

charging their sewage in such a way into the ocean as to pollute shellfish used for edible purposes.

The Cooking of Shellfish.

Some experiments carried out by the Fishmongers' Company on the cooking of the smaller shellfish are of interest in connection with the scare raised by sewage-contaminated shellfish. Dr. Klein, bacteriologic adviser to the company, has proved that the usual method of cooking only amounts to scalding and can not be relied on to sterilize the fish. The live fish with shells tightly closed are held in a net and plunged into boiling water. The immersion of the cold mass lowers the temperature, and when, in two or three minutes, the water begins to boil again the net is lifted out. Fish that had been kept in typhoid-polluted water so treated were found to be swarming with typhoid bacilli. Prolonged boiling would no doubt be effective, but it spoils the fish for sale. Dr. Klein then suggested that cooking by steam, in consequence of its greater penetrative power, might be an efficient sterilizer and not spoil the fish as food. Two batches of cockles and mussels were cooked in a steamer for five and ten minutes. The results were: mussels spoilt and useless for sale; cockles all right in upper layers, but bottom layer overcooked. The mussels cooked for five minutes were all right, and the cockles better than the ten minutes' batch, but the bottom layer was somewhat overcooked. In all cases the cockles were sterile; the mussels were sterile except those on the top steamed for five minutes, some of which retained living spores. It is probable that if exposed to the more direct action of the steam the mussels could be completely sterilized in five minutes. As a result of these experiments the Fishmongers' Company has strongly recommended steaming to the trade.

Correspondence.

Opticians: An Appeal to the Medical Profession.

NEW YORK CITY, Jan. 16, 1904.

To the Editor:—An optical society, composed of so-called "refracting opticians," has issued a circular letter to the medical profession, asking for the endorsement of a bill about to be introduced in the legislature, legalizing the "practice of optometry."

This measure is not a new thing; we have met it several times in the past, and it has only been necessary to expose its pernicious features to defeat it. It will be necessary to do this again and again until the public awakens to the fact that measures such as this are only the efforts of incompetent people to evade the medical laws in order that they may prey on the community without fear of molestation, and then suitable provisions will be made to suppress them.

It is to be hoped that members of the medical profession will not be influenced by the specious arguments of these opticians to give them any encouragement or endorsement; for any success they may attain will be the signal for a host of osteopaths and other peculiar people to ask for similar privileges. There are no good reasons why opticians should be granted any special privileges. They undertake to do a work which they are not in any way qualified to undertake, and there is no doubt, in the minds of those who are competent to judge, that they do incalculable harm and injury. They, in common with all others who treat physical defects and infirmities, should have a medical education before they are allowed to go before the public as competent to do the work that they pretend to be able to do. It can not be expected that future physicians will be willing to undertake a course of studies to prepare themselves for the work of caring for the sick and physically defective, if, when they have fulfilled all the legal requirements, they find themselves obliged to compete with others who have received almost identical rights and privileges with practically no preparation. If medical laws are necessary to the proper protection of the community, they should apply equally to all who make a business of advising or treating people, regardless of the disease or defect from which they suffer, or of the methods or measures employed. It is impossible for the state to discriminate between physicians, opticians, and the various "pathies" without injury to the cause of professional elevation.

A single standard must be created for all, and with its requirements all should comply.

The committee on legislation of the Medical Society of the State of New York has fought these legislative battles successfully in the past and will continue to do so if the profession will back us as it always has. The members of the legislature have no knowledge of the merits of this and similar measures, and look to the medical profession for advice and guidance. The legislature is made up of fair-minded, intelligent and loyal citizens; and when pernicious laws affecting the public health are enacted, it is, as a rule, because citizens who are not members of the legislature neglect to do their duty. We urge the members of the medical profession resolutely to oppose this "Optometry Bill," and its defeat is assured.

FRANK VAN FLEET, Chairman,

Committee on Legislation, Medical Society of the State of New York.

60 East 77th Street, New York City.

Tuberculosis in Prisons.

ST. PAUL, Jan. 14, 1904.

To the Editor:—In an editorial, January 2 (p. 36), you draw attention to the fact that New York State has led the way in providing the first isolation wards for the treatment of tuberculous prisoners. You do not mention the date of such action, but I presume it was recent. If so, New York is not the first state to make such provision for prisoners.

Dr. B. J. Merrill, physician in charge of the prison at Stillwater, Minn., established the system of isolation, special diet, etc., at that institution in the summer of 1894. He set aside a group of cells that came to be known, in prison parlance, as "Tuberculous Row." With any symptoms of tuberculosis showing, a prisoner was subjected to a careful examination, physical and bacteriologic, and if the presence of the disease was established he was at once placed in a cell in the "Tuberculous Row." This does not mean that he was placed in an infected cell; quite the reverse, for these cells and their contents received special attention, and all bedding and clothing were disinfected and laundered separately. Special diet was given. The prisoner was required to spit into a spit cup containing a disinfectant, and special care was given to the daily cleansing of the cell. If able to work, he was assigned a task in the open air. This custom has been continued to the present time under Dr. Merrill's supervision.

In 1897 Dr. Merrill informed me that since the above method of isolation went into effect, in 1894, there has been a decrease of 52 per cent. in the number of cases of tuberculosis. At that time (October, 1897) in this prison of 493 convicts there were only 6 who were tuberculous.

At present (Jan. 12, 1904) there are 6 tuberculous patients at Stillwater out of 630, and these were tuberculous when they entered the prison. All have improved since admission. All are kept in the open air as much as possible, and all are on a special hospital diet.

I think Dr. Merrill was the pioneer in this work.

H. M. BRACKEN,

Secretary Minnesota State Board of Health.

Offensive Commercialism.

CHICAGO, January 16, 1904.

To the Editor:—A few days ago I received through the mail an advertising circular from the Colorado Lithia Water Company, 167 East Van Buren Street, Chicago, and accompanying it and enclosed was a slip of pink paper neatly folded and marked "Personal." I enclose this slip and request that you publish it in THE JOURNAL as an example of an offensive commercialism of which the entire profession must disapprove.

ARTHUR R. ELLIOTT.

The slip referred to reads as follows:

"We will pay you \$1.00 for each customer sent us or prescription ordering case or demijohn of water. (See priced card.) Cash sent you at once.

"COLORADO LITHIA WATER CO."