

medical officers of the army or navy, and the medical examiners of relief departments of railroad companies, consultants from other States, practitioners residing in other States whose practice extends over the borders, and of gratuitous services in case of emergency.

Fortunately, Wyoming has had a medical law which prohibited any one from practicing in the State who did not have a diploma, and required a person who practiced medicine in the State of Wyoming to register his diploma with the county clerk. This has prohibited a great many so called "legal practitioners" locating in this State, who by this law are permitted to practice medicine without a diploma, provided they have practiced medicine ten years, five of which must be in Wyoming.

We believe there is no other State in the Union which can boast of but one State board of medical examiners all of whom are graduates of a regular school of medicine of high standing and who have opportunities, notwithstanding the law is not all that could be desired, of raising the medical standard and keeping it at such a point as to prevent the influx of any members of the medical profession who are not up to the average standard of the best modern medical schools of the United States. The board consists of Drs. S. B. Miller, president, Laramie; Geo. P. Johnston, secretary, Cheyenne; C. M. Borkwell, Cheyenne. Our personal knowledge of the *personnel* of the board leads us to believe that they will look well to their honors and to the high standard of the medical profession in the State of Wyoming.

R. HARVEY REED, M.D.

Etiology of Seasickness.

NEW YORK, March 12, 1899.

To the Editor:—In the JOURNAL of March 11, in an article on this subject Dr. W. E. Darnall gives the disturbance of equilibration as the cause. If his meaning is that that is one of the *various* causes of the malady, I agree with him most heartily. But I have seen many cases in which I scarcely consider it a sufficient explanation of the trouble. I have spent most of my life near the ocean, and for several years have been surgeon on an ocean steamer, making long voyages, so speak from a large and varied experience. I have become convinced that no *one* cause can be assigned to all cases; and, from the results of empiric treatment, have gotten into the way of roughly classifying them under one of two heads: those in whom the trouble seems to be chiefly due to disturbance of the nervous system, and those in whom the digestive organs are mainly at fault. The line between the two is, however, not always very clear. Of the first are those who may be quickly and permanently relieved by the application of a belladonna plaster over the back of the neck, and a capsicum plaster over the pit of the stomach. These are usually women. Other women get almost complete relief by leaving off their corsets, thus avoiding pressure over the solar plexus, congestion of which seems responsible for the illness. Among those also whose nerve-centers seem to blame are the ones who are relieved by the exhibition of morphia and atropia, preferably given hypodermically; and among these are the victims of disturbance of equilibration. An entirely different class seems to be those who are speedily cured by the use of calomel given in triturates of $\frac{1}{10}$ to $\frac{1}{4}$ grain, frequently repeated till purgation results. If this does not occur in twenty-four hours a saline cathartic should be administered. This second class includes that numerous body of travelers whose friends, with mistaken kindness, have been giving them farewell dinners, and overloading them with an abundance and variety of indigestible food, which in itself would be enough to account for an attack of illness if the victims had remained on land.

I recall, however, some cases which I have never succeeded in explaining to myself. Many years ago I went fishing in a

small boat to a ledge off the coast, in company with a gang of professional fishermen. With us was an elderly farmer whose home was near the shore. All went well as long as we were on the water, although we were anchored in a very choppy sea. On reaching shore we were invited to dine at the fishermen's hut, where we found an abundant "boiled dinner," and ate heartily, but before the meal was over the farmer was taken so ill with seasickness that he had to be put to bed, and it was not till next day that he recovered sufficiently to go to his home, less than a mile away.

A year or two ago, among the passengers on my ship was a gentleman who was taken ill with all the symptoms of seasickness as soon as we left the dock, although the water was perfectly smooth. For several days he barely took sufficient nourishment to keep him alive. One morning the engines were stopped for a few hours to make some repairs to the machinery. A very unpleasant sea was running, and the ship rolled and pitched heavily. The gentleman, however, as soon as the engines stopped, got up and ate a hearty meal with relish. As soon as the machinery began to move again he was once more a wreck, and was constantly suffering from nausea and headache until he landed, some two weeks later. I think, in his case, relief would have been secured by the use of morphia and atropia; but he absolutely refused to take them. Akin to this case are those who suffer from nausea, etc., on the railroad.

At the risk of being tedious, let me partially sum up the subject of treatment: Rely chiefly, in nervous cases, on morphia and atropia, given by preference hypodermically; and on calomel and Rochelle salts for disturbed digestions. Bromocaffein will often relieve the headache, and cocain will sometimes achieve wonders in overcoming nausea if given per os. Avoid the bromids of potassium and sodium, as they do more harm than good, by upsetting the digestion. Remember that a belladonna plaster over the nape of the neck, and a *large* capsicum plaster over the epigastrium will often be all that is needed to secure immunity from headache and nausea. If, when the ship is pitching much, a person instinctively holds his breath as he sinks to the hollow of each wave, insist on his "breaking step," so to speak. A determined effort to breathe regularly and not in rhythm with the motion of the vessel will quickly be successful in overcoming a muscular contraction of the diaphragm which, unchecked, would speedily lead to emesis. As regards diet, it is best to let patients choose for themselves to a great extent; what will do admirably for one being just what another can not tolerate. Liquids should be restricted in amount. Solids, like toast, or dry unsweetened biscuit, with a little iced champagne, or brandy and ginger ale, are less likely to be rejected by the stomach than are the usually administered beef tea and chicken broth. Do not insist too much on the value of fresh air on the deck. A day or two in bed with restricted diet is sometimes of more benefit than fresh air secured at the expense of one's reserve fund of energy.

When I have the chance to advise prospective voyagers, I always insist on careful diet for several days before going to sea; and a liberal calomel and saline purge about forty-eight hours before sailing.

Hoping that this brief summary of my experience with this hydra-headed cause of misery may be of service to some of your readers or their patients, I am,

Yours truly, PHILIP KITTEDGE TAYLOR, M.D.

BURLINGTON, IOWA, March 13, 1899.

To the Editor:—Under the above title I notice in the JOURNAL of March 11, the exploitation of another theory for this most distressing malady. It is perhaps needless to say that, like others, it is an explanation that does not explain, otherwise, one who should have the sickness once, should have it

every time there was provocation; and prevention and cure would be out of the question.

I shall not attempt to offer an explanation, but as this seems to be a subject for periodic discussion, I would like to offer some suggestions gathered from observations I made upon myself. For the convenience of a few of my personal friends, who, contemplating a sea voyage, have asked my advice, I have put these suggestions into the following rules, which I have called "Rules for the Prevention and Cure of Seasickness."

Rule 1.—Stay on deck if weather will permit, until the ship has left the harbor. The odor of bilge water may penetrate the saloon and may not be pleasant.

Rule 2.—If the stomach is disturbed by the motion, look only at the horizon—the line where sea and sky meet. That stands still and the motion is less and less noticeable.

Rule 3.—Do not overeat at meals, and do not allow the stomach to remain long empty. If vomiting occurs, force yourself to eat a little well-seasoned, simple food (no slops) as soon thereafter as you can get it. The stomach may thus be "settled," or if vomiting must occur again it comes easier. Then eat again and again until the food is retained.

Rule 4.—Make up your mind, and keep the resolution constantly in mind, that you are always going to fight the tendency to seasickness.

Rules 1 and 2 are not hard to follow, 3 and 4 not easy. Rule 1 is based on the fact that some people get nausea from irritation of the olfactory nerves. Rule 2 is suggested by the fact that the body can be subjected, with only slight discomfort, providing the eyes are closed, to motions which could not be borne without giddiness, if the eyes witnessed the movements. Rule 3 needs no comment. Rule 4 is simply a recognition of the influence of mind over matter. It must be evident to all that if one can force the mind—and it can be done—to ignore the motion until the body learns to compensate for it, the fight against seasickness is won.

I have only to add that in four voyages, comprising in all thirty-eight days at sea, I had but one attack, and it lasted less than three days. I followed the plan outlined by these rules.

Truly yours,

H. B. YOUNG, M.D.

"Surgeon-General Sternberg: Two Opinions."

WASHINGTON, D. C., March 18, 1899.

To the Editor:—In an editorial note in the JOURNAL of March 18, 1899 (p. 620), under the title "Surgeon-General Sternberg: Two Opinions," you cite the views of W. E. Curtis, in the *Chicago Record* of March 4, and those of the *Philadelphia Evening Post* of the same date, regarding the executive ability shown by the surgeon-general of the army in discharging the duties of his office. In the minds of those who are most intimately acquainted with the responsibilities and work of the surgeon-general during the past year there are not two opinions. They concur fully in the views of the *Evening Post*, as given under the heading "Sternberg, the man of action," and in the editorial expression of opinion with which you judiciously close the article. I, personally, have seen much of the work that was done, and I am confident that the ultimate recognition of its value will sustain you in your prognostication.

It was not, however, to compliment you that I undertook the present writing, but to point out the gross misapprehension or misrepresentation of facts on which Mr. Curtis builds his remarks. He speaks disparagingly of the methods of promotion in the army, by seniority rather than by merit, and cites the experience of the medical department as an illustration, claiming, in effect, that because Dr. Sternberg was the senior surgeon he was placed in charge of the medical corps with its enormous responsibilities, irrespective of his qualifications for the position. Now, it is true that in the army pro-

motion is ordinarily by seniority up to and including the grade of colonel, but when it is a question of filling the position of a general officer or chief of a bureau, the President of the United States is untrammelled in his selection. He does not select the senior officer of a corps as its chief unless he is satisfied that the senior officer is the best man to discharge the duties of the office. Dr. Sternberg was selected by President Cleveland, May 30, 1893, to succeed Dr. Charles Sutherland as surgeon-general of the army. At that time Dr. Sternberg was not the senior officer of his corps. He was not even a member of the senior grade of officers, the colonels. He was only a lieutenant-colonel and not even at the head of that list. In fact, there were ten officers of the medical department who were senior to him when he was selected by the President for the honorable distinction of being made chief of his corps because he was considered to be the man best suited to discharge the important duties of that position. Mr. Curtis, as a journalist of ability and repute, should take care of his facts before he makes deductions from them. He should not disparage honorable men by arguing from his assumptions or misapprehensions.

Respectfully,

CHARLES SMART,

Lieut.-Col. and Deputy Surgeon-General, U. S. A.

Public Health.

Smallpox in New Orleans.—Up to March 17 inclusive, 76 cases were reported; no deaths; 10 discharged cured; 66 cases on hand, all in smallpox hospital in isolation.

Detroit Health Report.—For the week ending March 18: Dead 83, under 5 years 24. Contagious diseases: diphtheria, last report 7, new cases 8, recovered 6, dead 2, now sick 7; scarlet fever, last report 25, new cases 4, recovered 5, now sick 24.

Health Reports.—The following cases of smallpox, yellow fever, cholera and plague have been reported to the Supervising Surgeon-General of the U. S. Marine-Hospital Service for the week ended March 18, 1899:

SMALLPOX—UNITED STATES.

Alabama: Mobile, March 10, 4 cases.

California: Los Angeles, February 25 to March 4, 9 cases, 2 deaths.

District of Columbia: Washington, February 25 to March 11, 21 cases.

Florida: Jacksonville, February 18–25, 2 cases.

Georgia: Savannah, March 8, 7 cases; one among troops returned from Arecibo.

Kentucky: Louisville, March 3–11, 53 cases, 1 death.

Louisiana: New Orleans, February 25 to March 7, 19 cases.

Illinois: Chicago, March 10, 1 case.

Indiana: Clark County, Daviess County, Floyd County, Green County, Jefferson County, Marion County (Indianapolis), March 1, smallpox reported.

Ohio: Cincinnati, February 24 to March 11, 30 cases, 1 death.

Pennsylvania: Homestead, February 11 to March 11, 1 case; Altoona, February 11 to March 11, 1 case; Bedford County, February 11 to March 11, 1 case; Fulton County, February 11 to March 2, 1 case; Huntingdon County, February 11 to March 2, 5 cases; Somerset County, February 11 to March 2, 1 case.

Virginia: Alexandria, March 9–12, 5 cases; Lynchburg, March 4–11, 1 death; Norfolk, March 8–10, 18 cases; Portsmouth, March 4–11, 25 cases; Richmond, March 6–13, 5 cases.

Tennessee: Madison County, February 13 to March 11, 53 cases; Hardeman County, March 1–11, 1 case; Shelby County, Memphis, January 30 to March 11, 35 cases; Oliver County, March 3–11, 7 cases.

Texas: Bryan, January 29 to February 13, 24 cases; Monterey, March 2, 3 cases.

Washington: Spokane, February 25 to March 4, 1 case.

SMALLPOX—FOREIGN.

Brazil: Rio de Janeiro, February 20–27, 6 cases, 8 deaths.

Canada: Quebec, March 10, 2 cases.

Egypt, Cairo, Feb. 4–11, 1 death.

England: London, February 19–25, 2 cases.