

Iceland. Was this joke or abuse? Dr. Dyer's article first conjured up that doubt in my mind. Ought not he to know? Is not he a judge? Who among his numerous readers will ever forget his delicate appreciation of Dr. Virchow's attic joke, when this venerable sage expresses his regret not to have been informed at an earlier period that free beer was to be had for the asking at the lunch counter!

There is, however, in these lunges of Dr. Dyer, made with what I take the liberty of calling a vicious but also ridiculous carelessness, one which claims a little more attention. It remains for me to explain to Dr. Dyer's readers, should they come across these lines, what must, if they take Dr. Dyer *au sérieux*, rather startle them. How could Dr. Ashmead, in New York, aspire to be the ring-master (whatever that may be) and manager as well as the director of the Berlin Leprosy Conference? And yet, this is easy to answer. Dr. Dyer means that Dr. Ashmead in every article he wrote for a long time insisted upon one point, from which he never swerved for one moment, that the Conference, or Congress as it was originally called, could only do one thing that was useful: obtain the enforcement everywhere of absolute isolation and the enactment of laws preventing the contamination of one country by another; that every thing else was vanity; that what would be said and read in the Conference and printed by the authority of the Conference, could be said, heard and printed everywhere without conference; that the time for talk should be freely admitted to be past, and that the mind of those who attended the first Leprosy Congress should rise to one great conception, easy to understand and easy to carry out and infinitely salutary to mankind. This is what Dr. Ashmead repeated indefatigably and, no doubt, he irritated some people.

There was once at Rome a senator who believed that the safety of his country depended on the destruction of a certain town in Africa. This man allowed no influential person to remain in ignorance of his views, and proclaimed them in and out of season after every one of his speeches in the senate: *Carthago delenda est*. Yet no one ever suggested that he intended to become the ring-master, manager and director of the republic. Dr. Dyer, happily, did not want to destroy Carthage, and could enjoy himself without getting at loggerheads with everybody.

"I was waked by the band Sunday morning and saw a host of soldiers going to the palace for new flags, and they marched merrily and looked well and they were men. Long live Berlin! Long live the Emperor! Long live the Leprosy Conference and its work!"

Suppose now I should indulge in some banter like that of which I rendered myself guilty against the renowned *privat docent* of Copenhagen, this dithyrambic gush, this touching imperialism (which might draw tears from a stone), and even the innocent enjoyment of the medal (reproduced in Dr. Dyer's paper) which informed those whom he met in Berlin that the bearer was a member of the Conference and that his name was Dyer, would suffice for a little string of light pleasantry. But it might be abuse. Perhaps even quoting Dr. Dyer might be construed into abuse of him. ALBERT S. ASHMEAD, M.D.

Appendicitis.

DETROIT, MICH., Jan. 11, 1898.

To the Editor:—In the January 8 issue of the JOURNAL I found an article on appendicitis, by an old practitioner, opposing operation and advising conservative treatment.

The article refutes itself, as the report of eight cases with five recoveries and three deaths, or a mortality of 37.5 per cent., is so terrible that if surgeons would report any such mortality, a hue and a cry would be raised which could be heard across the continent. I simply want to call attention to it for fear that the article might have been overlooked. It is the same

old story. By conservative treatment a good many cases will recover, and about 15 per cent will die. This man's statistics are far worse.

There may be surgeons who are ambitious and inexperienced and who consequently operate when a patient is convalescing and there is no need of it, but every experienced abdominal surgeon will refrain from operating when the patient is recovering, but will postpone it and urge an operation in the interval. However, all experienced surgeons urge *immediate* operation upon every case, claiming that if all cases are operated upon the mortality will not be more than 2 to 5 per cent. Although in that case a certain number will be operated upon who would never have another attack, still they can not be distinguished beforehand, and we claim best results by prompt operation in every case as soon as diagnosed. Of those five cases which recovered in the article spoken of, four will have recurrent attacks; some will die with the second, some will die with the third, or the fifth, or the tenth, but all will die from appendicitis, not to mention the long continued illness and the suffering they undergo in the meantime. So that out of eight cases there will finally be one who will live and have no recurrences, and all the rest will be dead. While if the eight cases had been promptly operated upon the first day, seven at least would have recovered and not been in danger of any subsequent attacks, and one might have died.

With this and the other side of the question, any reasonable and conscientious member of the AMERICAN MEDICAL ASSOCIATION can easily decide which is the correct method of treatment.

Yours truly, J. H. CARSTENS, M.D.

X-Ray Blindness.

NASHVILLE, TENN., Jan. 10, 1898.

To the Editor:—Though possibly it may already have been mentioned, I am not conversant with any report on what may be called X-ray blindness. During the Centennial Exposition here this summer there were several X-ray machines in operation. One of these was attended by a gentleman of my acquaintance, of more than average intelligence and observation, and also possessed of a fair amount of electric knowledge. He tells me that out of about 3,500 persons who looked into the tungstate of calcium screen, at his hand or other object, four were unable to see anything. They were not only unable to see the bones of the hand or other objects more or less opaque to those rays, but they could not even distinguish the fluorescent light; the interior of the box was just as dark to them as before the light of the tube was turned on. These individuals he allowed to make a number of trials, even bringing them back at night, so as to avoid the disturbance of daylight, but without avail; the screen remained persistently black. My acquaintance learned, also, that the general agent who installed the machines, possessed the same peculiarity. This gentleman said that though he had tried many times he had never been able to see anything in the screen. This condition, it seems to me, is one that would not be unexpected. The eyes of some individuals read, abnormally, certain colors, and that there should be some eyes unable to grasp the X-ray is no more remarkable than the phenomena of color-blindness.

ERNEST B. SANGREE, M.D.

Another Interesting Case: An Impacted Quid.

CHICAGO, ILL., Jan. 15, 1898.

To the Editor:—The case reported by Dr. Tufts of Sioux Falls, in which death was caused by the sudden plugging of the bronchi with a quid of chewing tobacco, recalls a less tragic case in my own experience.

A number of years ago I had a paper-hanger at work for me, who was using as a stage to reach the ceiling he was decorating, the top of a ten foot partition. Busy at his work with his head