

learned that the air had been impregnated with firedamp for some time. It frequently happens that the air in a mine is at times so loaded with firedamp that only a spark is needed to produce an explosion. The absence of the spark prevents any trouble. The editorial urges that three samples of air should be taken at a time, three times a day. One sample should be tested, and one sample be kept by the officers of the mine, and the other sample by a delegate from the miners. In this way it would be possible to detect increasing contamination of the air, and, in case of an explosion, to place the responsibility where it belongs. Then, if any explosion occurs, the survivors should have supplies of oxygen within reach at different points in the mine. (See editorial in this issue, p. 1289.)

**The Lost Lambs of Medicine.**—The *Progrès Médical* of Paris and some other medical journals occasionally devote space to interviews with more or less prominent people who began life as physicians, or at least completed their medical course, but were then diverted into other fields. All express great appreciation of the remarkable aid their medical training has proved in their later life-work. Writers especially have found it of great benefit. The latest sketches of the kind are of the director of a Paris theater and of a member of the Comédie Française. The latter, Dr. Paul Mounet, remarked in the course of his interview, that the medical course is the most difficult of all, but it prepares for anything and everything.

**Comparative Study of Tropical Hygiene.**—The *Semaine Médicale* for April 11 contains an article by a French navy surgeon, Dr. Gloaguen, who has been cruising in the waters along the eastern coast of Africa, making a special study of the medical conditions in the various English, German and French colonies. He says that he was surprised to find that the British are behind the Germans in the matter of making and keeping their possessions healthy. The English fall back on their egotism and individual hygiene; the Germans on their inflexible militarism, and the French on their proverbial heedlessness. The English conception of prophylaxis is very simple. It is based on two things: entire separation of the native and the European villages, and strict application of the principles of private hygiene. The English lead an active life, with athletics, etc., to keep mind and body in a healthy condition; they reside in comfortable cottages, but they make no effort to render the country healthier and improve the sanitary conditions of the natives. There is no attempt at a general plan of campaign against tropical diseases. The native quarters are left in their filth and fall an easy prey to diseases. Plague is installed in nearly all the British colonies on the Indian ocean, and with the exception of Isle Maurice, no satisfactory measures have been taken even against malaria. The Germans, on the other hand, have undertaken the task of exterminating disease among the natives and Europeans alike. The same sanitary measures are enforced in the native as in the European quarters. Hospitals are being organized at the main points, and the country is divided into districts, each in charge of an agent empowered to enforce the sanitary regulations. Medical stations are organized along the caravan routes, and the natives are examined and registered and given certificates. Laboratories are numerous. The streets in the native quarters have been made wide and airy and are kept clean. The garbage is carted away daily instead of being allowed to accumulate around the houses as in the English and other colonies. Standing waters are drained or oiled. The French are now trying to introduce some semblance of the German measures into their colonies and with some success. Quinin prophylaxis has been introduced by the Germans on an extensive scale at Dar-Es-Salaam. The native quarter is divided into 22 precincts, and they are visited by trained men and women, who obtain blood for bacteriologic examination. In 1897 between 50 and 60 per cent. of the Europeans had malaria. The antimalaria campaign was commenced in 1901, and in two years the number of cases of malaria among the Europeans had dropped to 10 per cent., with no mortality. Scarcely one in a thousand of the natives now harbors the malaria parasite, and the results are considered a brilliant success. Gloaguen prefaced his article with the statement that wherever he went in the French colonies he constantly heard the complaint: "If only this country belonged to England, it would have been made healthy long ago." In his criticisms he overlooks the British idea in regard to governing colonies. The general aim of the British is to make the yoke light and to disturb the native habits and customs as little as possible. Their ideal is education, principally by example.

## Correspondence

### The Death of Dr. Stinson at San Francisco.

CHICAGO, April 24, 1906.

*To the Editor:*—The Dr. Stinson who was one of the first victims of the San Francisco horror was the author of the automobile article in your last issue. At the time I addressed the San Francisco County Medical Society last July I was the recipient of exceptional courtesy at his hands. An hour after my arrival he was at my hotel with the car he describes and his experienced chauffeur. He insisted that I make use of his car during the few days I was in San Francisco as if it were my own. He asserted kindly and positively that he needed exercise and would walk.

Many members of the American Medical Association who were visiting San Francisco directly after the Portland session will now recall, with a saddened interest, the delightful excursions to the Presidio and Golden Gate Park which Dr. Stinson's extreme courtesy made it possible for them to make with me. I am informed by his friends that the walls of the California Hotel fell on him while he was asleep and killed him instantly. He was a brilliant practitioner, a successful surgeon, and his death will mean much to many of the first families of San Francisco. He was a stranger to me when I arrived in California, but his hospitality was so genuine and sincere that his sudden taking off is in the nature of a personal bereavement.

DENSLOW LEWIS.

### Need for Additional Nomenclature.

NEW YORK, April 21, 1906.

*To the Editor:*—Permit me to say to Dr. Thomas G. Atkinson's proposition under the above heading in THE JOURNAL, April 21, that wherever additional nomenclature is needed we should not accept terms like Dr. Atkinson's hemaecia and pyofecia; our onomatology is disfigured already by such monstrosities and needs reform instead of new horrors. A. ROSE.

### Warns Against Alleged Impostor.

NEW YORK, April 20, 1906.

*To the Editor:*—A physician calling himself "Dr. Ernest Sachs" is traveling about the country as an agent of "The Swiss Goat-Lymph Serum Compound," recommending its use in the treatment of locomotor ataxia and other nervous diseases. He claims to be a brother of mine and is using my name in order to palm off this serum on a credulous public. I wish to state that the man is no relative of mine, that I do not know him, and that those who know me will not need to be told that I am not one of those likely to recommend "goat-lymph serums" or any other similar remedies (?). I have every reason to believe that the man is an impostor. He claims to have been connected formerly with the German Hospital in New York City, and I understand that at that institution his name is entirely unknown.

B. SACHS, M.D.

### Medical Men in Congress.

WASHINGTON, D. C., April 21, 1906.

*To the Editor:*—An item with the above title appears in the last issue of THE JOURNAL, April 21, under the head of "Medical Legislation." The author may not have intended to name therein all the medical men who are at present members of the Fifty-ninth Congress, in which event he succeeded; if it was intended to include them all, and this might be inferred from the title, the person who prepared the article was rather careless or did not have access to the Congressional Directory. In the last thirty years there has scarcely been a congress without more or less medical men, some having retired from active practice long before entering congress, while many have gone from the active practice of their profession to the highest legislative body in the land.

One of the latter class—and he is not mentioned in this article—is Edmund William Samuel, M.D., of the sixteenth