somatic and internal influences connected with such facts. But I myself would concede to all medical men, psychologists and laymen any amount of somatic and internal influences which they might either assume or prove. What I contend for is that in a great many cases the etiology of the phenomena includes extra-organic stimuli, which may be modified in any way you please or imagine by somatic agencies.

We assume that the subconscious of all psychics or automatists will do much to determine the form of the phenomena as they are observed and recorded. For instance, the language and manner of delivering so-called messages will partake of the habits, forms of expression and manners of the psychic. The question with us is whether their occurrence has been initiated within the organism or without it.

Hence, instead of setting up somatic influences as antagonistic to the existence of the supernormal, it may mean that some sort of telepathic or spiritistic influences are superposed on the somatic and internal causes, often completely interfused with them. If we could get the scientific world to recognize that we are not antagonizing their point of view, but merely adding to the knowledge of the complexities of the phenomena, we might get a more ready hearing. I wish to be understood merely as ready to conform my theories to any and all facts that may be established in physics, chemistry, physiology, biology and psychology. The primary question is whether somatic influences will account for all the phenomena. If they do not, we are entitled to appeal to extra-organic stimuli and then determine whether they are physical or mental; and, if mental, whether they are telepathic or spiritistic.

JAMES H. HYSLOP.

Good Medicine

To the Editor:—Having devised an apparatus for outdoor exercise, and not knowing what to do with it, I have concluded to submit it to THE JOURNAL for your consideration. The device is not patented, and I doubt if it is patentable; anyhow, I hold no claims on the suggestion. The enclosed

Apparatus for outdoor exercise.

drawing, while poorly executed, is sufficiently intelligible to show about what the device is and how it is to be used. It is, in fact, an outdoor gymnasium. It supplies outdoor air, deep breathing, companionship, motion, changing scenery, and rhythmical exercise to all the muscles of the body without strain or violence to any one part. Schools, sanatoriums, clubs, societies, etc., might use such a contrivance to advantage. At health resorts and other like places such an apparatus might be kept for hire at so much an hour. There are a vast number of people, old and young, male and female, who need just such exercise as this contrivance would afford but get nothing in that line whatever.

If I have taken up your time with something wholly outside your domain and possibly not worthy of your attention, please pardon me. I have felt that this was one thing that would receive the endorsement of all physicians.

The design, as illustrated, is provided with six hand and foot levers arranged in pairs.

W. R. HEYLMUN, M.D., Iola, Kan.

The Ventilation of Operating Rooms

To the Editor:—I was rather surprised to note in THE JOURNAL, Dec. 2, 1916, p. 1688, the statement made by Dr. E. P. S. Miller of Chicago in commenting on the lack of ventilation in operating rooms:

"When you consider the amount of fresh air that is necessary to keep the carbon dioxide below the safety limit, it is strange that more patients do not succumb."

This is not in line with modern ideas relative to ventilation. It is quite possible that proper attention is not given to the ventilation of operating rooms, but Dr. Miller does not cover the chief argument against present conditions.

H. M. BRACKEN, M.D., St. Paul.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

ZAMBESI ULCER—WHITE POCKS

To the Editor:—Can you give me a concise description of, and the infecting organisms in, Zambesi ulcer and white pocks?

R. F. EDWARDS, M.D., Newark, N. J.

ANSWER.—1. The main points connected with Zambesi ulcer, according to Bruce, are: (a) it is found, with rare exceptions, in one part of the body—below the knee; (b) it is usually single, seldom double, and more rarely in the form of two, or perhaps three, small ulcers on the same leg; (c) it does not spread, but exhibits immediate sloughing of the area attacked, remains a week or more and then heals by granulation; (d) it produces no constitutional disturbances nor enlargement of the lymphatic glands; (e) it is invariably associated with the presence of a spirillum and a large fusiform bacillus.

It is said that one attack gives considerable protection but not immunity, as years later the same person may develop mild small ulcers. It is said also to be met with only in the flat grass lands, such as the Zambesi delta, but this statement is not reliable. (THE JOURNAL A. M. A., Feb. 11, 1911, p. 461, abstracted from an article by Bruce, W. J., in *Jour. Trop. Med.*, 1911, p. 1.) Since this description no other seems to have appeared. There seems to be another disease known by the name of Zambesi ulcer, which is attributed to the burrowing into the tissues of the larva of a dipterous fly.

The most recent description of the varicella-like disease occurring in Brazil and known as "white pocks," appears to be contained in the article by Rudolph (*München. med. Wchnschr.*, Feb. 7, 1911). He describes this disease as a pustular exanthematous fever closely resembling smallpox in its mode of onset, in the early fall of temperature, in the presence of characteristic bodies, presently to be described, in the exudate, and in the absolute immunity it confers against smallpox. The disease differs from smallpox by the fact that the immunity which it confers against vaccination lasts only for six months, by its benign character (the mortality being only from 2 to 2.5 per cent.), in the greater range of the early fall of temperature, in the histologic and external appearance of the pustule, which is situated in the horny layer of the epidermis and not in the rete malpighii and, finally, in the character of the scar, which is umbilicate and has a tendency to be elliptical and for the most part to disappear with time. Mense (*Handbuch der Tropenkrankheiten*, second edition, Vol. III, pp. 632-633) gives a description of this and of a number of other varicellous affections, and discusses their etiology and relations. Rudolph's description of the organism seen by him in the pustules is: a sharply defined, small, round, coccoid organism staining with Giemsa and basic stains, not stained by Gram, nonmotile, and not yielding any growth on the ordinary culture mediums. It will be seen that this description is identical with that of the bodies found in variola and vaccinia.

ELECTIVE SERVICE OF FIRST LIEUTENANT, MEDICAL RESERVE CORPS

To the Editor:—In your Current Comment (THE JOURNAL, Oct. 28, 1916) on the Medical Reserve Corps, you say that a first lieutenant of the Officers' Reserve Corps can be called on during peace. May I ask if this might not be a mistake, as I understand that no officer can be called out during peace? If they could, those of us who are in our prime, who now belong to the Reserve Corps, who are prompted by patriotic motives and who would drop everything, practice, friends, etc., should we become involved in actual war, would be subject to call to some barracks to examine recruits, and I would not want any one to call me a "hyphen" should I not desire to serve my country in such a capacity. If the new act of June, 1916, establishing an Officers'