

whether more than 3 out of 293 houses in Klang escaped infection during the last 4 months of that year. Port Swettenham was opened in September, 1902, and within 2 months 41 out of 49 government quarters became infected, while 118 out of 196 government servants were attacked before the end of the year. An energetic system of drainage similar to that which proved so effectual in Havana and Ismalia was instituted. Swamps were filled up, jungle and undergrowth cleared, and a contour drain was constructed round the declivities in order to intercept incoming springs. The cost up to date was \$26,000 (Mexican) for Klang and \$59,000 (Mexican) for Port Swettenham, this comparatively large expenditure being sanctioned in order that the work of reclamation should be as permanent as possible and should provide good building sites in both towns. The admissions to hospital for malaria fell considerably. Only 2 out of 260 children, or 0.77 per cent., residing in Klang and Port Swettenham were found to contain the malarial parasite in November and December last, as against 91 out of 298 residing in the surrounding district, or 34.8 per cent. The amount of sickness in officers in the two towns showed a remarkable fall. The following are the figures: Sick certificates—1901, 236; 1902, 40; 1903, 23; 1904, 14. Days of leave—1901, 1,026; 1902, 198; 1903, 73; 1904, 71. Further, no officer has suffered since July, 1904, that is, during the worst malarial season. Perhaps Dr. Watson's most convincing statement, which he says he can not help recording with less satisfaction, is that his fees from private patients suffering from malaria have fallen to zero. He sums up thus: "The two areas which were so malarious in 1901 are now practically, if not absolutely, free from the disease, and the district surrounding them remains much as it was." Ninety-nine per cent. of the breeding places of anopheles have been removed. There is no evidence of any considerable emigration of anopheles into the drained areas from the extensive breeding grounds outside—a most important fact, for the possibility of such emigration has always been an excuse for neglecting anti-mosquito work.

#### Lord Lister's Birthday.

Lord Lister, famous in the earliest days of antiseptic surgery, has just celebrated his seventy-eighth birthday. His admirers throughout the world will be delighted to hear that he is still in good health.

## Correspondence

### Abuses in Medical Literature.

SAN ANTONIO, TEXAS, 1905.

*To the Editor:*—I believe that the ponderous systems of medical literature are indefensible on the economic and on moral grounds. Our literature, in its present bulk, is accessible to the student, but, in two respects at least, it is wholly inadequate. The most brilliantly endowed and acquisitive mind can hardly grasp, in all its ramifications, the essential literature of a single department of medicine, and yet some general knowledge of all departments is a necessary prerequisite to the intelligent practice of any of its specialties. When every branch of medicine has a half dozen or more systems devoted to it, is it not a gross imposition on the reader's mind, a confusion of his memory and a waste of his time? In the desire to be just, rather than critical, in my search for motives, I have been forced to indulge hypotheses, and to ask myself if these repetitious compilations are honestly put together, and diluted through countless pages, to suit the assumed lower intelligence of the reader. It may be presumed that many collaborations, not a few of them displaying in their pages the blurred literary images of men of deserved eminence, grow out of the notion that the reader's respect for authority is weighed by the bulk and heft of the volume. Evidence might be adduced to support the graver charge, that it is not the first aim of expansive authorship to present concisely, to the more or less credulous and dependent reader, new and important knowledge, or old knowledge in new and improved form, but elaborately to display itself as high consultant authority. The desire for a wider clientele is peculiarly seductive, and there is a certain objectiveness about increasing fees which seems to blunt the moral perceptions and to confuse the most virtuous intentions. Even writers of conspicuous ability and of unimpeachable moral character give the weight and in-

fluence of their commanding names to many of these successful impositions on the patience of the profession.

Recently I was permitted to read the manuscript of an exceptionally able and conscientious writer, under contract to contribute 15,000 words to a certain new system. He assured me, with charming innocence of any intentional complicity in wrong doing, that his paper was a compilation, that it added not an iota to the knowledge of the subjects, and that he could have completed his part of the work in 2,500 words. I am an advocate of the one book for the one man, and I would qualify the man and hold him to certain rigid conditions. He should not be permitted to write, with nothing but the itch for inspiration, air egotistic puerilities or display the turbulent impulses of covert ambition, in too much space. He should not confuse his subject and the reader by senseless repetitions. forsake the sufficient pamphlet for the degenerated book, or needlessly abstract from its original accessible source knowledge already familiar to the reader.

It is a matter of common knowledge that medical literature is luxuriant in its growth, abundant in its knowledge and brilliant in its achievements; but it does not courageously adhere to its own intrinsic ordinances, and its ethics are too much under the influence of alien and prohibitive influences. It flaunts its wretched superfluities in the face of knowledge, and its benefits are administered too seclusively to the writer and exclusively to the reader.

Without, however, seeking to pry too curiously into the character of personal responsibility to science, impartial evidence seems to confirm the statement that each member of the profession has contributed, in one way or the other, to the general confusion and misbehavior of medical literature. We have not recognized and sustained with the right intelligence or moral courage its superior claims to impersonal consideration, nor have we opposed, as individual units of resistance, the impositions that have weakened its vitality and compromised its character. By what initiative and with what force and persuasiveness shall we undertake the re-establishment of literary authority? It is easier to ask this question than to answer it. Nevertheless, it may be suggested, as a beginning, that it is possible for each of us to discourage in himself, and to oppose in others, the suave and fluent insinuations of self-interests. It is possible to refuse to sanction collaborations of dubious merit, even when we discover held over them, in editorial benediction, the palms of some acknowledged high priest of medical thought. An aroused general sentiment, expressing itself along these lines, would separate, in time, the wheat from the chaff, attach responsibility where it belongs, and relegate to the background the conscious and willing disturbers of literature's more honest and capable efforts to meet the requirements of scientific progress.

When the general demand for truly expressive literature is raised high enough, in quality and morals, both writer and publisher will be forced to adapt themselves to the higher claims of literary propriety. This disposition apparently settles the question of mischievous authorship, for it may be argued that without readers the publisher must fail, as without a publisher the writer must fail. It is certainly true that the right demand will produce the right book, for it is as obviously a fact that the cultivated intelligence of the reader has its source and authority in books as it is that the book has its source and authority in the writer.

JAMES HALL BELL, M.D.

### Clay Mixture Poultices.

UNIVERSITY OF MICHIGAN,  
DEPT. OF MEDICINE AND SURGERY.

ANN ARBOR, MICH, May 4, 1905.

*To the Editor:*—Certain medical journals are publishing a letter from the Denver Chemical Company criticising Dr. A. H. Roth's article on clay mixture poultices (*THE JOURNAL*, April 15, p. 1185), and criticising *THE JOURNAL* for publishing it. The letter contains several erroneous statements and as I had something to do with the article, as I shall show below, I think it only fair to Dr. Roth and to *THE JOURNAL* to give the facts.

The gist of the letter can be condensed into the following statements, viz.:

1. That the manufacturers of the substance formerly carried an advertisement in THE JOURNAL of the American Medical Association.

2. That this advertisement was withdrawn.

3. That the manager of THE JOURNAL, influenced by this loss of the advertisement, sent an abstract of Dr. Roth's article to medical journals.

4. That the article failed to specify the name of the substance, though quoting from its literature.

5. That the firm expect their substance to be a topic of medical discussion.

6. That THE JOURNAL would have done better had it published an article by a "man of years and clinical experience" instead of one from a "youth."

7. That the conclusions of Dr. Roth are at variance with the clinical findings of 90 per cent. of the active practitioners of this country.

8. Finally, the letter requests that if the medical journal addressed publishes the abstract it will also publish the letter under consideration immediately following, so that readers may be aware of the circumstances surrounding the publication of the article.

1, 2 and 3: THE JOURNAL had nothing to do with the conception of the article and, so far as I can learn, nobody connected with THE JOURNAL knew anything about the article until the typewritten copy was sent to it. The full page advertisement was in THE JOURNAL when the experiments were begun. I understand that THE JOURNAL makes it a practice each week to send to those journals which have requested it an advance sheet containing abstracts of the original articles. Naturally an abstract of Dr. Roth's article was included among these abstracts.

4. Dr. Roth did not specify the particular brand of clay poultice used because he was concerned not so much with the species as with the general question. As he pointed out, different brands of similar preparations are on the market. I have even heard that such a preparation is to be mentioned in the United States Pharmacopeia. Simply because we happened to have several samples of one particular brand this was used in the experiments. Dr. Roth quoted from the literature of the makers for very natural reasons, and quoted not in order to plagiarize but to explain the reason for some of the points brought out in the article.

5. The statement that the makers expect the substance to be a topic of medical discussion can hardly be reconciled with the letter.

6. As regards Dr. Roth's age and clinical experience, I hardly think any defense is necessary. He probably is quite as old and has quite as much experience as many of those who get favorable clinical results. Dr. Roth's experiments speak for themselves; if his observations or conclusions are faulty that can easily be shown.

As regards No. 7, it may be that Dr. Roth's results are at variance with the findings of 90 per cent. of the active practitioners of this country. I have no means of contradicting this statement, but the following seems to me to be of interest: Dr. Roth read his article before a large medical society. I think it is safe to say that there were 150 men present. The general trend of the discussion was adverse to the use of such substances. One physician warmly objected to the reading of such a paper on the ground of impropriety, because, he said, no reputable physician would use such material.

The article was instigated by me. I suggested the experiments to Dr. Roth in the beginning of 1904. Before that I had frequently discussed the use of clay poultices in clinics and before medical societies, when the question of the use of such substances was brought up. Dr. Roth (then Mr. Roth) and Mr. Munson began the experiments in my clinic on Feb. 4, 1904, and carried on a number of clinical observations in the next two or three months. Dr. Roth then finished the work in the fall of 1904, and it was ready for publication early in 1905. It was then announced on the program of a district medical society, and at the meeting was read and discussed. The editor of a medical journal published by a drug house

asked the privilege of publishing the article. I told Dr. Roth that the article ought to go into a journal free from commercial affiliations and advised him to send it to THE JOURNAL of the American Medical Association.

Dr. Roth has received a number of letters from men of standing in the profession congratulating him on the work and asserting a disbelief in the usefulness of such substances. He has not received any adverse criticism in this way.

8. I can not imagine that an editor of a medical journal would be influenced by the letter of the company; but the mere fact that such a letter was sent out puts in rather an unpleasant light the estimate that the writers have of the independence of editors. It is well known that many articles are written at the instigation of manufacturing firms. One can hardly object to this, but an effort to prevent the publication of adverse criticism strikes me as a very undesirable condition in medical journalism.

GEORGE DOCK.

#### The Pennsylvania Osteopath Bill.

PHILADELPHIA, May 4, 1905.

*To the Editor.* The governor of Pennsylvania has just vetoed the osteopathic bill, which passed both houses of the legislature, by methods which perhaps had better remain unnoticed. As the effort of these pretenders has been made in several states, a comparison of the bills submitted discovers one fact, which I believe it would be well to make plain through the columns of THE JOURNAL of the American Medical Association.

This point is best discovered and demonstrated by a quotation from Senate Bill No. 311 of Illinois, and, parallel therewith, from Bill No. 115, file of the Senate of Pennsylvania. Each of these bills, every physician should recognize, apparently provides for an examination for licensure to practice osteopathy on proving, before a proposed board of examiners, that the candidate is possessed of a standard of qualification approximating that of the medical laws of the highest standard as operative in a few of the states.

The common point, to which attention should be directed, is that a provision, more or less vaguely worded, is incorporated in these acts, which deprives the proposed law of the very strength and protection to the community, which it apparently bears on its face, because it imparts to the proposed board the right to dispense with examinations, and to issue licenses to practice.

In Section 4, of the Illinois bill, it is provided, that "he or she files with the board a certificate of the Illinois Osteopathic Association, a corporation duly organized and chartered under the laws of the state of Illinois, setting forth under seal attested by the president and secretary of the association that the person named in the certificate is a graduate of a reputable college of osteopathy; that he or she is of good moral character and that he or she is in good standing in his or her profession; that such applicants shall (mandatory), on the payment of five dollars (\$5.00) receive an osteopathic physician's certificate from the board without an examination." (Italics mine.)

The last three words unfold the plot.

Now, a parallel consideration of a similar provision in the Pennsylvania bill: In Section 2, it is provided that "A majority of the members of the whole board shall (mandatory on them) issue certificates of qualification (at this point it is not stated whether the qualification refers to the possession of credentials admitting to examination for licensure or qualification for practicing) to all applicants having a diploma from a legalized reputable recognized and regularly incorporated college of osteopathy in good standing as such at the time it was issued." (Italics mine.)

In other words, this forces the board to recognize the diplomas of all the colleges of osteopathy, which the board considers to have been in good standing. It would thereby perpetuate the imperfections of these institutions, from the time of their origin.

"Said certificate shall be signed by the president and secretary of said board and attested by its seal (now for the point),