers be subjected to the control of the police. A century later Herbaux, procurator of the republic, has ordered an inquiry to be made as to the lawfulness of certain advertisements which are being published in the daily papers. During the last few months the "Electro Vigor of Dr. McLaughlin," an advertisement of electric belts, has been published on the last page of one of the best-known daily papers. The syndicate of physicians of the Seine took up the matter and wrote to the newspapers who publish these advertisements, and the answers obtained were in one case that the doctor was ill and absent for an undetermined period, and in another that there was no doctor. It is quite possible that under such conditions the newspapers may be prosecuted. The law in France on illegal practice of medicine is quite strict, a fine of \$20 to \$100 being imposed for the first, and imprisonment for a second offence.

New Smallpox Hospital at Aubervilliers.

The municipal council of Paris has approved the plans for re-constructing the smallpox hospital of Aubervilliers. About 2,000,000 of the 45,000,000 francs reserved for transforming the Paris hospitals will be used for this purpose. About a million francs will also be spent on transforming the St. Louis Hospital, more than half a million francs being used to build new quarters for the nurses. The condition of the latter is steadily improving, though the wages they receive are quite insufficient, varying from \$6 to \$18 a month, the head nurses of a ward receiving at the most from \$16 to \$18.

Galvanism in Muco-Membranous Enteritis.

In a recent number of the *Presse Médicale*, No. 27, Dr. Zimmern described the excellent results he had obtained in muco-membranous enteritis by the use of the galvanic current applied externally to the abdomen. The treatment consists in applying the two electrodes in the right and left iliac fossæ, and using a current which starting from 0 is slowly and gradually brought up from 60 to 150 milliamperes, then as slowly reduced to 0. The direction of the current is then reversed. Each treatment lasts about 20 minutes, and is repeated three or four times a week. No special attention is paid to the diet, though highly spiced food is of course forbidden. All enemata or cathartics are strictly prohibited with the following exceptions. If there is much constipation, two spoonfuls of castor oil are given every five days, or a large lavage of the intestine if the castor oil does not produce the desired effect. Every day a very small enema of cold water (100 grams) is given so as to start the intestinal reflex of defecation, which is more or less dulled by the lack of sensibility of the mucous membrane. According to Zimmern the results obtained are not so much due to an action on the muscular coating of the intestine as to action on the general circulation of the intestine. Out of 30 patients treated in this manner only 2 were refractory to the treatment, and 20 were absolutely cured, the remaining 8 being only ameliorated. Dr. Delhenn, another specialist in this line, described the results obtained by the galvano-faradic treatment in 53 patients, 46 cases were very much ameliorated by the treatment, and 36 remained cured after a year.

Treatment of Epistaxis Due to Hypertension.

In the *Presse Médicale*, No. 28, Dr. Martinet draws the attention of the medical public to the frequency of epistaxis in old men suffering from hypertension. It comes on generally during the winter, after some such cause as a heavy meal, a prolonged effort, or a walk against the wind. All the signs of hypertension are generally observed, such as hard, vibrating pulse, exaggeration of the second sound at the base of the heart, congestion of the face, and headache. Spitting of blood may also take place, due to a slight hemorrhage from the lungs. Dr. Martinet recommends as treatment, rest, hot mustard footbaths, and cold compresses on the head. The diet should be light, and

the epistaxis should be stopped only if it is rather too abundant. The nostril can then be tamponed with some gauze packing dipped in a solution of antipyrin or hydrogen dioxide. When the pulse is below its usual tension, small quantities of digitalis and ergot may be administered, and it should be borne in mind not to employ strong vaso-constrictive drugs, such as adrenalin, which do much more harm than good, nor should even digitalis and ergot be given in strong doses.

Correspondence.

The Scope of State Sanatoria.

BOSTON, MASS.

To the Editor:—The editorials of THE JOURNAL, as now conducted, always merit the thoughtful attention of the profession at large. In your edition of May 21, however, one appears, the sentiments of which are so at variance with the ideas of those who have had much experience with sanatorium treatment of phthisis that I feel impelled to send my protest, lest silence from those most interested be interpreted as consent to the views given.

Just so far as the article advocates the establishment of hospitals for the advanced and hopeless cases within easy access of our great cities and towns, I am heartily in accord with it. At every opportunity, whether public or private, I have urged the pressing necessity of such establishments. I have even gone so far as to oppose the further enlargement at present of the large institution at Rutland, which is not intended for the far-advanced cases, believing that as the sanatorium is adequate for the present for the number of hopeful cases applying for admission, our energies in Massachusetts should be directed now toward caring elsewhere for the great number of hopelessly ill patients.

When, however, by the purport of the article I see a distinct spirit of opposition to the present rapidly growing sentiment in favor of sanatoria, and in particular for the one proposed in Ohio, for the incipient and hopeful cases, I must raise my voice in most emphatic protest. I must challenge, moreover, many of the statements made in support of these sentiments as being in my opinion quite wrong. With the experience of thirteen years at the Sharon Sanatorium, a small private institution for poor women only eighteen miles from Boston, and with the still larger experience during the past six years as attending physician to the State Sanatorium at Rutland, I can not express too strongly my conviction that the trustees, in their decision at the outset to make the sanatorium a place where poor people could have the opportunity to get well, or at least to so far ameliorate their condition as to become wage-earners again, took a grand step forward in the battle against tuberculosis. Had this decision, which was largely due to the wise foresight and determination of Dr. Alfred Worcester of Waltham, Mass., who was formerly one of the board of trustees, not been made, it would have been impossible to accomplish the favorable results at Rutland, which have attracted the attention of the medical profession with the consequent great impetus which has been given to the sanatorium treatment of phthisis by the state in localities long thought to be unfavorable for the cure of the disease. This is said without the least desire to arrogate special praise to those at present in charge. They have merely followed out methods and principles laid out long ago by others, but toward which for various reasons there has been shown until recent years the most extraordinary apathy by the profession and the community generally.

The statement in the editorial that a state sanatorium limited to the care of hopeful cases while excluding those which are far-advanced "will do nothing whatever toward stamping out the contagion from the community," I regard as utterly misleading and unjustifiable. Far greater than the beneficial effect on individual cases is the almost limitless influence which such institutions have as schools for teaching the simple but essential laws of hygiene. Each patient acts as a missionary among his friends and family when after receiving convincing proof of what can be done for the prevention as well as the

cure of disease he goes out again to teach others from his own experience, and from what has been taught him during his stay. Of the truth of this we get almost daily and convincing proofs. We can preach hygiene in our medical schools and journals and elsewhere endlessly, but without one thousandth part of the effect that is produced in the community by showing as tangible proofs the patients who have been under sanatorium treatment.

Again in the editorial it speaks of the advanced cases as being greater sources of infection than the ambulant and possibly incipient cases, a statement to which I take strong exception. Dr. Knopf, in a recent paper, and others, speak of the even greater danger to the community from the ambulant cases from the fact that in their free communication with others everywhere they are liable to spread disease even more than those confined to their beds. To base an argument then on such grounds would seem to be absolutely unjustifiable.

We come now to the statement that "there is no positive proof that the sanatorium treatment of incipient tuberculosis is measurably more effective than the open-air treatment at home when this is *scientifically and thoroughly applied*." (The italics are mine.) In reply to this I can only say that from my own experience I find the exact opposite to be true. While acknowledging the admirable work accomplished by some physicians, notably Dr. Charles Millet of Brockton, Mass., in teaching some of his poor patients in their country homes to use the fresh-air treatment, I can only say that I have found it impossible as a rule to make patients adopt the measures which are absolutely necessary for "scientific and thorough treatment," until they have had instruction in a sanatorium. Ignorance and lack of persistence constantly stand in the way of success in the vast majority of cases, whereas the semi-military discipline of a properly regulated sanatorium where a patient is told what to do and what not to do at a critical time, is something which can not be accomplished at home at all in the same degree. What shall be said, moreover, of attempts to cure at home the hundreds and thousands of patients who live in the vitiated atmosphere of cities? While much can doubtless be done to help in this direction, no one acquainted with the true facts would be so deluded as to make favorable comparisons of results in such cases with those who have had the advantages of sanatorium treatment in properly selected places.

The general physician, it is true, can "do wonders for his tuberculous patients," but I regret to say it is constantly brought to my notice that there is a lamentable ignorance shown by many practitioners as to what constitutes an "incipient" case, and also an equally deplorable lack of knowledge as to what "fresh-air treatment" really means.

It is no uncommon occurrence now for applicants with definite symptoms of incipient disease to appear at Rutland at the suggestion of former patients rather than that of the attending physicians, who have either failed to make a correct diagnosis, or, for reasons best known to themselves, have failed to advise without delay what former patients know through experience to be the best and most speedy method of regaining their lost health.

Believing as I do in the sincerity and honesty of purpose of the editorial, I greatly deplore its attitude; for should it prevail through what I believe to be an incorrect knowledge of the subject it would do infinite harm, not only to the endeavor to establish a suitable state sanatorium in Ohio, of which special mention is made, but in general to the cause for which we all are striving.

I believe that you will accept this frank criticism in the friendly spirit in which I send it and that you will give it space in THE JOURNAL.

VINCENT Y. BOWDITCH.

The Medical Gold Brick of Chicago.

CHICAGO, July 2, 1904.

To the Editor:—A worthy gentleman of philanthropic proclivities, a promoter who is alive to the interests of humanity—which is "I," writ large—has discovered that Chicago is suffering from a lack of hospital accommodations. Incidentally

he has discovered that there are a few persons who have escaped the net of the hospital grafter and are still foolish enough to employ physicians and to pay them for their services. Bent on remedying this deplorable state of affairs, he is now in Chicago for the purpose of organizing a "co-operative hospital," run on the principle of that much-to-be-anathematized institution, the London Medical Club. The members of the proposed co-operative hospital are to pay a yearly "membership" fee, and the medical staff is to be "paid for its services." The principal alleged *raison d'être* for the new scheme is the need of providing accommodations for those "too poor to pay a physician, but who can pay something for hospital accommodations." This tearful plaint of the promoter, conjoined with the staff "salary" argument, has already enlisted the sympathies of a number of prominent medical men, who, not content with the grafting that they have, are eager to fly to grafting that hitherto they knew not of.

It is to be hoped that the profession will antagonize this new scheme for imparting a veneer of respectability to dead-beat-ism. Should such an institution be started, the duty of the medical profession will be to oppose its operation in every possible legitimate way. More than this, the stamp of disapproval should be put on every physician who connects himself with the scheme in any way whatsoever. When consultation and operation fees cease to travel toward such men, they may learn that the selfishness of the individual can not be permitted to obscure that spirit of professional altruism which should imbue the system of every man who poses as a leader in medicine and surgery. The profession is traveling toward pauperism pretty rapidly as it is; the new scheme would be but the beginning of the end. The day is not far distant—unless conditions change and the profession awakens to the danger that confronts it—when the 25-cent fee of the London Medical Club will be too close for comfort. In thus antagonizing the proposed medical gold brick scheme, I am simply following the line of procedure which I mapped out to the promoter, who laid his plans before me and invited me to join the enterprise on a profitable basis. He asked me what attitude the Chicago Medical Society would likely assume. I replied: "I do not know; but in so far as my influence will count, it will be war to the knife." In closing, I wish to remark that the co-operative hospital scheme apparently contemplates a chain of the new graft including every large city in this country.

G. FRANK LYDSTON.

A Fourth Cataractous Family.

WHEELING, W. VA., June 22, 1904.

To the Editor:—In THE JOURNAL, March 4, 1899, I reported "A Third Cataractous Family." I wish now to record what would seem to be another instance of hereditary tendency to cataract. On May 31, 1904, assisted by Dr. Bessie Hewetson, St. Clairsville, Ohio, who afterward sent me these notes, I removed a mature cataract from the eye of R. H. A., aged 74 years. His sister, now in her 82d year, has been blind in one eye from cataract for several years. His father died at 77, and had been blind from cataract for several years. One eye was operated on one year before his death. A sister of his father was also blind from cataract for several years before her death. She lived to be about the same age.

JOHN L. DICKY, A.M., M.D.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

PREPARATION OF VOLUMETRIC SOLUTIONS.

BUFFALO, N. Y., June 23, 1904.

To the Editor:—How can I prepare a decinormal solution of sodium hydroxid for urinalysis without the tedious method of standardizing hydrochloric acid gravimetrically?

A. R. SATTERLEE, M.D.

ANSWER.—Recent chemical research has demonstrated the practical value of the use of potassium bitartrate instead of acids for