cago session of the American Medical Association the writer says:

"THE JOURNAL of the A. M. A. has over 50,000 subscribers. This will make a peculiar impression on the editors of your medical journals. The enormous influence of THE JOURNAL is clear, especially when one realizes that every week several pages are devoted to the campaign against quackery and nostrums. On account of its large circulation, THE JOURNAL is able to reject the advertisements of secret medicines, and the more reputable competing journals are compelled to follow its lead to a greater or less extent. Dozens of the minor medical journals are, of course, obliged to accept advertisements of this kind; many, in fact, draw their subsistence from this source, and some are actually merely what are called 'house organs'—just the same as in Germany, including medical write-ups to order for pay."

Correspondence

Dr. Hamill Not Dead.

GUTHRIE, OKLA., Oct. 27, 1908.

To the Editor:—In THE JOURNAL, October 10, page 1275, appears the death notice of Dr. John Ransom Hamill of this place. I am happy to state that this is a mistake. While Dr. Hamill has been very ill for a long time, he is now convalescing nicely and hopes to be out again soon.

The report got out here in Guthrie that Dr. Hamill had died on September 25, but how it became circulated no one seems to be able to tell.

E. O. BARKER.

A Courteous Critic.

NEW YORK, Oct. 29, 1908.

To the Editor:—Your remarks on the death of Prof. Dr. v. Poehl are both indecent and offensive. I do not intend to employ servants to circulate scurrilous statements, nor do I care to receive them through the mails.

REYNOLD WEBB WILCOX.

[COMMENT: We publish the above as a model of the decent and inoffensive in correspondence. The matter referred to appeared two weeks ago in the letter of our Berlin correspondent, a man who stands high in the profession in Germany, and who is in a position to know whereof he writes. *De mortuis nil nisi bonum* is a rule that should ordinarily be observed. Probably, however, when our Berlin correspondent saw Spermin (Poehl) advertised in illustrated weeklies along with lost manhood restorers and bust developers, he felt that this rule did not apply. Professional nostrum promoters can hardly expect to receive obituary notices which will be altogether comforting to their friends and sympathizers.—ED.]

Epilepsy Affected by Intercurrent Disease.

BALTIMORE, Oct. 30, 1908.

To the Editor:—THE JOURNAL, October 24, refers to Dr. S. Weir Mitchell's request for information concerning the effect of certain diseases on epilepsy.

In "Epilepsy and Its Treatment" (W. B. Saunders Co., 925 Walnut St., Philadelphia), pages 387-388, will be found data on this point under the heading, "The Influence of Concurrent Diseases on Epilepsy." Mention is made of several diseases, including malarial fever, typhoid fever, erysipelas and diphtheria, the influence of which on epileptic attacks was apparently marked. Since that book was issued, other instances have come to my attention in which an internal disease arising in an epileptic checked the manifestations of that disease completely for longer or shorter periods. In some cases, when pulmonary tuberculosis arose, and the disease was active from the outset, the attacks of epilepsy did not recur at all for more than three years. Scarlet fever will have the same effect and so will pneumonia.

The study of this question is interesting in that it may

indicate a method of treating epilepsy, which is but little cultivated or understood to this time.

WILLIAM P. SPRATLING.

Dilatation or Volvulus of the Stomach.

DENVER, Oct. 27, 1908.

To the Editor:—I have read with much interest a clinical note by Dr. W. R. Houston entitled "Acute Dilatation of the Stomach, Report of an Unusual Case," in THE JOURNAL, October 24, page 1424.

Taking it for granted that Dr. Houston recorded every symptom of importance—namely, that the woman was taken with sudden abdominal pain which was referred to the upper quadrant, that the distention was at first more marked on the right side and later became universal, and that the heart and liver were considerably displaced upward—I beg to submit my opinion that the case was not one of dilatation of the stomach, but of volvulus of the stomach. The differential diagnosis between dilatation of the stomach and that of volvulus of the stomach is the absence of vomiting in the latter, and the presence of copious vomiting in the former. The facts that vomiting is not recorded, that ineffectual attempts were made to introduce a stomach-tube, that water administered by the mouth was regurgitated after ten or fifteen minutes, that when the wall of the stomach was punctured there was a loud explosion of gas, and that only half a pint of dark acid contents was found in the stomach, conclusively prove that Dr. Houston unknowingly recorded the first case of volvulus of the stomach in this country. The symptom-complex of Dr. Houston's case comprises every detail characteristic of volvulus of the stomach as recorded in an article under the same title published in *American Medicine*, Oct. 31, 1903, vi, 709.

C. D. SPIVAK.

The Work of the National Commission on Country Life.

ITHACA, N. Y., Oct. 28, 1908.

To the Editor:—I am much interested in the editorial in THE JOURNAL, August 22, on the work of the Commission on Country Life. This commission is appointed, not for the purpose of investigating the farmer or technical agricultural questions, but to study the general social, sanitary and economic conditions of country life. The commission will not be able in its brief existence to make any thorough investigations into any of these questions, but it will be possible for it to arrive at a good estimate of rural conditions, and to secure the opinions of the best men as to what needs to be done in respect to the larger questions of country life. The commission is specially anxious to secure the cooperation of those persons who are competent to give opinions in regard to the sanitary conditions of the rural country. In this respect THE JOURNAL could render the commission great aid by suggesting how such opinions could be secured and by itself securing them through correspondence with its subscribers. We should like to have these questions discussed also in the various medical societies. Possibly you can suggest the best way whereby discussions of this kind could be set in motion. Perhaps these discussions could best be started through the medical journals themselves.

The commission will be very glad to be put in the way of receiving such information as the medical journals may collect in regard to the sanitary and dietary condition of the open country. The commission will soon begin to hold hearings in different parts of the country. We shall hope that practitioners who have had special touch with country conditions will be present at the hearings and give us the benefit of their opinions.

We should also be glad if physicians and sanitarians would care to join the commission on any part of its journey. We are hoping, for example, that Dr. Stiles will be with us in the southeastern country, in order to point out the effect of the hookworm on the people in certain communities.

We shall be glad to receive any suggestions from the medical profession in regard to the general subjects on which the commission is to make inquiries.

L. H. BAILEY,

Chairman Commission on Country Life.