

conduct his investigations by letter. That method is peculiar to Washington. Let us have a Department of Public Health!

## CORRESPONDENCE.

### The Poor Physician.

NEW YORK, Feb. 1, 1897.

*To the Editor:*—While we are discussing the question of capital and the farmer, why not touch on the interesting question of the poor physician? His case is truly, if you look at it closely, which nobody seems inclined to do, a very, very lamentable one. Think of this: A man who has made his millions, by fair means or else by hook or by crook, it does not matter, feels that he has done nearly enough for this world and that some of his thoughts and deeds might be now reasonably employed to do something to result in dividends in another world possibly to come. The recipe for the cure of such morbid anxieties is an old and hackneyed one. No necessity for breaking one's head, as he had done before on Wall street matters, or about Standard oil wells in the West. Oh, no; there is a panacea! Let's found a hospital, or if we are very high-toned, let us endow a college. The hospital staff is filled by the founder's beneficiaries, or perhaps such of his friends, especially of such as are willing to contribute more influence and more money for the institution. To the clinics of this hospital only the poor are supposed to go. Such as appear there, and are not poor, are treated also and pay a monthly fee. We may naturally expect that some of the staff physicians, who, be it understood, receive no pay, as they are simply helping in a friendly way the rich man to pay his debt to heaven and his conscience, will divert some of the latter patients to consult him in his own office. But what becomes of the poor physician, the general practitioner of the community, while so much good is being done around him? He has to eke out his existence, support his wife and children, with what these good charitable people have left him. Only some of the very poor are left to him and these he can not, without public condemnation and a kind of dishonor, refuse in case of urgency to treat *gratis pro Deo*. This poor physician is not so perplexed as the rich man may have been, before beginning his great charitable career, as to the means of insuring to himself a livelihood in heaven, but he would be very much pleased if the admirable philanthropy of others allowed him to make one in this valley of tears.

I can not help making here two remarks which seem to me exceedingly curious, and I believe that anybody with a tolerable modicum of humor in him must be struck by their piquancy. First, the anxiety of doing good is sometimes so great that the thing is monstrously overdone. What will you say of a hospital intended for 700 patients that can only recruit 35? But now comes the second point: In order to come as near as possible to the number of patients which their colossal structure requires, they have the unspeakable naïveté to send around inviting the poor physicians, whom they have already despoiled, to help them complete the spoliation by sending to the hospital clinics the few poor patients whom they have left them. The man in the hospital whose specialty it is to care for a certain fraction, or a certain casualty of the human body, wants the poor physician to send him *all those of his patients* (if this way of speaking is not ridiculously grandiloquent) who are affected with the complaint to which he has devoted his genius. Another who watches over a different point makes a similar request; they want their clinics to be well attended and interesting, whatever the poor doctor's dinner may be. For, you see the rich man must read reports which show that his work is prospering on earth, as his spiritual wheat is in heaven.

ALBERT S. ASHMEAD, M.D.

### The Roentgen Ray in Ophthalmology.

PHILADELPHIA, PA., Jan. 29, 1897.

*To the Editor:*—In the issue of the JOURNAL of January 16, the proceedings of the Chicago Academy of Medicine are reported. Dr. Casey A. Wood, in the discussion of Dr. E. H. Lee's paper on "Dermatitis following the Roentgen Ray," is quoted as saying "So far as the diagnostic value of the X rays in ocular diagnosis is concerned the subject may be dismissed in a few words. . . . But it was found that inasmuch as the eyeball is surrounded by a bony casing . . . the experiments were found to be of little value." In experiments made in Chicago to determine the presence and location of a foreign body in the eyeball "the X ray was found to be of little or no value." In Philadelphia our experience has been quite the reverse. Within the past two months, two instances of the detection of steel in the vitreous have been reported in the Transactions of the Ophthalmic Section of the College of Physicians, the first by myself and the second by Dr. G. Oram Ring. Dr. G. E. De Schweinitz has verbally communicated to me the history of the third case in which, after the presence of the foreign body was determined by the X rays, it was extracted by the Hirschberg magnet. Thus it will be seen that the bony walls of the orbit and the coats of the eye are permeable to the rays. By comparison of the shadow of the metal with that of the margin of the malar process of the superior maxillary bone and the knowledge of the relation of the Crooke's tube to the sensitive plate the location of the foreign body can be closely estimated. The three radiographs of the cases above referred to were taken by Dr. Max J. Stern in the laboratory of the Philadelphia Polyclinic. Dr. Wood's hope "that we shall be able to make use of the Roentgen ray for purposes of this sort" has been realized.

Very truly

HOWARD F. HANSELL, M.D.

### Blindness and Quinin.

COLUMBUS, OHIO, Feb. 2, 1897.

*To the Editor:*—In your issue of Nov. 7, 1896, Dr. H. B. Ellis, of Los Angeles, Cal., reports a case of total blindness, "possibly due to an overdose of quinin." I have read his report with interest, although I can not but regard the quinin as a very improbable factor in the production of the blindness.

The report, however, reminds me of a case which occurred many years ago in the practice of my preceptor, Dr. J. C. Reeve, of Dayton, Ohio. A young man came to the office complaining of symptoms which lead to a diagnosis of malaria. A prescription, containing quinin as the chief ingredient, was given him. A few hours later he reported that he had become suddenly and entirely deaf. This deafness was absolute and permanent. He had, however, not taken a single dose of his medicine. Had he taken the quinin I have no doubt the case would have gone on record as an undeniable one of permanent deafness produced by the administration of quinin.

There are so many things happening in this busy world that many events which seem to be sequences are really only coincidences, and I think the blindness in the case reported was of this nature.

J. F. BALDWIN, M.D.

### A Case of Temporary Amblyopia from Eucain.

GALESBURG, ILL., Feb. 6, 1897.

*To the Editor:*—The new succedaneum for cocaine—eucain—has, I believe proved so useful and so nearly free from danger that its continued employment is not a matter for doubt. I have frequently used it in cases where its points of difference from cocaine have seemed to indicate its employment in preference to that drug, and I have often been struck, in such cases, by its excellences.

Recently, however, there fell to me an experience of a kind to teach us that eucain certainly has its dangers. The case was