

annoyance by use of mosquito nettings. The success of the measure was not complete, for much of the time the weather was close and sultry to an extreme. In going through the wards these nettings would be found wadded up and lying on the foot of the patient's cot or on the floor, with the explanation that it was thought to be cooler without them, that "they stop the breeze," etc. So, in many and the majority of cases, these sick boys chose what little breeze might be finding its way into their quarters, and fanned the flies away in preference to being covered by a mosquito-bar. When we left Chickamauga it was with 100 large, new, unused and uncalled for mosquito-bars.

As to the criticism of their being too many autopsies, personally I remember of but two, and there was a universal feeling that where it could be dispensed with it should be so in consideration of "the folks at home." This criticism is uncalled for and absolutely can not be substantiated. Up to the time of treating about 900 patients there had been but fourteen deaths, one of these a broken neck, another a typhoid hemorrhage that occurred on the night of the afternoon of admission; still another of cerebral effusion, when death occurred on the same day. These are just three of the fourteen that I happen to recall, and when you consider the seriousness of the class of cases treated, the record can stand almost without a challenge. Inspectors from the Medical Department at Washington were frequent in their visits, and their reports gratifying to the entire hospital staff.

In the One Hundred and Fifty-eighth Indiana, during the almost five months, there have been but five deaths, and this an organization of over 1300 men living under new and perhaps adverse circumstances, and certainly with a most radical and complete change in their habits of living. This, I believe, will speak for itself. Instead of indulging in cheap criticism I would rather feel the gratification of great work accomplished in wonderfully short time and practically without any preparation.

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Judge Kohlsaas and the Probate Court.

CHICAGO, Oct. 3, 1898.

To the Editor:—As long as the medical profession prides itself on keeping out of politics, it will be discriminated against by the politicians and the courts. The action of Judge Kohlsaas toward our profession and our bills has become so outrageous that it is of vital importance that we take steps to protect ourselves from his lawless treatment. The judge has made some rulings about which every one of us should know and we should thoroughly understand their effects on our welfare. There have been many criticisms of his arbitrary rulings, but two in particular, which are thoroughly authenticated, I will give. It must be understood that only claims against estates come up in the probate court. The two decisions which, according to his own statement, are permanent in his court, are as follows: First: "I will not allow more than one doctor bill against an estate." This statement was made to the writer in the presence of Dr. Bayard Holmes. Dr. John A. Robison is authority for the second, which is: "I will not allow any doctor's charge of more than \$2 a visit." But few words are needed to emphasize the utter injustice of these decisions. Not one operation in a thousand can be safely performed by one doctor working with other than professional assistance. It is essential to have two or more physicians at every operation of importance, but only one of them can secure remuneration for his services before Judge Kohlsaas. I have a patient who lives nine miles from my home and at every visit I spend an hour dressing two large suppurating wounds. Judge Kohlsaas thinks \$2 ample remuneration for this work.

A short time ago I was called out at 1 o'clock A. M., and found a man with impaction of feces, in pain like a woman in labor, with perineum bulging two or three inches under the involuntary straining, the patient in imminent danger of rupturing an intestine or a blood vessel. I spent three hours with hot soap water, an irrigator and a spoon in removing the contents of the rectum and opening up the bowels. A more disagreeable task it would be hard to find, and yet had my bill come before Judge Kohlsaas he would have considered \$2 ample pay.

If Judge Kohlsaas's decisions were in accordance with the law, an anesthetist could not recover pay for his services and neither could the consultant. There would be nothing left but for them to demand their fees before responding to a call. I have no doubt that Judge Kohlsaas has many times, as a lawyer, charged, in his office during office hours, \$10 for answering a question involving a few hundred dollars. Some lawyers have told me that it is the probate judge's business to protect estates. I understand that it is the province of a judge to see that justice is done between litigants, and not to take one side or the other under his wing and waive off all claims whether they are just or not. If it is foreordained that one judge is to decide all cases which come before him in favor of the defendant, and that another will decide all cases coming before him in favor of the plaintiff, we might as well abolish courts altogether. People who inherit money are very apt to grasp at every dollar and to be unwilling to pay even the most sacred obligations of the man who accumulated the money and left it to them. There are altogether too many men who are willing to live at the expense of others, and particularly are they willing to be parasites on the medical profession. But why should such avaricious parasites be the special wards of a court that has been instituted to the end that justice and not injustice prevail? Judge Kohlsaas has allowed three liquor bills against one estate, but he will not allow more than one doctor bill. Are liquor bills three times more important than doctor bills? Judge Kohlsaas seems to think so. It is likely, however, that liquor dealers are three times more active in politics than doctors are. If we, as a profession, will be a little more active in politics, we will be treated a little more respectfully by politicians and by courts.

Judge Kohlsaas arrogates to himself the right to establish for our profession a fee-bill and to control our method of doing business, and since he does so he is not a fit man to hold the position he occupies, and I propose that we unite and oppose his re-election with all the influence at our command. I now have the names of twenty-five republicans who have promised to vote against him at the coming election, and if each doctor who is in sympathy with this protest will get ten republicans to vote for his opponent, we can defeat him and then we may hope to have our position in the community respected and our services appreciated even in the probate court.

D. H. GALLOWAY, M.D.

Tubal Pregnancy at About Two Weeks.

WASHINGTON, D. C., Sept. 27, 1898.

To the Editor:—The report of the case of tubal pregnancy with rupture at about the fifth week, by Dr. J. E. Cowles of Los Angeles, Cal., in the JOURNAL of September 17, recalls a case of early pregnancy in which I made a postmortem examination April 4, 1893, on the wife of a physician who had suddenly died. She was 28 years old and had been married ten months. Her menses had recurred regularly, the last period being about the middle of March and unusually profuse. March 30 there was a show of blood by the vagina, two weeks after cessation of the last flow; April 2, sudden nausea, vomiting and tendency to collapse but no pain. Death next day, about twenty-four hours after these symptoms appeared. The postmortem examination showed a general bloodless condition,

and a large quantity of blood and clots in the pelvic cavity. The uterus was three inches long and contained a decidua. The right tube just beyond the tubo-uterine junction was somewhat enlarged and showed on its upper side an opening of rupture. The ovum was found and was about two weeks old, the membrane and villi distinct but the embryo not distinguishable. The right ovary contained a corpus luteum. There were old peritoneal adhesions around the left tube and ovary. The specimen is in the museum, No. 10,545. The husband stated that intercourse occurred on the second or third day after cessation of menses.

D. S. LAMB, A.M., M.D.,
Army Medical Museum.

PUBLIC HEALTH.

Variola and Tuberculosis.—Landouzy called attention ten years ago to the fact that variola predisposes to tuberculosis, and Lop now reports sixty-four observations that confirm the statement, with fifty-four from Professor Revilliod and twenty-two from Chauvin. The tuberculosis is more severe as the intervening period is shorter.—*Bulletin de l'Acad. de Méd.*, September 6.

Treatment of Nervous Dyspepsia.—Murdoch (*N. Y. Med. Jour.*, September 24) believes strychnin and electricity the most efficient agent in restoring the lost balance of the secretory nerves, while bathing is not to be neglected and diet to be properly regulated. Much patience is required on the part of both patient and physician. Often patients take too little food, only increasing the difficulty, the stomach also suffering from lack of nutrition.

Venereal Diseases in the Russian Navy.—The report of the Sebastopol division shows that the strict hygienic measures, careful medical supervision and instruction of the men in regard to venereal diseases by popular lectures, reduced the number of cases from 887 in 1893 to 556 in 1894. The number of soft chancres fell from 297 to 70, and the proportion of venereal diseases in the hospital from 45 to 25 per cent., in spite of the constant increase in the number of the marines.—*St. Petersburg Med. Woch.*, September 4.

Nitrous Poisoning By Canned Food.—A special committee of the London Chamber of Commerce has for some time past been engaged in investigating cases of alleged poisoning through eating tinned foods, with the result that it has generally been found that such allegations were unfounded. The latest case investigated was that of a young woman whose death was said to be due to ptomain poisoning consequent on eating tinned salmon, the contents of her stomach having been analyzed by Dr. Stevenson of Guy's Hospital, the well-known Government expert. Dr. Stevenson's opinion was that the death was due to poisoning by niter, and could not be attributed to ptomain poisoning through eating tinned salmon. In the course of his evidence Dr. Stevenson said that if, as had been stated, as many as 209,000,000 tins of food were consumed in one year, the cases of poisoning were infinitesimal. His opinion was that so far from ptomain poisoning being specially identified with tinned provisions, it also arises in connection with fresh meats of all kinds.

Yellow Fever.—Since the reports from the South, in our last issue (p. 803), the press dispatches have given the following data: September 27, 5 new cases were reported at Jackson, Miss., 4 at Taylor's Station, 2 at Orwood, 4 deaths at Oxford, 1 new case at New Orleans, with 1 death, 8 cases at Wilson, and 5 deaths at Franklin, the total cases at this town being 129 to date. The reports for September 28 give 5 new cases at New Orleans, with 1 death, 11 new cases at Wilson, 8 at Franklin, 1 at Oxford, Miss., and 2 suspicious at Clinton, near Wilson. September 29, New Orleans reported 1 new case, Houma 1, 4 at Wesson, 8 at Franklin, 2 at Taylor's Station, Miss., and

3 at Oxford. Six new cases at Wilson, 13 at Franklin, and 1 at Jackson, Miss., and 6 with 2 deaths at New Orleans, make up the record for September 30, while October 2 reports gave 2 new cases at Taylor's Station, 1 at Oxford, 10 at Jackson, 3 and 2 deaths at Harriston, and 1 suspicious case at Port Gibson. As we go to press, dispatches of October 3 announce 9 counties and 13 towns infected in Tennessee. The Port Gibson case is declared genuine; 1 new case at Jackson, 2 at Water Valley, and 16 with 1 death at Oxford.

School Quarantine in Diphtheritic Cases.—Dr. Hand of Philadelphia has offered a suggestion which, if fully and officially confirmed, will tend to lighten the onerous treatment of scholars, teachers and nurses in our public schools and elsewhere who have been the subjects of school-detention on account of diphtheria. His suggestion is not unreasonable, and it appeals to our conservative feelings, in that it appears to open the way to a reduction of the term of ostracism now regarded as necessary by very many of our health officials. He has recommended a solution of nitrate of silver, 60 grains to the ounce of water, to rid the throat of bacilli after the disappearance of diphtheritic membrane. Often after the throat is entirely clear and the patient apparently well, examination shows that bacilli are still present. In such cases quarantine must still be observed. Hand reports good results from this method, the bacilli usually disappearing within a very few days. The solution should not be used until the membrane has disappeared. Now it may be that the silver solution may be less desirable than some others. It may be that a solution of formalin will "fill the bill"; we incline to think it may, but we trust that Dr. Hand's suggestion may lead up to a mitigation of the scholastic penalties that are visited upon diphtheritic pupils in almost all of our cities.—*Cleveland Med. Jour.*

Free Medical Assistance in France.—We note in the official reports that France, with a population of thirty-eight millions and a half, has nearly a million and a half of indigent persons, of whom 375,000 are inscribed as sick. The country physicians are paid to attend them and the total thus disbursed in 1895, the first year the scheme was practically in operation, amounted to 1,771,472 francs. Each one of the 12,000 practitioners received, on an average, about 150 francs. The average to each physician is thirty patients, with three or four visits to each, at about thirty cents (a franc and a half) for each visit. The *Gazette Méd. de Paris* observes that there are a number of departments in which this service is not yet fully organized, and there are many districts too poor to meet the expense, others in which the remuneration is much below the average, "but on the whole, the philanthropists who have conceived and carried this law into execution have accomplished an excellent work, from the social point of view, if not from the medical." The total expense includes hospital and midwife service, transportation, instruments and medicines, and amounted to 4,898,680 francs. This expense was shared by the community, the department and the State, respectively: 3,600,002; 1,104,710 and 305,196 francs. The first article of the law states in effect: "Every sick French person without resources receives, free of charge, from the community, the department or the State, medical care at home or in a hospital. Lying-in women are included in these provisions. Sick foreigners without resources are also included if the government has entered into a treaty of reciprocal assistance with the nation to which they belong."

Good Sanitary Results at Santiago de Cuba.—General Leonard Wood, M.D., as military governor of Santiago de Cuba is almost working miracles with the dirty old town. Along with a committee of surgeons he has made a house-to-house visitation, and enforced a general cleaning up of houses and other buildings as well as of streets and public places. At the time of American occupation the deaths in Santiago numbered 103 a day, but after three weeks of General Wood's rule they had