

Frederic Milford Pendleton, Quincy, Ill.; Rush Medical College, Chicago, 1883; member of the Illinois State Medical Society; aged 63, died, July 6, at the Presbyterian Hospital, Chicago, following an operation for bladder trouble.

George M. Hamilton, Weston, W. Va.; Jefferson Medical College, Philadelphia, 1889; member of the West Virginia State Medical Association; formerly city health officer and county coroner; died, August 20, aged 61.

Henry Hannum, Bayfield, Wis.; Rush Medical College, Chicago, 1881; member of the State Medical Society of Wisconsin; in the Indian Service; died at the home of his son in Muskegon, Mich., August 16, aged 67.

William J. Stephenson, Decatur, Neb.; Medical College of Indiana, Indianapolis, 1886; member of the Nebraska State Medical Association; died recently, aged 70, from cerebral hemorrhage.

Levi Allen Neiman • Brooklyn; Baltimore Medical College, 1897; on the staff of the Lutheran Hospital; died, August 25, aged 60, from streptococcus septicemia and endocarditis.

William S. Scott, Dickson, Tenn.; Vanderbilt University Medical Department, Nashville, 1876; member of the Tennessee State Medical Association; died, August 22, aged 69, from paresis.

Adolf L. Korn, Joplin, Mo.; University of Tübingen, Germany, 1902, member of the Missouri State Medical Association; on the staff of St. John's Hospital; died, August 16, aged 44.

Robert Charles McManus, Lancaster, S. C.; Medical Department of the University of the City of New York, 1881; died, August 9, aged 63, from carcinoma of the stomach.

Elnora Gilson Whitmore, Woman's Medical School of Northwestern University, Chicago, 1894; member of the Kansas Medical Society; died, August 19, aged 56.

Samuel Maxwell Johnson, Brooklyn; Bellevue Hospital Medical College, New York, 1880; for twenty years police surgeon in New York; died, August 17, aged 66.

Samuel D. Cameron • Yakima, Wash.; Manitoba Medical College, Winnipeg, Man., Canada, 1899; was found dead in his office, August 19, aged 50, from heart disease.

John Emmet Rheim • Mora, Minn.; Northwestern University Medical School, Chicago, 1910; died, July 31, aged 36, from acute dilatation of the heart.

Benjamin Pomeroy Wright, Schenectady, N. Y.; University of Michigan Medical School, Ann Arbor, 1885; also a numismatist; died, August 4, aged 64.

Marshall M. Chandler, Greenville, Texas; University of Nashville Medical Department, Nashville, Tenn., 1874; died, July 8, aged 83, from paresis.

Henry Hale Brotherlin • Hollidaysburg, Pa.; Jefferson Medical College, Philadelphia, 1883; died, August 20, aged 62, following a long illness.

John Aaron Rawlins • Davenport, Iowa; Rush Medical College, Chicago, 1888; died, August 18, aged 56, at Ainsworth, Neb., from paresis.

Martin E. Thomas, Paducah, Ky.; Memphis Hospital Medical College, Memphis, Tenn., 1898; aged 48; was found dead on the street, August 20.

Donald E. MacPhail, Dayton, Ohio; University of Michigan Medical School, Ann Arbor, 1914; died, July 4, aged 32, from lobar pneumonia.

Gerson Strauss, New Haven, Conn.; Baltimore University School of Medicine, 1895; died, August 11, aged 55, from cerebral hemorrhage.

Charles S. Horning, Norristown, Pa.; Hahnemann Medical College of Philadelphia, 1881; died, August 16, from locomotor ataxia.

John Elwyn Cochrane, Valatie, N. Y.; University of Vermont College of Medicine, Burlington, Vt., 1893; died, June 26, aged 51.

Elmer Ellsworth Curl, Degraff, Ohio; Jefferson Medical College, Philadelphia, 1889; died, August 13, aged 60, from diabetes.

Thomas Croston, Lucas, Ia. (licensed, Iowa, 1886); for fifty years a member of the school board; died, August 12, aged 76.

Joseph C. Purdy, Terhune, Ind. (licensed, Indiana, 1897); died, August 15, aged 67, from chronic nephritis.

B. F. Kiester, Dayton, Ohio; Medical College of Ohio, Cincinnati, 1875; died, August 21, aged 74.

Correspondence

SANITATION IN PANAMA

To the Editor:—In THE JOURNAL, August 5, under "Medical News," you quote the *Panama Star and Herald* to the effect that an epidemic of malaria has developed among Canal Zone employees, and that breeding places of mosquitoes, which had been sprayed with oil the year round, are now neglected, with the result that there are now more mosquitoes on the Isthmus than ever before, since sanitation days; also that Ancon Hospital is overcrowded with malaria patients.

I believe your readers will appreciate the truth regarding these reports, which have had a widespread circulation in United States papers. The statements of the *Panama Star and Herald*, published June 18, 1922, may be categorically denied:

There is not an epidemic of malaria among the employees of the Panama Canal.

Breeding places of mosquitoes, formerly sprayed with oil the year round, are not now neglected.

There are not more mosquitoes on the Isthmus than ever before since sanitation days, but indeed far less than in any previous year. Observations made and records kept for the last twelve years abundantly prove this.

Ancon Hospital is not overcrowded with malaria patients, there being not only fewer cases than the average number in former years, but, even when the reduction of Panama Canal forces is considered, the relative number is less than the average of former years.

After the appearance in the *Panama Star and Herald* of the article you quote, there were others of similar tenor, and on June 21 the governor of the Panama Canal published this statement:

THE PANAMA CANAL CANAL ZONE EXECUTIVE OFFICE

Balboa Heights, C. Z., June 21, 1922.

TO ALL CONCERNED:

Certain unauthorized, entirely inaccurate, and apparently malicious statements regarding the malaria situation and the work of the Health Department of the Panama Canal have been appearing recently in the daily press.

Even a carefully prepared statement of the chief health officer and other interviews have been published in a garbled manner under misleading headlines so as to give a different impression from that intended.

The known facts do not justify any undue alarm, nor are sanitary conditions on the Isthmus any worse, but rather better, than in former years at this season. The statistics of the health department, which are carefully recorded and are always available to interested inquirers, fully indicate the true condition.

At the beginning of each rainy season there is a natural increase of mosquito breeding, lasting through a couple of months, the most prevalent variety being a harmless, though vicious biter called *Aedes taeniorhynchus*. Anopheles, or malaria bearing mosquitoes, are kept under adequate control near our residential sections at all times.

The funds of the health department have been greatly curtailed in recent appropriations, but in anticipation of just such an eventuality, for several years past the division of sanitation has been carrying out a policy of eliminating by subsoil drainage large areas that had required maintenance, so that the present era of economy finds this division well prepared to cooperate to the fullest with the national policy of retrenchment. No vital element of sanitation is being sacrificed in doing so.

Grass cutting about quarters, while extremely desirable from an esthetic point of view, and as a measure of general policing, plays no part in the control of mosquito breeding, it being much more the part of wisdom to spend available public funds on drainage and control of areas in which mosquitoes are actually produced. This is being done, and it is believed our residential sections are thereby now even better protected than they were formerly.

There is not a case of blackwater fever in any of the Panama Canal or other hospitals, nor has there been a case originating on the Isthmus for several years. However, the type of malaria most prevalent in Panama at all times is a very serious type, unless promptly treated, and should never be disregarded. Under prompt and adequate treatment it is usually easily and permanently cured.

The health department has frequently issued warnings to the public of the danger of contracting malaria by visiting unsanitized areas after sundown, and this caution is again urged here. Beach parties, jungle trips and expeditions to native villages are safe and proper pleasures during daylight hours, but after nightfall, and especially in the rainy season, such unwarranted exposure is the height of imprudence.

JAY J. MORROW, GOVERNOR.

On July 5 there appeared in the *New York Times* an interview with Mr. W. C. Hushing, the representative of the Canal Zone union workers at Washington, D. C., in which even more fantastic statements regarding health conditions were uttered and graver charges made against officials of

the government and the Panama Canal. The governor branded Mr. Hushing's statements as false and discharged him from the Panama Canal employ (that of pattern maker and member of the wage board). Back of this controversy lies a complex situation, a knowledge of which is necessary to a complete understanding of the attack on the administration and the health department of the Panama Canal.

TABLE 1.—INCIDENCE OF MALARIA AMONG EMPLOYEES FOR THE LAST FOUR YEARS

	Rate per Thousand per Annum Among Employees
Fiscal year 1919.....	29.64
Fiscal year 1920.....	25.00
Fiscal year 1921.....	13.10
Fiscal year 1922.....	15.39

TABLE 2.—MALARIA INCIDENCE PER THOUSAND EMPLOYEES OF THE PANAMA CANAL

Month	1918	1919	1920	1921	1922
January	2.53	2.95	2.62	1.52	1.08
February	2.54	3.57	1.51	1.21	1.29
March	2.03	4.34	1.57	1.19	0.56
April	2.24	1.66	0.22	0.37	0.28
May	1.86	2.72	0.36	0.72	1.65
June	1.50	3.53	2.44	1.69	1.96
July	1.66	7.04	1.97	1.89
August	1.93	3.15	2.75	1.87
September	0.98	2.06	2.31	1.13
October	0.76	1.03	2.36	1.01
November	1.51	1.48	1.25	0.88
December	3.40	2.00	1.17	1.37

In June, 1921, a Special Panama Canal Commission, appointed by the Secretary of War, arrived on the Isthmus to investigate and report upon existing conditions relating to the care, maintenance, sanitation, operation and government of the Panama Canal and Canal Zone, including all matters affecting the Panama Railroad and the Panama Railroad Steamship Line, and to make recommendations relative to any changes in such conditions affecting the organization, government, and operation of the Panama Canal and Canal Zone, and the operations of the Panama Railroad Company.

This commission submitted to the Secretary of War a full report, with recommendations for the operation of every department of the Panama Canal. Many of their findings and recommendations were in accord with previous ones, and these and others received the approval of the Secretary of War and were placed in operation. Principally affecting, and objected to by, the employees was the order requiring them to pay rent on quarters and the cost of care of grounds immediately about their quarters, garbage collection, fuel, light, subsistence while in hospital, etc., all of which they had hitherto enjoyed free.

Also among the recommendations of the special commission was the following:

It is recommended that the amounts expended for sanitation in the Canal Zone be greatly reduced and if as a result the sick and death rate from malaria rises above the average in twenty of the largest cities of the United States, the sanitary precautions may be increased.

This recommendation was not accepted by the Secretary of War and was not put into effect or included in the published report of the commission, although it was published in the daily papers on the Isthmus and elsewhere and aroused much unfavorable comment. Instead of this recommendation, the Secretary of War ordered as follows:

The amounts expended for sanitation in the Zone shall be reduced as much as possible consistent with maintaining the necessary sanitary precautions requisite for the preservation of the health of American employees in tropical service.

This is the policy actually pursued by the health department for some years past.

Following the imposition of the charges outlined above, the employees attempted to obtain relief through the courts here and in the United States, but these ruled they had no jurisdiction, and the employees then decided to appeal to Washington, and sent for that purpose Mr. Hushing and another to represent them at the capital. Here, too, their efforts

ended in failure, and then began, first on the Isthmus and later in the United States, the publication of these articles regarding health conditions on the Canal Zone. In the minds of the American people, the Panama Canal is a great monument, first to the skill, initiative and ability of their engineers, and second, but in no less degree, to the far seeing wisdom, self-devotion and courage of their medical and sanitary officers. General Gorgas reaped a well deserved meed of fame and devotion from his own and other nations. Herein lies the secret of the recent attack on health conditions. The employees of the Panama Canal wanted the ear of the people, that they might not voice their complaints unheeded, and in this at least they appear to have succeeded.

Unfortunately (for them) their assertions regarding health and sanitation are as easy to disprove as they would be had they stated that the Panama Canal was failing to operate in a physical way—that ships are not put through on time or are endangered in their passage. In no other disease are cases reported, investigated and followed up more closely than in malaria. The accompanying tables show the incidence of malaria among employees for the last four years.

Were these figures separated for white and colored employees, the white rates would be even better than the totals. Owing to lack of work, many colored employees are engaged by the canal only a small portion of their time, and when not so employed they are roaming about, seeking food and small jobs, in various places outside the sanitated districts.

There was a definite increase in 1921 and 1922 in the total number of malaria cases on the Zone among nonemployees of the canal (including army and navy forces as well as others), but this cannot in any way be ascribed to a fault of the program of sanitation. The army, which shows the greatest increase, has been engaged from time to time in very necessary maneuvers and reconnaissances in the unsanitated parts of the Zone and the Republic of Panama, resulting, for a time at least, in a heavy malarial infection. The Canal Zone has recently been opened to repopulation by discharged former colored employees, who have been allotted for agricultural purposes small tracts of uninhabited land remote from the canal settlements and towns, and these too are now furnishing—as was expected—a number of malarial infections.

I think I have written enough to show the fallacy of the published accusations against the health administration of the Canal Zone. Were they true, I should be among the first to protest publicly against the commission of so great a crime.

D. P. CURRY, M.D., Balboa Heights,

Acting Chief Health Officer.

Canal Zone.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

CHENOPODIUM OIL

To the Editor:—In all cases of proved intestinal infestation with parasites, I give chenopodium oil. Its effects are really wonderful. No intestinal parasite stands against it. There are, however, two serious objections to its use, namely, its odor and its taste. Patients, both adults and children, take it with much distaste, and the majority vomit it, losing its benefit.

V. RODRÍGUEZ ARJONA, M.D., Mexico.

ANSWER.—This objection has apparently been obviated by giving the drug in freshly prepared, hard gelatin capsules (Darling, Barber and Hacker: Hookworm and Malaria Research in Malaya, Java, and Fiji Islands, Pub. 9, International Health Board, 1920; Darling, S. T., and Smillie, W. G.: The Technic of Chenopodium Administration in Hookworm Disease, THE JOURNAL, Feb. 12, 1921, p. 419.