

Correspondence.

Muscae Volitantes..

LAFAYETTE, Ind., July 24, 1899.

To the Editor.—I have been very much interested in the recent articles in the JOURNAL on the seeing of the blood-corpuscles in one's own retina. So far as I am concerned it has not only never been a difficult matter for me to see them, but has been a very difficult matter in microscopic work to keep the field free from them. To see them best, it is well to prepare a slide with blood for comparison. Any good microscope stand with "B" eye-piece and $\frac{1}{4}$ -inch objective may be used. Focus the instrument on the slide, to get the idea of the size and appearance of the corpuscles, then draw the tube back by the coarse adjustment until the focus is lost, when the blood-corpuscles will be seen traveling across the field exactly like the corpuscles in the capillaries of the frog's foot in that well-known experiment. A bright artificial light is best, and a blue glass placed over the eye-piece as an advantage, but by no means necessary. If the tube be drawn back till the objective is at a distance of one or two inches above the table of the instrument, and the eye held very close to the eye-piece, a very much enlarged image of a small portion of the retina will be seen; the corpuscles can be seen moving, but not so distinctly as in the first method.

Any reader of the JOURNAL who has a microscope can study this new field with great profit. The blue glass used, as recommended by Dr. Norton, is an advantage, but I find no difficulty in seeing the corpuscles with the naked eye in looking at a clear blue sky.

W. H. PETERS, M.D.

Plea for Both the Tuberculous and the General Public.

FORT HUACHUCA, N. M., July 15, 1899.

To the Editor.—At last, after years of neglect, the great army of sufferers from the deadly "white plague," have had something in the way of legislation done in their behalf. All praise to the New York Legislature for taking the initial step in appropriating the money for the erection of a sanatorium in the Adirondack Mountains, for the treatment of pulmonary tuberculosis. Equally as praiseworthy was the act of the Government in turning over to the marine-hospital service, Fort Stanton, N. M., for a similar purpose. The work of turning it into a modern sanatorium is now being done, and when completed it will be used for the treatment of tuberculous sailors and marines. And if reports are true, Surgeon-General Sternberg has recently selected Fort Bayard, N. M., as a site for a similar institution where the tuberculous soldiers will be treated.

Why the tuberculous have been so long neglected and left not only to face certain death, but also to menace the health of all those around them, when a large percentage can be cured by the sanatoria method of treatment, which at the same time removes all danger to the public, is beyond all comprehension. That the example set by the New York Legislature should be followed by every state in the Union there can be no doubt.

The blind, the feeble-minded, the epileptic and the insane are being cared for by the states, and why not the tuberculous, when a large percentage, who otherwise must die, can be saved, and at the same time the general public protected from its most dangerous foe?

Tuberculosis can be cured in any climate by the sanatoria method of treatment, but the more suitable the climate the greater will be the percentage of cures. A great number have been cured in the Adirondack Mountains, and the same can be said of the mountains of North Carolina, but hardly any other part of the United States, except the Southwest, offers the suitable climatic conditions for the successful treatment of pulmonary tuberculosis. In the Southwest, namely, Arizona,

New Mexico, northwestern Texas, and Colorado, are to be found all the climatic conditions having a curative influence on tuberculosis, viz., a maximum amount of sunshine, a pure dry atmosphere, altitude and a porous soil. Land is cheap and favorable sites for sanatoria are to be found in abundance in this section. Now, why wouldn't it be feasible for states having unfavorable climates for the successful treatment of tuberculosis to secure land in the above-mentioned section and erect thereon sanatoria for their tuberculous, instead of within their own borders? Would not the greater number of lives saved, the greater number of otherwise hopeless invalids returned to the producing class, the greater security from infection by this plan more than pay the additional expense it would incur?

The tuberculosis craze is abroad, not only throughout the land, but throughout the world, and now seems an auspicious time for the profession to urge proper legislation. When the general public becomes educated to the fact that tuberculosis is a contagious and a preventable disease; when the different states provide sanatoria for their tuberculous; when the general practitioner learns to diagnose incipient tuberculosis, and becomes honest enough to tell his patients their true condition and advises them to go where they will have the best chance of recovering, then and then only will we be able to successfully contend with the greatest destroyer of mankind.

ARCH. DIXON, JR., M.D.

Exstrophy of Bladder. Correction.

INDIANAPOLIS, Ind., July 29, 1899.

To the Editor.—My discussion of Dr. Allen's paper on "Exstrophy of the Bladder," as printed in the JOURNAL of July 29, is somewhat garbled. I did not make bold to say: "It is not rational to make the operation of intestinal implantation," but did say that under certain conditions Maydl's brilliant operation, as successfully executed for the first time in America by Dr. Allen of Cleveland, might be contraindicated. All agree that the operation of intestinal implantation of ureters should not be practiced if the kidneys are unsound.

In the case which came under the writer's observation there was on the left side a pyonephrosis, and on the right a chronic nephritis. The patient was exsanguinated and could hardly have borne such a heroic operation as that of Maydl. Therefore a method much less dangerous and requiring less exquisite skill for its performance, namely, the method of Sonnenberg, was selected.

I prefer not to go on record as one who, having realized the beggarly results of Sonnenberg's operation, would criticize the great work of Dr. Allen, to whom we all should unstintingly give honor.

Very sincerely yours,

J. RILUS EASTMAN, M.D.

A National Board of Health.

MINNEAPOLIS, Minn., July 28, 1899.

To the Editor.—An editorial in the JOURNAL (July 22, p. 234), speaking of a national department of health, refers to the endorsement of such by several medical bodies—the American Public Health Association, the AMERICAN MEDICAL ASSOCIATION, and the Conference of State Boards of Health. In connection with the latter association, it said "recommended with practical unanimity—three delegates not voting." This is a misrepresentation. The question brought to a vote at the Conference at Richmond was *not*, "Shall we have a national board of health?" but "*Shall we endorse the Spooner bill?*" Quite a different proposition. I was one of those who put myself on record as *not voting*, for the motion was so worded that one voting in the negative was made to appear to be voting against a national board of health. I was not willing to vote to endorse the Spooner bill. At the same time, I was not willing to appear to be voting against a national board of health;