

business," and that the publication of such facts as these confirm it. Let us examine the alleged facts. If they are true, then the above allegations stand. If they are false, then they fall. The "facts" consist of an experience with one board of pension examiners, who examined twenty applicants at once, from one section and found them all suffering from heart disease. These applicants were then examined before disinterested physicians who found no heart disease in any of the cases. Is this probable? Is it possible, that twenty soldiers aged from 55 to 75 years, who have suffered all the privations of army life, and subsequently the most of them the hardships of severe manual labor in attempting to maintain their loved ones, that not one had heart disease? I doubt if it is possible to take twenty men with no army experience between the ages of 55 and 75 years and not find one with heart trouble.

The sentiments of your article are so similar to others recently published, as to excite the suspicion of a common inspiration. Many of your subscribers are pension examiners. Were you to obtain their experience as to the prevalence of heart disease among pensioners it would go far towards establishing the question as to who is right in the controversy between the Commissioner of Pensions and the Grand Army.

J. J. BROWN, M.D.

A Medical Weekly Criticised.

PAWTUCKET, R. I., Oct. 2, 1901.

To the Editor:—I am glad you noticed the editorial of a certain medical journal reflecting upon the physicians who attended our late lamented President.

It is a deplorable state of affairs when a journal that should be cautious and dignified, rushes into print editorially with a hysterical attack upon the good name of our profession backed by nothing but hearsay. The proceeding was a disgrace to journalism and if I were a subscriber of this weekly I should consider it a duty to myself and my profession to refuse to accept it in the future.

According to certain "yellow newspapers" this medical publication is the "mouthpiece of the profession." Where those poor deluded scribes got the information I can not imagine, but sufficient to say they never heard of the American Medical Association or THE JOURNAL, or of a number of other favorably known medical journals, for if they had, reckless as these men are, I believe they would hesitate before writing such a glaring misstatement.

I believe that a medical journal that assumes such an attitude toward the profession is unworthy of support. The editorial not only reflected upon the gentlemen immediately concerned in this case, but upon the whole profession, and while this editorial was inconsistent and absurd to the professional mind, it certainly made the profession ridiculous to the lay mind.

Yours very truly,

FRANCIS M. HARRINGTON.

The Septic Tank.

CHICAGO, Oct. 9, 1901.

To the Editor:—In THE JOURNAL of September 28, the City Clerk of Vancouver, B. C., states in a very positive way that the City of Vancouver was the first to introduce the Septic Tank System into the Dominion. This is an error. The first septic tank system to be introduced in the Dominion of Canada was installed at the Mount Allison University, Sackville, N. B., and was put into practical operation in October, 1900.

I should perhaps explain that, as general agent for the septic tank syndicate at Exeter, England, I secured the introduction of this system, both at Vancouver and Sackville, and on March 12, 1901, I received a letter from Dr. Allison, President of the University, reporting the very satisfactory working of our system. In the interest of your readers, perhaps you would like to get a later report from the Doctor, which I think he would be very glad to give you, but in justice to Dr. Allison I think Dr. McGuigan's statement should be corrected.

Yours very truly,

H. D. WYLLIE,

General Manager Cameron Septic Tank Co.

A Warning.

PHILADELPHIA, Oct. 12, 1901.

To the Editor:—I desire to warn the profession against the operations of the Merchants' and Physicians' Adjusting Agency, of 346 Broadway, N. Y. Their scheme is to agree by written contract to collect bills for two years for \$25, half of the first \$50 collected. The doctor must bind himself to send every 20 days for five times, twice as many stamps as the number of debtors to whom letters will be sent. The point here is that if the physician should forget to send the stamps within the time mentioned, such is the wording of the contract, that he must forfeit \$25 and risk hearing nothing more about his accounts. Should he refuse to pay, they threaten and demand a promissory note as the only concession. The nefarious trick is quite obvious.

H. S. ANDERS, M.D.

Gangrene Complicating Pregnancies.

AUSTIN, TEXAS, Oct. 11, 1901.

To the Editor:—For the benefit of the statistic-pathologist, allow me to report that several years ago, a primipara, of this city, lost one of her feet, and part of the ankle, as a result of gangrene, complicating parturition. The patient fully recovered, and has since borne five healthy children, all of whom are now strong and well. Personal observations lead us to believe that such complications are not so rare, or so fatal, as many writers would have us to believe.

Q. C. SMITH, M.D.

New Instrument.

A SIMPLE MECHANICAL DEVICE TO PREVENT THE MISCOUNT OF SPONGES.

MISS ZELL CONVERSE, GRADUATE NURSE.

COLUMBUS, OHIO.

The unfortunate accident in a Columbus hospital a few years ago, and the universal expression of trained nurses as to the responsibility assumed by them in accounting for the sponges used, impresses upon the mind of the writer not only the convenience and value, but the almost absolute necessity of some arrangement which would render a miscount impossible.

The following described simple device then came to mind, and was suggested to one of our leading surgeons, who has since used it both in hospital and private practice; in a published report he speaks of it as devoid of complications and in every way eminently satisfactory. Any ordinary table may be used, but one at least 36 inches in length and a little wider than is necessary to hold two sponge basins, will be found most convenient. To this is attached at the back of the top an upwardly inclined surface about 36x36 inches with three hooks, one at each upper corner and one in the center from which the unfolded package of sponges is suspended.

The sponges are made of surgeon's gauze in two sizes; one size 9x9 inches, and the other, 12x12 inches. Each package is made up of a piece of muslin or cotton flannel, measuring 30x36 inches and divided by colored threads into squares, three of which are 12x12 inches, and the eight remaining, 9x9 inches. Colored thread run in by machine easily marks the squares. Three loops of tape, one at each upper corner and one in the center of the muslin, are for suspending from the hooks on the table. To each square a sponge is lightly caught by a very fine thread at each upper corner—indicated by dots in the diagram. The muslin is then folded upon itself, rolled up and sterilized. At the beginning of the operation the sterilized package is unrolled and suspended by the loops of tape from the hooks upon the inclined surface at the back of the table, where the nurse and everyone present can, at a glance, see that each square is occupied by a sponge. If the unbleached muslin is used the difference in color in the muslin and the sponge would make the absence of a sponge the more quickly detected. The sponges being so lightly attached are then easily removed to the basins. When the time comes for counting, the nurse