

their "fall" under the present system, as shown in articles in the *Illinois State Medical Journal*. I am aware that some such articles were published, but I believe the profession generally understands the animus and circumstances under which they were published. But when such reference to our charitable institutions is made in a journal of national circulation the matter assumes a different aspect.

Now, I am deeply interested in these institutions, am a visitor of them, and of similar institutions in other states, and if it can be pointed out to me in what particular, in any one of these institutions there is a defect, I will make an effort to remedy it. If any defects can be shown in the medical treatment of our insane, any want of efficiency or kindness on the part of nurses, any harsh treatment on the part of attendants, any lack of cleanliness or sanitary condition in the buildings or grounds; if, indeed, there is any point in any one of these institutions that will not compare favorably with any other institution for the insane in this country, I most earnestly want to know it.

I will gladly accompany you, Mr. Editor, or the former editor of the *Illinois State Medical Journal*, to any of these institutions you may select for this observation.

With reference to "the loss to the state of eminent medical men," I can recall but one change in superintendents during the present administration, that at Jacksonville, and that was certainly not for political reasons.

H. C. FAIRBROTHER, M.D.,
Member State Board of Charities.

[We do not question the good faith of the author of this letter. As to the editorials in the *Illinois State Medical Journal*, we know nothing of their "animus" nor of the "circumstances" under which they were written. They appeared in the editorial columns of a highly respectable medical journal and, as we recall, they were warmly commended at the time by the leading Republican daily of Chicago, and were indorsed in the issue of THE JOURNAL, Feb. 20, 1904, because they seemed to us to show, without personality or partisanship, the evil effect of political influence on a body of institutions whose directing spirit should be purely that of medical science.

The writer of the above letter states that he has no knowledge of any defects in the Illinois institutions, but expresses an admirable willingness to remedy them if any can be shown to him. It would be no difficult task to do this. The subordination of the Illinois institutions to party politics has been so evident that it is now a public issue in the state, and neither party dared to frame a platform this year without a plank demanding a merit system for the appointments to these institutions. A powerful voluntary organization of representative men throughout the state has been formed for the express purpose of securing a state civil service law, and, as its reports will show, the primary need of this law was found in the condition of the state institutions. For the past eleven years, since the inauguration of the spoils system in 1893, at least 90 per cent. of the offices, over 2,500 in number, in the state charitable and penal institutions, have been used for the payment of political debts or the purchase of political power. This system has naturally resulted in a deterioration in the management of our institutions. At the present time, in at least nine cases out of ten, fitness and experience combined have no influence in obtaining a position even in the insane hospitals.

There is one respect in which the institutions of Illinois do not compare favorably with "other institutions for the insane in this country." There is no governing body whose members are appointed and hold office in a way that makes it a proper body to hear complaints and investigate charges. The State Board of Charities is appointed by the same head who appoints the superintendent and chief officers of the various institutions, and as a consequence they are naturally inclined in all investigations to shield the management rather than to protect the

inmate. For specific instances we may point to the Kankakee investigation, to the Elgin investigation, and to the attempted investigation of the Illinois Industrial Home for the Blind. It is fair to say that the instances referred to occurred before Dr. Fairbrother's very recent appointment to the board. For details we refer him to the "Plea for a State Merit Law" published by the Illinois Civil Service Association. That Illinois has lost the good name she once boasted of is shown by the fact that a commission appointed a few years ago by the governor of Pennsylvania to visit the various state charitable institutions and report on the same, passed through Illinois, stating in a personal interview with the representatives of the press in Chicago that they could learn nothing from the Illinois state charitable institutions, as they were among the lowest in point of efficiency.

Our correspondent questions our assertion as to "the loss to the state of eminent medical men" and says he knows of but one change in superintendents in the "present administration." We can not state too emphatically that we intend no reflection on the "present administration" of Illinois or of any other state. THE JOURNAL does not lend itself to partisan politics, nor does it hold any one administration responsible for the general situation, but it has been repeatedly pointed out that political control of public medical charities under any administration always has been and always will be disastrous.

We are sorry to say that, unlike our correspondent, we are able to recall a considerable list of excellent alienists who by various "methods of elimination" have been removed from the service of Illinois since 1893, when the period of political control set in. Among these are a pathologist of national reputation, the successful heads of three large institutions in other states, the superintendent of another public insane asylum which is now among the most progressive in America, and others equally meritorious but less conspicuous.

We would remind our critic that the points mentioned in his letter are not the only ones in which we have a right to demand a high standard for our insane asylums. Let him compare the medical, surgical and laboratory work in the asylums of Illinois with that carried on now in New York, Minnesota, Michigan and Ohio—the actual volume of scientific, clinical and pathologic work as evidenced by publications in the current literature. Cleanliness and kind treatment are certainly necessary, but the twentieth century has advanced beyond these points, and so long as mechanical restraint still obtains in our asylums, so long as they still retain the "Utica crib," and so long as they fail to keep up with the march of modern psychiatry, so long shall we be justified in our criticism of them.—EDITOR.]

Copper Containers Not Sufficiently Germicidal to Typhoid Bacilli in Water.

SPRINGFIELD, ILL., Oct. 5, 1904.

To the Editor:—According to newspaper reports of the latter part of August Dr. Edward Martin, director of public health and charities, Philadelphia, stood sponsor for the following statement: "Typhoid fever germs may be removed from water without boiling or filtering. It is only necessary to let water stand for four hours in a copper kettle in a living-room temperature or twenty-four hours in a refrigerator. The water will receive sufficient colloidal impregnation from the vessel to kill typhoid fever and cholera germs."

At about the same time the newspapers published an announcement that municipalities and communities suffering from or threatened with the presence of typhoid germs in drinking water were requested to call on the Secretary of Agriculture to render assistance; that the Department of Agriculture, after exhaustive investigations, had found a remedy for the destruction of typhoid bacilli in the simple retention of infected water in copper vessels.

Further, about September 5, Dr. George T. Moore of the Department of Agriculture was quoted as saying: "I am perfectly willing that the press should say for me that the death rate in any community from typhoid fever, so far as the disease is caused by infected drinking water, may be wiped out by the scientific use of copper as a germicide."

The wide publicity given to this subject by the press, and the simplicity, economy and alleged certainty of the process, caused serious apprehension on the part of the Illinois State Board of Health, lest local authorities of the state might advocate and adopt the method without further investigation, neglecting the more thoroughly tried and approved methods of the prevention of water-borne diseases. To determine the accuracy of the claims made, the State Board of Health immediately undertook a thorough and painstaking investigation of the germicidal powers of copper and its salts, under the direction of Prof. John H. Long, of Northwestern University.

These investigations have been completed and show conclusively that typhoid bacilli may live in water in copper containers or in water brought in contact with copper, at ordinary room temperature, not only for four hours, but for twenty-four or even forty-eight hours. According to Professor Long's report, "while in sterilized water in contact with copper, the 'death rate' of typhoid bacilli is high, their persistence for two or three days, and the possible persistence for longer periods in larger amounts of water, render the method impracticable for use in rendering a suspicious water safe for household use."

There is no question but that the contact of copper with water contaminated with typhoid bacilli brings about more rapid destruction of these bacilli, and some germicidal power must be admitted, but that this germicidal power can not be depended on, especially in the small space of time suggested in the newspaper reports, is made apparent by the persistence of the bacteria for over forty-eight hours under conditions in which this germicidal power is stated to be at its highest.

It is to be remembered that the disappearance of typhoid bacilli from water in a copper vessel, at the end of forty-eight hours, can not be entirely attributed to the germicidal action of the copper. Typhoid bacilli disappear from ordinary water in from one to ten days, and from Chicago tap water, they are, as a rule, entirely absent five days after seeding. Hence, the disappearance of the bacilli forty-eight hours after seeding, in a copper vessel, may be due, not only to the action of the copper, but to the natural destruction of the bacilli in water.

It must be further remembered that water which receives sufficient "colloidal impregnation" to destroy typhoid fever and cholera germs may receive also sufficient poisonous properties to render it unfit for drinking purposes. Be that as it may, there is no question but that the copper-lined canteen, advocated and said to be under consideration by the government for the uses of the Army, would be more deadly in its results than are the typhoid bacilli to-day. Lacking the germicidal properties to destroy the germs of water-borne diseases, they present merely an added danger from the contamination of the water from material of their own construction.

The "purification" of water by the destruction of bacterial poison through the addition of chemicals which may be in themselves poisonous, has ever been a theory untenable to the logical sanitarian or physician. The interest manifested in the earlier reports of this "copper kettle water purification" justifies the assumption that even greater interest will be shown in the results of accurate investigations determining the truth or error of the earlier theories or assertions.

J. A. EGAN.

Secretary Illinois State Board of Health.

Should the Appendix Be Removed When the Abdomen Is Opened for Other Conditions?

BALTIMORE, Oct. 4, 1904.

To the Editor:—I beg leave to make a slight correction in an admirable article by Dr. Floyd McRae in *THE JOURNAL*, Sept. 24, 1904, on "The Diagnosis of Appendicitis, Should the

Appendix Be Removed When the Abdomen Is Opened for Other Conditions?" He writes as follows: "Kelly, in his classical work on gynecology, gives the opinion of a number of the leading surgeons and gynecologists in this question. Most of them were of the opinion that the removal of the appendix, unless markedly diseased, should not be a routine practice, the author agreeing with them." My remarks on this subject were published, not in my "Operative Gynecology," but in a paper entitled "Under What Circumstances Is It Advisable to Remove the Vermiform Appendix?" which appeared in *THE JOURNAL* of the American Medical Association, Oct. 25, 1902. The point in regard to which I asked for opinions was not "whether the appendix should be removed unless markedly diseased," but whether it should be removed when it deviated in the slightest degree from normal, my question being: "When the abdomen is opened for other causes and the perfectly normal appendix is easily accessible, is it your rule to remove it?"

HOWARD A. KELLY.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

ELIGIBILITY OF SECTARIANS TO COUNTY MEDICAL SOCIETIES.

MINNEAPOLIS, Sept. 25, 1904.

To the Editor:—I write to you in behalf of the board of censors of the Hennepin County Medical Society of Minneapolis, to ask you what has been the practice of societies in affiliation with the American Medical Association with regard to admitting homeopathic physicians into membership. We wish to ask especially: Are homeopathic physicians, if they practice "non-sectarian medicine," eligible for membership? Is there a precedent for receiving them? If so, what society affiliated with the American Medical Association has received such? If they are admitted can they still retain their positions as professors in homeopathic medical colleges, their appointments as visiting physicians on the homeopathic staffs of hospitals, and their memberships in homeopathic medical societies?

DAVID OWEN THOMAS.

ANSWER.—The members of a number of county medical societies have been more or less puzzled to find an answer to the question propounded in the above letter, namely, whether the new plan of organization commands, recommends or permits the reception into membership of sectarians. The provision governing action on this point as suggested in Article III of the "Standard Constitution for County Medical Societies" is as follows: "Every legally registered physician residing and practicing in _____ county, who is of good moral and professional standing and who does not support or practice, or claim to practice, any exclusive system of medicine, shall be eligible for membership." The difference between this and the earlier practice lies in the fact that the school of graduation and the former practice of an applicant for membership no longer act as a bar, provided that the applicant now fulfills the conditions laid down in the article quoted—that is, does not limit himself, either in his claims or in his practice, to any exclusive system. However, the autonomy of the county society is complete and it has full power to decide under exactly what conditions any individual applicant may be admitted. Those who have professed to practice an exclusive system in the past, but who now renounce such claims, are declared to be "eligible for membership," and it is recommended that they be admitted. No compulsion exists. There may be other reasons for refusing to accept such applicants: the county society must decide. Under the new order of things and by reason of the complete freedom of decision as to membership that rests with the county society, the practice of societies varies in different counties. A society in Ohio and another in Iowa received into membership all the irregulars in their respective counties. This may have been a permissible procedure and the result of the experiment is being watched with interest. Some difficulties have arisen in the effort to keep straight some of the former irregulars. On the other hand, some decided good has been accomplished. Sectarians who retain their claims, practices and college, society and hospital affiliations are not supposed to be eligible. It seems wisest to construe the statute with liberality when deciding an individual case. It may be better, in some instances, to admit than to reject one whose status is not perfectly clear, because the very admission, through its fellowship with men of high professional ideals, may prove the turning point of a career begun in error and continued for the lack of opportunity to retrace false steps taken in ignorance and innocence.

CONTRACT PRACTICE—AN EXPERIENCE.

A physician, who desires his name withheld, writes from Indian Territory regarding contract practice, endorsing the movement in