

as would secure for the city a good sanitary condition and protect it against the introduction of contagious and infectious diseases by persons entering the port. The city was divided into ten districts, to each of which a duly qualified physician was assigned to provide medical attendance to the sick poor and to secure a closer watch against endemic and infectious diseases. Qualified midwives were also appointed in these districts for assistance to the needy, free of charge. No interment is now allowed without a permit from the Board of Health. The work done under the orders of this Board has already exercised a notable influence on the insanitary conditions of Manila.

The commission investigating the conduct of the war with Spain has had few witnesses from the far East before it, and affairs at Manila have not received that general publicity which has been given to those that occurred nearer home, but the reports which we publish this week give full information on the subject.

CORRESPONDENCE.

Hereditary Paralysis Agitans Cured (?) by Nasal Treatment.

MINNEAPOLIS, MINN., Dec. 26, 1898.

To the Editor:—Mr. O. H. P., 34 years of age, a very intelligent mechanic, consulted me June 9, 1892, complaining that he had developed in connection with a series of severe colds in the head, a hereditary tendency to shaking of the head. Mr. P. is a man of fine physique and in good general health, which has continued to the present writing, six and a half years. The family history is as follows: His mother died of internal cancer, in her 63d year. His two brothers, his father, two paternal uncles and four paternal aunts (with one or two exceptions), his great-grandfather and the latter's brothers and sisters (with one or two exceptions), farther back he has no knowledge, all began to shake between the ages of 30 and 40 years. One sister of Mr. P. had temporary relief for about one year, following treatment by baths at Messina Springs. The cases are all said to have had "shaking of the head, hands and voice."

My patient's head was turned to the left and was in constant but slight motion. Examination of the nares revealed hypertrophic rhinitis, a small anterior septal spur of the right side and a large cystic development of the left anterior middle turbinate. This growth was removed by snare, June 11, leaving a part of the cyst. A week later the head of the right middle turbinate, which was enlarged and pressed upon the septum, was removed. July 16 I removed, with snare and curette, polypoid masses which had developed in the stump of the left middle turbinate. August 6 and 13 I galvano-cauterized the stump of the left middle turbinate. This had smoothly healed September 17, but as there was still pressure against the septum, the inner aspect of the stump was cauterized. From the date of this cauterization a marked improvement was noticed as regards the shaking, which in a few weeks entirely disappeared.

There was no recurrence of the trouble until January, 1897, a period of four years, when he returned with the statement that his head had been shaking again for the past two or three weeks. I found the stump of the anterior left middle turbinate pressing upon the septum. This was relieved by snaring the offending stump, after which the shaking soon disappeared and has not recurred.

EDWARD J. BROWN, M.D.

Are there Causes for Criticism in the Sanitary Management of the Late War?

TECUMSEH, MICH., Dec. 12, 1898.

To the Editor:—That there are good grounds for criticising the sanitary management of military camps there is every reason to believe, but when one reads the editorial article in last week's JOURNAL (Dec. 10, 1888, p. 1425) comparing the sickness of the British Soudan forces with our own, he certainly finds the field of comparison a narrow one, because the elements for comparison scarcely exist.

The principal fault found has not been so much from mismanagement of field-hospitals, either before a battle or immediately after, but from the gross mismanagement of the sanitary conditions of the soldiers in camp. Camp Thomas, Chickamauga was a veritable pesthole. Soldiers returning home on furlough bore the appearance of those who were so happy as to make their escape from Old Libby or Andersonville prisons of thirty-five years ago.

The fault was not with Surgeon-General Sternberg, nor the medical men under him, but with the antiquated machinery which permitted pot-house politicians to appoint as officers men who knew very little about protecting soldiers from disease, and in many instances apparently cared less.

Probably no better condition than the military camp exists for the exercise of that eternal vigilance which will exclude preventable diseases from camp life, and when they do break out in camp, "to move on," as was frequently done by Hannibal in the Second Punic War over two thousand years ago. To allow soldiers to become emaciated and unfit for duty by supplying them with indigestible food and drinking water contaminated with their own excreta, which produced camp diarrhea, dysentery and typhoid fever—diseases which so generally prevailed in Camp Thomas, Chickamauga—shows very clearly that there was bad management somewhere.

When a writer compares the management of our forces in the field with the march of Kitchener to Khartoum, he will find that only in one instance is there any similarity. Kitchener and his soldiers built nearly a thousand miles of railroad, and laid the same length of telegraph wires, navigated a river which runs through a desert, fought the most heroic savages in the world, frequently marched and fought battles in a temperature of 120 degrees, all with an army of only 25,000 men. The reader will very readily perceive that typhoid fever did not prevail in the march down the Nile, but when sanitary restrictions began to relax, preventable diseases manifested themselves. The only comparison to be made between the forces of Kitchener and our own is that insanitary conditions in both instances produced like results.

J. F. JENKINS, M.D.

Whither are We Tending?

OWATONNA, MINN., Dec. 13, 1898.

To the Editor:—Apropos of the commission evil, which is being discussed in the JOURNAL, I can not resist the inclination to say a few words upon this and other evils that pervade the profession.

Undoubtedly, there is not a State in the Union that is not infected with the commission evil to a greater or less extent. It may be accounted for in various ways, the principal of which is the overcrowding of the profession everywhere and the consequent scramble for business by many of its members.

Probably there are always men in every profession who will stoop to such practices for money, but this is peculiarly true of the medical fraternity. Nor is this the limit to the sacrifice of honor and dignity which the profession is daily making. We have men in the profession who personally go on the street and solicit business. Only a short time ago, I saw the wife of a reputable (supposed) physician collar a boy with a dirty rag on his throat and steer him to her husband's office. When