

its contents from the widest possible sources. On this account we welcome contributions from all parts of the world, from the laboratory worker or the physicist as well as from the master of the large ophthalmic clinic. Especially welcome is really good work on the part of a new writer. Each individual approaches our common questions and difficulties in a slightly different way that is more likely to be helpful than the repeated statements of an old teacher or a familiar writer.

The most efficient, resourceful, successful ophthalmologist will be he who keeps from forming ruts in his thinking and methods of practice, in which he would travel along contentedly until he lost the power of turning his thought in new directions. We therefore urge our readers to utilize the war papers now being published, and discussions, particularly those of the American Ophthalmological Society, to get this view of eyes and their shortcomings different from the one forced on our attention by our daily routine of practice.

E. J.

CORRESPONDENCE.

Trachoma on the Pacific Coast.

To the Editor:

Referring to an article under the above title in the June number of the *AMERICAN JOURNAL OF OPHTHALMOLOGY*, by H. V. W., I beg leave to amend the title by having it read, "The Relative Scarcity of Trachoma on the Pacific Coast *at the Present Time*;" also to call attention to the fact that thirty years ago conditions in the northwest were quite different from what is found at the present time; then there was no dearth of trachoma.

The Puyallup, Nisqually and other tribes of Indians were badly infected. Twenty-five years ago the Reservation School near Tacoma, now the Cushman Indian School, having as it does, children and youths from many tribes, even as far east as Montana, had a severe epidemic of trachoma. Dr. P. B. Swearingen, then resident physician,

called the writer to his assistance to treat the cases and arrest the epidemic. We fought the disease for several years and very nearly stamped it out, both in the school and among the members of the Puyallup tribe. The number afflicted ran into the hundreds.

Thirty years ago trachoma was also prevalent among the white population of Tacoma and Puget Sound; many Swedes and Norwegians came from the Middle West and settled in the city and surrounding country. A large number of these people brought the disease with them and transmitted it to their children and grandchildren. The public school children of other families contracted the disease, and from 1890 up to 1910, there was a great deal of it. But after the rush of immigration was over those affected came under treatment, precautions were taken in the schools, common towels done away with in shops, lodging houses and homes, where there were sore eyes, and there began to be a falling off in the frequency of its occurrence. During the last ten years of my practice in Tacoma, it became rather an uncommon disease. Whether the climate had any influence over its control is a question.

East of the mountains the disease was never prevalent either among the Indians or white people, as it was formerly on Puget Sound. At the same time there has been among the Indians of Yakima less opportunity for proper care and treatment, owing to the distance from medical aid, and to a less degree of civilization. There is more dust and dirt and flies, but the Indians live in the tepee and open as much if not more than those of the coast country. I know little of the conditions east of the Rockies except such as I gained from children in the Cushman School, who came from Montana. I found none afflicted with trachoma.

Personally I am of the opinion that better treatment and care until complete recovery was assured, better sanitary conditions, better knowledge of the disease among the laity, have had more to do with its control in all walks of life, and among all nationalities in

the Northwest, than climate. The disease has gradually diminished during the last thirty years, as a result of care, sanitation and proper treatment.

Perhaps if H. V. W. returned to Milwaukee he would find the same results there, and not the conditions of thirty years ago.

P. B. WING.

San Diego, Cal.

An Improved System of Illumination for the Electric Ophthalmoscope.

To the Editor:

Under the above title the writer of this letter read a short paper at the Fifty-fourth Annual Meeting of the American Ophthalmological Society held at New London, 1918. He described the system, which had been constructed under his guidance by the well-known inventor of electrical and optical instruments, Mr. R. H. Wappler; he developed its theory and explained its advantages. In the discussion Dr. Walter E. Lambert asked him how this system of illumination differed from "Dr. May's Ophthalmoscope," to which he replied that the answer was easy. There was no difference whatever. This illuminating system had been "incorporated" into the "May Ophthalmoscope," without his knowledge and consent, and had gone forth into the world as the "May Ophthalmoscope."—For surely the essential part of an ophthalmoscope is the illumination, and not the disc or other nonessential parts.

In the May number of the *AMERICAN JOURNAL OF OPHTHALMOLOGY* appeared a lengthy letter by Dr. May, in which he denies the truth of my statement, and says: "I wish emphatically to state that I owe nothing to either Dr. Koller or to Mr. R. H. Wappler in connection with this instrument."

The following statement by Mr. R. H. Wappler, senior member and President of the Wappler Electric Company, the very concern which manufactures and sells "Dr. May's Electric Ophthalmoscope," will suffice to clear the fog and end this controversy.

New York, June 4, 1918.

I certify that Dr. Koller and myself have collaborated between 1910 and 1912 on the construction of an illuminating system for an electric ophthalmoscope, and that with his help and under his guidance I have constructed the system, which has been incorporated in the "May Ophthalmoscope," manufactured and sold by the Wappler Electric Company.

Signed. R. H. WAPPLER.

Witness: C. JOHNSON.

This clear and unequivocal statement leaves no room for any controversy, and shows that the essential part of "May's Electric Ophthalmoscope"—the illuminating and reflecting system—is not Dr. May's work.

CARL KOLLER.

New York, June, 1919.

(In medical literature priority of publication is the only priority that can be recognized. In closing this discussion it may be timely to remark that discussions as to the priority are always unsatisfactory and generally unprofitable.—Ed.)

BIOGRAPHIC SKETCHES.

THOMAS H. SHASTID,

SUPERIOR, WISCONSIN.

WILLIAM KNISELY CHERRYHOLMES. This well-known ophthalmologist of Hamilton, Ohio, died on March 31, 1919, of influenza. He was born at Millersburg, Ohio, in 1861, received the A. B. at the Ohio State University in 1882, and the M. D. at the Bellevue Hospital Medical College in 1884. For a time he practiced general medicine in partnership with his brother-in-law, Dr. Wise, at Millersburg. Later, he was special examiner in the Pension Bureau at Washington, D. C. He settled in Hamilton in 1892, specializing in ophthalmology and oto-laryngology, where he practiced until his death.

MORTIMER FRANK. This well-known ophthalmologist and medical historian died at his home in Chicago on April 21, 1919. He was born at Buffalo, N. Y., May 26, 1874, received the B. S. at