

not contain what can be called a complete article. The references to literature are most meager, and the whole tone is lamentably insular. Things have sadly changed since the days when Dublin physicians—Graves, Stokes, and their contemporaries—wrote in such a way as to make the Dublin school famous throughout the world, not only for clinical acumen, but for broad scholarship and classical style of literary composition. Nowadays we look to your side of the seas for medical men who can write sound and clear English, and we take our models in Wendell Holmes, Weir Mitchell and Osler.

Pollution of Shellfish by Sewage.

A valuable research into the conditions of the oyster-beds and other shellfish layings on the Irish coast has just been made by the officers of the local government board. The object of the inquiry was to discover to what degree the various layings were liable to sewage contamination, and two series of investigations were made. An inspector, Dr. Brown, made a topical examination of the various localities, and noted the nearest points of sewage outfall, and of discharge of surface drainage. His opinions constitute one part of the report, while the second part consists of the investigations of the board's bacteriologist, Dr. McWeeney, into the condition of shellfish sent him from each bed by the inspector. Each gentleman formed his conclusions independently of the other, and a comparison of the two reports is consequently very interesting. The bacteriologist takes as his standard of purity the absence of *B. coli* and *B. enteritidis sporogenes*, although recognizing that the habitat of these germs in nature is still doubtful. The test is in all probability somewhat rigorous, and should not be considered final for practical purposes, unless borne out by local examination. In every case in which the inspector believed contamination either probable or possible, Dr. McWeeney found evidence of fecal pollution, although in some the number of organisms present was very small. The result as a whole shows that at the present time the majority of Irish beds are in an unsanitary condition, some of them, as, for instance, all those in Dublin Bay, being positively bathed in sewage. On the other hand, there are many beds, particularly on the west coast, absolutely free from all possibility of contamination, and as there is unlimited expanse of pure seaboard still available the industry should not eventually suffer.

LONDON LETTER.

Striking Success of the Anti-Malarial Expedition to Ismailia.

Sir Alfred Jones, the munificent patron of the Liverpool School of Tropical Medicine, entertained a company of merchants and scientists to meet Professor Boyce on his return from Egypt and to receive his report on the anti-malarial expedition to Ismailia. The results are striking. When Major Ross visited Ismailia in September, 1902, there were 2,000 cases of malaria annually in a population of 9,000, of whom 2,000 were Europeans. The authorities carried out Major Ross' suggestions as to filling up marsh land and clearing out small irrigating channels and stagnant waters, at an expense of \$22,000. They organized a drains brigade and a petroleum brigade. As a result people can now sleep in any of the European quarters without mosquito nets. The annual number of cases of malaria was reduced to 200. No fresh cases occurred, and there were no deaths in the year among Europeans, and only four among natives, against 30 deaths the year before. So great was the improvement that Prince d'Arenberg, president of the Suez Canal Company, hoped before two years to see Ismailia regarded as a sanatorium and watering-place for Cairo. Tropical medicine is showing that we have been for centuries cultivating medicine applicable to our own country and domestic life and neglecting our great empire all over the world. The time has come when medicine applicable to the whole world must be taught. Major Ross said that the success of the anti-malarial campaign at Ismailia had taught two things—that a large town could be entirely rid of mosquitoes and that it was equally possible to eradicate malaria. He has been asked by the government to draw up a report on malaria in India, where among the troops and the gaol prisoners 300,000 cases are admitted to hospital per annum. With the results obtained in Ismailia before him he is confident that this immense admission rate can be reduced to one-third.

Ambidexterity.

A society for the promotion of ambidexterity has been formed under the name of "The Ambidextral Culture Society." The list of members contains some prominent names in medicine, and among the laity, such as Mr. Noble Smith, the orthopedic surgeon, Sir James Sawyer, Lady Florence Dixie, and the professors of natural history at the universities of Edinburgh

and St. Andrews. Among the subjects on the syllabus for discussion are "Ambidexterity in the Infant School," "Physiology of Simultaneous Ambidextral Work," "Ambidexterity in Angling," and "Ambidexterity from the Medical Point of View."

The Cambridge Diploma in Tropical Medicine.

The great advances recently made in tropical medicine, as previously stated in THE JOURNAL, have led to the establishment of a diploma in that subject by the University of Cambridge. In Germany and France military, naval and colonial physicians are required to attend courses in tropical medicine before taking up their duties. There are indications that similar regulations will soon be applied to physicians desiring to enter the British service abroad or to engage in medical missionary work. In a recent colonial office circular it is proposed that colonial government physicians shall pass an examination to obtain a certificate of efficiency in tropical medicine. The government has encouraged Cambridge University to institute a test in the knowledge of tropical diseases. The examination will be held once a year. As evidence of study and attainments candidates may present records of work done in tropical medicine and any diploma of public health or sanitary science. Such evidence will be considered as a qualification for admission to the examination, and will also count in the examination. The examination will comprise: 1. Methods of pathologic and bacteriologic investigation, examination of the blood. The characters, diagnosis and life history of animal and vegetable parasites. The examination, chemical and microscopic, of poisonous or contaminated foods and waters. 2. The origin, pathology, propagation, distribution, prevention, symptoms, diagnosis and treatment of the epidemic, endemic and other diseases of tropical climates, including malarial fever, blackwater fever, trypanosomiasis, relapsing fever, dengue, yellow fever, plague, tetanus, beri-beri, dysentery and hepatic abscess, cholera, enteric fever, Malta fever, specific diarrheal affections of the tropics, disease due to cestodes and other worms, filariasis, bilharzial disease, specific boils, sores and other cutaneous affections, mycetoma, ophthalmic affections of the tropics, affections caused by poisonous plants and animals and by poisoned weapons, and sunstroke. 3. The general effects on health in the tropics of seasons and climate, soil, water and food. Personal hygiene, acclimatization. Principles of general hygiene, with special reference to food and water supplies, sites, dwellings, drainage, and the disposal of refuse. The sanitation of native quarters, camps, plantations, factories, hospitals, and asylums, gaols, pilgrim and coolie ships. Principles and methods of disinfection. Each candidate must pay a fee of \$35 before admission or readmission to examination.

Benzine in Coal Gas.

In a paper read at the Royal Society Dr. R. Staehelin stated that when frogs are exposed to coal gas motor phenomena are produced which are absent if the gas is previously purified by passage through oil and that these phenomena can be reproduced if the purified gas is made to take up benzine vapor. The investigation had its origin in a paper by Vahlen, who maintained that coal gas and carbon monoxid differed in poisonous action and that the former produced in frogs excitatory phenomena which were absent in animals exposed to the latter. In warm-blooded animals this difference was not observed. Benzine administered to rabbits and guinea-pigs by inhalation appears to produce no effect. This tends to show that in man benzine plays no part in coal-gas poisoning. However, benzine vapor is described by Mr. Wynter Blyth, the toxicologist, as producing tinnitus, convulsive trembling, twitching of the muscles and dyspnea.

Correspondence.

The Patenting of Surgical Instruments.

DENVER, COLO., March 11, 1904.

To the Editor:—At the present time medical ethics prevent the best men in medicine from patenting various appurtenances which their brains, experience and philanthropy may have caused them to bring into existence. Such a generous stand is evidently taken in order that humanity in general, and the medical profession in particular, may be benefited thereby; in fact, the motives are too obvious to require discussion. In other words, a man of medical genius is supposed to give freely of the fruits of his labor, and suffering mankind is supposed to be the recipient. Why, then, is it that physi-

cians are shortsighted, careless and improvident as to overlook the fact that their gifts never reach those for whom they were intended?

The above may seem a broad statement, but it is nevertheless true, and should be given consideration. For instance, take any of the various instruments that have been introduced into surgery in the last few years and let us run over approximately their usual history. The inventor, usually a man of experience and brains, after much thought and trouble evolves in his mind a method whereby some pathologic condition may be rendered more amenable to treatment. To carry out his idea he designs a new instrument and consults some local instrument maker, in order to test his theory. After a trial or two, and probably considerable expense, the instrument maker accomplishes his object, and the instrument is produced according to the author's idea.

Then, after a few months' use, the inventor finds his object accomplished, and next negotiates with the manufacturer. The mercantile gentleman just alluded to at once procures a patent, and straightway raises the price to any figure that may suit him; and what is the result? Where is the public? How about a brother practitioner? Where is the philanthropy? And what is the outcome of this benevolent and misguided ruling of medical ethics? Simply this: The price of the article is just as high as if the inventor had procured the patent and received the profits himself.

Better no ethics at all than the present methods. since then, at least, the man who deserves the credit—the inventor—would be benefited.

I do not pretend to be a reformer, but I would rather respect established customs when possible, yet the question here arises: Can not these matters be rendered more consistent?

Would it not be better to have these articles patented by medical men, and thus control the market? Or, if ethics would not trust the inventor thus far, would it not be better to establish a national committee to hold such patents and look after the production of such instruments, maintaining the standard of quality and holding the prices down to a reasonable figure? The organization could probably be made self-sustaining by the exaction of small royalties, and prosecutions of infringements carried on by funds thus derived.

More difficult matters than these have been overcome and regulated; why not, then, these also?

M. E. PRESTON.

Hospital Experience Necessary for Licensure.

LORING, LA., March 10, 1904.

To the Editor:—In THE JOURNAL, March 5, Dr. Lawrence Holmes of Asheville, N. C., advocates the rejection, by statutory law, of all candidates for licensure who have not had one year of internship in a good hospital. No one will deny that a year in a good hospital would be of incalculable value to the prospective physician; but there are various reasons why this is not practicable. Internes must generally bear their own expenses, as no compensation is provided. None but the wealthy, or sons of the wealthy, could avail themselves of this privilege under these conditions. This would make of the medical profession a privileged class, much as the officers of the English army, whose incompetence some say is notorious.

I think that the statement that "internes are composed of the best class of students" is not true.

The hospital-trained student would not be so practical a man for the rural district, other things being equal, as the one not so trained. The country physician, miles from assistance, in the cabin or shack, comes face to face with situations and emergencies which he must handle alone, and which your hospital interne, with his ideas of trained nurses, assistants, etc., could never pass through successfully.

Your correspondent cites the case of the young man who was ignorant regarding syringomyelia, and yet this ignorant young man was allowed to practice on an innocent and unsuspecting public. Now, with all due respect to Dr. Holmes, I would like to ask if he ever diagnosed, absolutely and pos-

itively, a case of syringomyelia, except on the postmortem table.

In "Diseases of the Nervous System," by Hirt, on page 471, is the following: "The practical significance of these (post-mortem) abnormalities is not great, as, for one thing, the signs during life are so uncertain and changeable that a correct diagnosis has almost to be regarded as accidental; and secondly, because the disease, even if recognized, is not at all accessible to any treatment." Does that look as if the man who was ignorant of syringomyelia was so grossly incompetent, when the expert acknowledges that he can not recognize the disease and can not treat it, if by accident he happens to make a correct diagnosis?

By all means, let us have a uniform and reasonable standard of qualifications for entrance to the medical profession. But, in my opinion, it only hinders reform to make ridiculous proposals.

F. C. BENNETT, M.D.

Eyestrain as a Cause of Headache and Other Nervous Symptoms—A Question of Precedence.

PHILADELPHIA, March 12, 1904.

To the Editor:—Concerning the courteous note of Dr. A. L. Ranney, under the above heading in THE JOURNAL March 12, kindly permit me a few words of reply. I am conversant with the literature to which Dr. Ranney points, and it has always given me pleasure to emphasize the discoveries in medical science made by Americans.

To Dr. Stevens and to Dr. Ranney credit is due for the first, continuous and indefatigable advocacy of the rôle of heterophoria in causing eyestrain and its reflexes. But my contention is a very different one. I believe that heterophoria has no influence or but little in causing eyestrain or the reflex ocular neuroses under discussion. In my writings, I have persistently advocated the view that tenotomy is not only unnecessary, but is really a prevention of cure. To me heterophoria is one of the results of eyestrain, and what success I have had in stopping the eyestrain reflexes and results of eyestrain has been gained without a single tenotomy. Moreover, I feel convinced that this error in the treatment of heterophoria by tenotomy in directing attention to an effect instead of to the cause of eyestrain, has had the most pernicious of consequences. In the minds of the large majority of the American medical profession tenotomy has proved to be without curative effect on the systemic reflexes of eyestrain, and in the disappointment at the failure and continued overemphasis of this theory, the true theory of the cause in ametropia and of the real cure by scientific lenses, has been overwhelmed in undeserved, indiscriminate and unscientific opprobrium. I could demonstrate this by any number of quotations from reviews, editorials, etc., from medical journals. In my sketch of "The History of Migraine," etc., I was interested only in what I think the line of progress—the main or trunk line—and not in an unused switch which runs to a deserted mining camp. The article of Martin, to which I alluded, contended that migraine was due to astigmatism, heterophoria not being mentioned. Martin's article was the first clear statement with which I am acquainted of the truth that migraine is due to ametropia. Personally I do not altogether agree with Martin as to some details, but I think his contribution is an epoch-making one, and in the line of definite and continuous progress.

GEO. M. GOULD.

Membership in the Approaching International Medical Congress.

[Translation.]

LISBON, Feb. 24, 1904.

To the Editor:—In No. 5 of THE JOURNAL (Jan. 30, 1904), I read under the heading "Admission to International Congresses" a notice to the effect that the national committee for Great Britain had adopted a resolution that the membership of international medical congresses shall in future be limited to physicians, and that this resolution was forwarded to the executive committee of the approaching International Medical Congress at Lisbon.