ICAN MEDICAL ASSOCIATION, as able, honest and honorable as himself, and whose only fault is that they have aborted typhoid fever and for the benefit of humanity have said so and have reported their cases.

It is not necessary, perhaps hardly proper, to call attention to the fallacies in the Doctor's paper, yet one can not help mentioning a few of them, *e. g.*, "The diet should be liquid. . . Milk is the best of all foods." Milk is a liquid outside of the body, but is it a liquid food in the stomach? "When the case has terminated the room should be thoroughly disinfected for at least two weeks before it is occupied and the furniture washed with a solution of bichlorid 1 to 1000." This is fairly good advice for two or three decades back, but insufficient and laborious. We live in an enlightened age now; we simply close up the room and send a stream of formaldehyde gas through the key hole and the next night use the room with safety as a surgical ward. "Such preparations as phenacetin, etc., may be used in small doses, but I deprecate most decidedly the use of the coal-tar derivatives at any stage of the disease." Does Dr. Upshur not know that phenacetin is one of the coal-tar derivatives? "Numerous drugs have been used with the object of abridging typhoid fever, but all clinical experience shows the effort to have been fruitless." "We have no evidence of proof given, except the bold assertions of success by himself and others, and the testimonials are not worth any more than the testimonials given by hundreds to the so-called cancer cures and kidney cures et id omne genus." In one sentence Dr. Upshur shows his respect for clinical experience, coupling it, however, with a gross misrepresentation. In the other he designates the reports of cases of those who have succeeded with the abortive treatment and the opinions they have expressed regarding it—the highest expression of clinical experience—as testimonials and attaches the same value to those of the deluded victims of quacksalvers as to the clinical reports of educated physicians; and because these physicians cure so large a percentage of their cases and in so short a time that Dr. Upshur regards their results as marvelous, he condemns them as impossible and raises the hackneyed question of "errors of diagnosis." In comparing the clinical reports on the abortive treatment of typhoid fever to the "testimonials," generally of impecunious patients given to shameless quacks or patent medicine venders, is a gross insult to hundreds of the ablest and most honorable physicians in all parts of the United States and through them to the entire medical profession, and scarcely less insulting is his theory that all of the wonderful results of the method which he condemns are due to errors "of diagnosis." To accept this theory it would be necessary to believe that physicians who have been at the head of some of the largest hospitals in the United States—that hundreds of physicians who have won high repute and large practice, and many of them high official positions such as high rank on the Medical Staffs of the United States Army in Marine Hospital Service, etc., and have reported 7,857 cases of typhoid fever treated by the method I have advised, are incapable of making a correct diagnosis in one of the commonest and in its typical form, one of the easiest diseases to diagnosticate which they encounter; to believe that the physicians who adopt this method of managing the disease frequently in the midst of epidemics suddenly cease to meet with it; to believe that the hospitals in which the treatment is used acquire a like immunity, and that while in the same locality and during the same epidemics, physicians were treating typhoid with the ordinary death rate and duration of illness—these hospitals were receiving and these physicians were treating these 7,857 cases of a disease which was being mistaken for and presenting pathognomonic symptoms of typhoid fever with a death rate of 1.90 per cent. and an average duration of illness of 12.7 days of those that recovered; that the patient whose temperature dropped rapidly to 99 degrees and afterward died of intussusception, the necro-

scopy revealing extensive ulceration of Peyer's glands, was an "error of diagnosis;" the patient in whom the treatment was instituted and the temperature dropped from 104.8 to 99.7 on the fourth day and to normal on the tenth, the pulse in the meantime dropping from 96 to 76, the treatment having been previously discontinued, a relapse and death followed and the necropsy showed ulceration of Peyer's glands and intestinal perforation—an "error of diagnosis;" Diazo reaction positive—Widal's test of reaction of serum on Eberth's bacilli characteristic of typhoid fever—disease aborted "errors of diagnosis." Is Dr. Upshur himself credulous enough to believe all these absurdities?

Aside from the small doses of phenacetin, the use of which is always reprehensible, the recommendations in this remarkable paper are in consonance with the procedures in vogue during most of the passing century; indeed the one remedy from the use of which the Doctor says he has seen marvelous benefit, was recommended and used during the last century in "typhus mitior"—not necessarily a condemnation. It is fair, therefore, to presume that his death rate (a subject upon which he is discreetly silent) is the ordinary 15 to 20 per cent., and his average duration of illness from four to six weeks. He is then to be commended for his unwillingness to "subject his patients to such experimentation" (as the Woodbridge treatment)!

Finally, Dr. Upshur is to be congratulated on his desire for "convincing proof of the brilliant results claimed," a wish which I promise to gratify if he will come to me, and I pledge myself that he shall be able "to approach the treatment of his cases of typhoid fever with the assurance of its harmless nature and certainty of cure." I am, my dear editor,

Your most obedient servant,

JOHN ELIOT WOODBRIDGE, M.D.

"Life Insurance Fees for Medical Touts."

HARTFORD, CONN., July 8, 1897.

To the Editor:—Your edition of July 3 contains an editorial entitled "Life Insurance Fees for Medical Touts," which is in its initial statements so obviously unfair to the great majority of life insurance companies, as well as to the medical profession at large, that I beg leave to offer a remonstrance. You begin by saying, "for at least a half a century the American medical profession has been conscious of the great injustice done in the matter of fees for life insurance examinations." Now, I have been a practicing physician and life insurance medical examiner for thirty-one years, and for nearly half that time also the medical director of a large life insurance company. As the examiner of several companies I received, during the early part of my career, \$3, and for the latter years \$5, for each examination made, and when microscopic examination was called for I was paid from \$3 to \$5 additional. During all this time I have never heard any objection made by physicians, nor have I felt myself that these fees were unjust. In the days before uranalysis was so universally required, \$3 was regarded as good compensation for the twenty-minute or half-hour examination made. Some years later a fee of \$5 was allowed in cities and when chemic uranalysis became a general requirement the fee was advanced to \$5 in most instances, both in the city and country alike, with an addition for using the microscope. The company with which I am connected (the Connecticut Mutual Life Insurance Company of Hartford) has several thousand examiners, and I do not recall a single instance in which there has been an expression of dissatisfaction with the fees we pay; nor could such a claim be put forward with any degree of fairness. The time and professional ability requisite for this work is as well paid for as in any other branch of medical service. Still more conclusive evidence is found in the fact that fee tables adopted by our medical societies in no

instance, so far as my knowledge goes, calls for or suggests even a fee in excess of the amounts named above. Surely this would appear to be a strange way of manifesting to the world a life-long consciousness of great injustice.

Again, you say, "of late this feeling has been intensified by the wanton reduction of fees to medical examiners, while at the same time the salaries of presidents were increased by thousands." It is true, I believe, that one or two companies have reduced somewhat their fees, or made a graded scale of fees, within the past year or two, but no such action has been taken by the great majority of companies. Of course I am speaking of the old line life insurance companies and do not refer to assessment or society insurance at all. The Connecticut Mutual Life Insurance Company and the great majority of similar companies still pay a \$5 fee, which has been and is accepted by our examiners as adequate and just. There can be no question, however, that an abundant corps of competent medical examiners can be found in all parts of the United States who are not only willing but anxious to make life insurance examinations for the old fee of \$3, including chemic analysis of the urine, and our industrial companies inform me that they find little difficulty in securing competent service at a much lower cost to them. This illustrates the willingness of a large part of the practitioners in this country to perform such service for a fee much less than that generally paid by life insurance companies.

Continuing, you say, "while life insurance companies do not appreciate physicians highly in their proper functions as medical men, etc." Once more I must take exception to your statement. Nowhere is the service of a skilful and conscientious physician valued more highly than in an insurance office. The whole institution of life insurance rests upon the medical estimate of the individual applicant. The amount of money annually expended by life companies to secure competent examiners and to weed out those who are unreliable is very large, and is made necessary by the recognition on the company's part that the very best medical advice must be secured if a safe and stable business is to be transacted. In view of the great number of applicants for the position of examiner, and the high appreciation by the company of what is requisite in an examiner, any physician is surely to consider himself complimented when he is requested to occupy the position.

Criticise, if you please, business methods like those you mention in your editorial, but do not make it appear that the profession is being imposed upon or that life insurance companies are unmindful of the high service performed by their examiners, for this is surely unfair to both parties alike.

Regarding the employment of physicians as agents I care to say nothing beyond this: Should it come to our knowledge that one of our medical examiners was receiving fees from any of our agents for services as solicitor, I should consider the cancellation of his certificate as medical examiner an imperative duty. Very respectfully yours.

GEORGE R. SHEPHERD, M.D., Medical Director.

Color and Finish of Paper for Bookmaking.

SAN JOSE, CAL., July 8, 1897.

To the Editor:—Since I penned a few thoughts in the April 24 issue of the JOURNAL, on the subject of glossy paper for periodical and bookmaking purposes, I have been thinking more on the subject, and the more I think the more I am convinced that the matter needs thorough agitation all round. If one will call to mind the large number of periodicals and books now printed on paper of high glossy finish he will conclude that this style of paper is becoming a "fad."

A journal published in St. Louis entitled *The American Medical Journalist*, notices my former article and makes the following comments: "Dr. Simonton of San José, Cal., objects

to the high finish of the paper upon which the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION is being printed, and claims that the 'gloss,' as he terms it, is injurious to the eye, and suggests that the paper should have a dead white finish. The paper used upon the JOURNAL is what is known as an S. and S.C. (Sized and Super-Calendered) book, and is the best quality for periodicals of that character, giving life to the letter-press and affording an opportunity to use half-tone engravings without inserting special sheets for the purpose. If the quality of the paper is reduced, it would be at the expense of the appearance, and illustrations would necessarily have to be printed on separate sheets."

Well may the publishers of the *American Medical Journalist* come to the rescue in defence of glossy paper for periodicals, since the paper on which that particular journal is printed is of such smooth finish that a fly should not venture to light upon it without its life was insured. The paper of this journal is certainly "calendered" in the highest degree of the art.

The editor says that this highly calendered paper "gives life to the letter-press and affords an opportunity to use half-tone engravings without inserting special sheets." I submit that the issue of his journal (June, 1897) in which the words of the last quotation are printed, presents positive evidence that such high finished paper does not receive the ink readily and uniformly from the type. On the contrary, the letter-press is bad.

It stands to reason that paper of highly glossy finish can not take the impression from the type so readily and perfectly as paper of a softer finish.

And it is the half-toned engraving that is leading to this highly calendered paper "fad"; is it?

Must human eyes be sacrificed in order that it may be convenient for the printer to insert half-tone engravings on any page of periodical or book? Give us "quarter-tone" engravings or none at all, rather than to put unnecessary demands on human vision, in this high civilization, which is trying to the utmost the useful organs of sight.

Should the printers of periodicals and books consult their own convenience rather than the convenience, comfort and welfare of those who use and furnish market for their product?

Take up one of these "highly polished" journals and hold it before even a diffused light from a window, so that the rays of reflection reach the eye and it will be found almost if not quite impossible to read the print. Before the direct light of a lamp the difficulty is increased. And at any angle the light reaching the eye from the glossy surface is much greater than from one that is dead white.

For comparison take up the *Forum*, which is printed on paper of proper texture and color. Place this magazine in same positions as you have the "polished" journal and observe the difference and comfort to the eye.

I observe that the imprint of letters on the pages of the *Forum* is perfect, being a positive refutation of the statement that paper of high gloss gives the best letter-press.

A very large number of periodicals and books are now being printed on highly calendered paper and I suppose for the reasons that engravings make a better impression on same, but for reasons which I have set forth the practice should be condemned on all occasions.

All periodicals and books should be printed on a dead surfaced, slightly cream-tinted paper.

A. C. SIMONTON, M.D.

Sterilization of Catgut.

PHILADELPHIA, PA., July 5, 1897.

To the Editor:—Some time about the first of this year an article was published on the sterilization of catgut by treating it with formalin. I am not sure that it was published in your JOURNAL—will you kindly look it up and let me know if I can secure a copy of the magazine containing it, provided you published it?

GASTON TORRANCE, M.D.

Polyclinic Hospital.

ANSWER: See JOURNAL of Dec. 12, 1896, p. 1219.