Progress of the Plague.—The census of Bombay City just taken shows a population of 770,000—a decrease of over 50,000 as compared with the census of ten years ago. This decrease is mainly due to the exodus which has occurred during the last two months of the plague epidemic. In Mauritius, for the week ending February 28, there were 12 new cases, of which 8 were fatal. The total deaths from plague were 18. The increase of plague at Capetown caused considerable alarm and anxiety. Recently four new cases were reported in one day. Rats have been found in the dockyard, dying of plague. Inoculation of the inhabitants is proceeding. The government has issued regulations preventing natives from leaving the Cape district without a pass, prohibiting shipowners from landing natives at Table Bay without permission, and compelling natives to move their location. One morning five corpses of colored persons dead from plague were found and ten colored persons suffering from plague sent to the hospital. A large number of "contacts" and suspects have been placed in quarantine. A hotel in the center of the city, in a grossly insanitary condition, in which a case of plague occurred, has been closed.

Association News.

Railroad Rates for the June Meeting of the American Medical Association.—The Committee on Transportation reports that the Western Passenger Association has granted the following rate for transportation through its territory for the St. Paul meeting of the AMERICAN MEDICAL ASSOCIATION: One fare (regular) plus \$2 for its round trip from all points in the Western Passenger Association territory more than 200 miles from St. Paul. From points within that radius, one fare and one-third for the round trip. Tickets from points 200 miles and over from St. Paul are to be sold May 27 to June 3 inclusive, and from points within 200 miles of St. Paul May 27 to June 4 inclusive. Tickets are good for return leaving St. Paul May 29 to June 15 inclusive. These rates will be given to the other passenger associations by the Western Association for ticketing through. The Committee will endeavor to obtain a better rate with a stop-off privilege and a longer time limit, H. L. E. JOHNSON, M.D., Chairman Committee on Transportation.

Correspondence.

Illustrations with Articles.

ADIN, CAL., March 7, 1901.

To the Editor:—Can not the contributors to THE JOURNAL be induced to include drawings in their articles, as Dr. Stricker has with his article in the March 2 number? The articles now being published on middle ear diseases would be of unstated benefit to hundreds of young physicians who do not and can not get to see clinics of that nature. If they were accompanied by illustrations showing the anatomical parts and the different steps in the operative work of those who frequently meet and deal with them successfully, we would be far better prepared to deal with those unfortunate ones who fall into our hands as general practitioners.

Our knowledge is very limited at best, on the study of medicine and surgery, and the only way a great many of us have to learn it is by reading, being so situated that we can not go to hospitals and watch every step in operative work. Therefore, I believe the more experienced would remove a great stumbling block if they would give us drawings with their papers. Most of our text-books illustrate very well, but omit that which sometimes would be of the greatest benefit. For instance, take a leading work on appendicitis, and the author illustrates the pathology of the condition, and tells us all about the operation, saying that if we do not properly pack the wound, when there is suppuration, we will have done a bad job, but he does not give one drawing to show what he calls a properly packed wound. This leaves us to our imagination to understand from what we read, what a properly sutured appendiceal stump is and a properly packed cavity as well. Yours truly,

C. M. TINSMAN, M.D.

Seasickness: A Sure Preventive.

PARK CITY, UTAH, March 19, 1901.

To the Editor:—Apropos of the treatment of seasickness, given in THE JOURNAL of March 16, I offer the following: None seem to have a sure remedy of seasickness, and the main reliance appears to rest on massive doses of nerve sedatives. It is a question with many, which they would sooner prefer, the after-effects of the medicines or the seasickness. Dr. Rawlin's remedy to "elevate all the limbs" is, for good reason, impracticable, when it is remembered that, on a rough sea, the position of the body is constantly changing. Dr. Brunton's bandage affords some relief; still, a better remedy is to plant the palms of the two hands on the abdomen and press hard toward the spinal column; but the good effect of either expedient is only temporary. If any one desires to experience genuine seasickness and to try his remedies for seasickness, he should cross the North Sea during winter; compared with the Atlantic Ocean, the waves of the North Sea are short and choppy. I there tried a simple contrivance, which I have never seen mentioned in articles on seasickness, and which served me excellently. I simply made a hammock from a blanket. It matters not how much the ship plunges or rolls, the hammock will practically stand still and keep the horizontal position. As long as I stayed in my hammock I experienced no seasickness, but if I left it when the sea was rough, nausea soon came on; as soon as I returned to the hammock the sensation of illness passed off.

E. VIKO, M.D.

The Edinburgh Tradition and Clinical Instruction.

ELIZABETH, ILL., March 20, 1901.

To the Editor:—The editorial on p. 670 of THE JOURNAL for March 9, on "The Edinburgh Tradition and Clinical Instruction," was read with much interest. I appreciated more fully perhaps its importance from having been instructed in an institution where the students, from the time they matriculate, are obliged to devote one-half of each day to clinical bedside instruction. This has been the practice, since its foundation in 1834, of the medical department of the Tulane University, New Orleans. The great Charity Hospital, so closely associated with this school, has given the faculty the opportunity to give bedside instruction. Since 1868 it has been the fixed regulation to divide the students into sections, each of which is taken in charge by a clinical professor and his chief of clinic. Bedside instruction is given each day in the hospital wards. Each student in a ward is assigned to a bed, and during the daily visits of a section to these wards, the individual student may at any time be called upon by the clinical professor to make a diagnosis, suggest treatment and offer a prognosis. This is done before the entire section, and the clinical professor is always there to make criticisms.

Since mention has been made in the editorial, calling attention to the superior methods used in several other medical schools, not of this country, the publication of this letter will point out that in our own country too, the "Edinburgh Tradition" in some schools at least, is also an established method. Yours truly,

PHILIP ARNOLD, M.D.

Medical Interstate Reciprocity.

DETROIT, MICH., March 23, 1901.

To the Editor:—In the interest of the movement aiming at interstate reciprocity for the license to practice medicine, and at uniform medical legislation, on the basis of uniform medical education, the undersigned, as member of various committees, asks all secretaries of medical boards to be kind enough to favor him with information in regard to the present status within their jurisdiction. It is especially important to know: 1, whether the respective medical law contains the reciprocity clause; 2, whether the profession in the respective political division is sufficiently familiar with the subject matters; 3, whether any amendments have been added to the law, since May, 1900, or whether there exists any intention to amend the law.

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