cavities I am convinced that in these cases combined anterior and posterior drainage is the best, and if only one opening is made the posterior would be the better, as a man will not drain rapidly enough through an abdominal opening to remove such large quantities of pus as form in these cases, surprising even a surgeon himself and leading often to the supposition that they might be of longer standing. Some observers have recommended that the tract of the drainage tube in these cases be not washed out, but I think cautious washing after thirty-six or even twenty-four hours, with boracic acid, does good.

I would not trespass on your space save that such an excellent surgeon as Dr. Abbe should have failed to find cases that lived after two and one-half days, and that I am certain that if the essential cause for the operation (septic absorption from pus) is kept in mind, and the appendix kept subordinate in operative manipulations, we stand a far better chance of success.

Very respectfully yours,

JOHN F. BURNS, M.D.

A False Statement.

SPRINGFIELD, ILL., June 6, 1898.

To the Editor:—A concern in Chicago claiming to teach the alleged science misnamed osteopathy, makes the following remarkable statement relative to its so-called courses, in circulars which are sent broadcast over the country:

"Terms of study are so graded and the courses of study so broad and complete that they comply with all the requirements of the Illinois State Medical Board and allow our students two years' credit on a regular medical education. These credits are recognized in any medical college in this country and will be equivalent to two years' work done there."

If by the "Illinois State Medical Board" is meant the Illinois State Board of Health, the assertion made in reference to that body is a lie in the fullest acceptation of the term. It is not true, furthermore, that the "credits" named are recognized in any medical college in this country. On the contrary, it is exceedingly doubtful if a single reputable medical institution will grant any advanced standing whatever to applicants from this and other "colleges" of similar character. Should, however, this be done, it is needless to say that the institution or institutions concerned will receive no further recognition from this Board, and it will be remarkably strange if the various State Boards of Medical Examiners throughout the Union will view such irregular proceedings with complacency.

As the circulars are calculated to deceive the unwary and to cause prospective graduates in medicine to waste two years of time, I will ask you to give this letter a prominent place in the JOURNAL, in order that the facts in the case may be widely disseminated.

J. A. EGAN, M.D.,

Secretary Illinois State Board of Health.

PUBLIC HEALTH.

New Jersey Procedure for Violation of Health Act.—The legislation involved in the recent case of State vs. the Board of Health of Woodbridge Township, so far as its sanction is concerned, the supreme court of New Jersey says is anomalous and defies construction; for it inextricably blends together a civil and a quasi criminal jurisdiction. It holds that a jury trial is not permitted by the health act of 1887 (2 General Statutes, page 1638, section 18). And it further declares that to sustain a judgment under that act there must be a conviction in the form prescribed by the supplement of 1888 (2 General Statutes, page 1642, section 41), which expressly requires a conviction as a foundation for judgment, prescribes its terms and provides that it shall be signed by the magistrate.

Railroad Hygiene in Germany.—The new regulations of the Imperial Health Board and Department of Public Works suggest that all passenger cars, especially sleepers on lines running

to resorts for consumptives, are to be finished with smooth walls and ceilings, with no projecting or carved ornamentation and no plush or similar substance on the walls. The cushions and seat backs must be removed from the car at certain intervals and subjected to steam disinfection; the floor space under the seats left free and easily cleaned. Waiting rooms and all roofed-over stations must have the floors washed as often as once a day where there is much traveling and the walls occasionally washed to the height of a man's head. There must be an abundance of cuspidors in cars and stations, as large as possible, and so constructed that they do not easily tip over nor spill their contents. The railroads are to follow these regulations as far as possible at present and conform to them exactly in renovating and constructing in future.—*Münch. med. Wöch.*, May 17.

Vital Registration in Connecticut.—In the last *Monthly Bulletin* of the Connecticut State Board of Health, Dr. Lindsley utters a note of despair over the poor success of all his years of hard work to bring about an intelligent and trustworthy registration of the cause of death in his bailiwick. Note the following paragraph: "The heaviest death rate occurred in Thompson, being equivalent to 45 per 1,000 annually of living population. In several instances the cause of death was very indefinite. Among them are the following alleged causes: Debility, paralysis of heart (which is only another name for 'heart failure' and for which a burial permit should not have been given), pulmonary emphysema, pulmonary, whatever the last two may mean. Query: Is it ignorance, or what Artemus Ward called 'just pure cussedness,' that explains such certificates of the causes of death by medical practitioners. It is, of course, impossible to include the above in any classified order." It is indeed a thankless and well-nigh hopeless task, but Dr. Lindsley will need to go right on with his efforts to the end of the chapter. Taking up for a moment Dr. Lindsley's last, or 1896, annual report, which came to hand a few days ago, we find that the mortality of the State was 15,025 in the year 1896 and that in the case of twenty certificates of death the *causa mortis* was not specified by the physician or coroner. In addition to these there were 858 certificates whereon the cause was assigned to "tumors," "debility," and similar vague terms which, as the Secretary says, "were not creditable to the physicians who rendered the certificates."

Typhoid Fever Disseminated by Outdoor Games of Boys.—An English practitioner refers to the fact that many cases of typhoid fever occur in the autumn, and attributes the cause of the disease to games, such as marbles and peg-top, which are played in the street during this time of the year after the cricket season is over. In playing marbles a boy frequently licks his fingers to prevent the marble slipping, and the whip-cord of a top is wet in the mouth for the same reason. In this way germs are conveyed into the alimentary tract. The writer's theory is borne out by the fact that the disease almost exclusively affects boys; girls do not as a rule play at games of that kind. Some weeks ago he saw a boy with typhoid fever, was asked by his parents how he accounted for the attack, as there was no case in the same street, and so asked the mother to let him see the trousers worn by the boy, and showed her how stinking the pockets were; they contained marbles, etc., and dirt from the street. These games may therefore be a great source of danger to children living a town life. But how to remedy the evil is not very easy while such crude methods of doing town scavenging work is permitted to continue. In his own city of Sheffield, he says that he has seen the contents of yard-vaults shoveled out into the streets or roadway in large heaps to be carted away afterward, but leaving behind remainders lodged between the stones of the road, upon and near which the open-air games of boys are daily practiced. He had thought it advisable to point out this source of danger to the young, as he had not as yet