

consciousness returned simultaneously with respiration, asphyxia might possibly precede it and annul it—there might be some evidences of convulsion that might be interpreted as voluntary movement, but they are not necessarily indicative of such. The cases where consciousness exists throughout must be rare, though they have been made much of in fiction, and are popularly believed to be almost the rule. It is no comfort to think that any one can be buried alive, but it is better to believe, as the facts warrant us, that the long lingering death in hopeless horror, and the powerless anticipation of the fate are still less probable events.

With the modern methods of preservation of remains which are so often employed, living burial is impossible and we do not hear of any accidental homicides brought about in this way, and with reasonable delay and care the possibilities of premature interment are reduced in all cases to almost nothing, if not absolutely destroyed.

THE CAFFREY BILL.

It is noted with some surprise that the health bill introduced by Senator CAFFREY, and proposed by him in the Senate, is not the result of any medical opinion in New Orleans or in Louisiana.

It seems that the Senator was last summer stopped by some local quarantine in an obscure town in Louisiana, and found it impossible to pass through the local regulations, whereupon the Senator as soon as Congress convened, introduced a bill calculating to prevent these arbitrary actions on the part of local boards.

We are informed by competent authority from New Orleans that no medical man in that State is believed to have recommended the bill.

CORRESPONDENCE.

What is to become of the Physician?

ORAN, MO., Jan. 24, 1898.

To the Editor:—In studying your editorial, "Is the apothecary doomed?" I am confronted with the question: What is to become of the physician? The same processes which seem to be destroying the apothecary are at work to destroy the doctor. The free dispensaries, colleges and hospitals, are gradually absorbing the patronage of physicians. No one will patronize the corner physician so long as he can get medicine and advice free at the dispensary. Some how or other I have not been very uneasy about the druggist or apothecary. I have always patronized him. Some few druggists have not treated me fairly; they have prescribed for my patrons, and I have some times filled my own prescriptions, but I never had any animosity toward druggists as a body. I dislike the substitutor or prescribing druggist, but I have always thought it necessary to have a good drug store in my neighborhood, and in order to do this I have always patronized my home druggist. I had rather make out my own prescription and have it filled by my home druggist, and I do not believe the wholesale men will gobble

up all the trade and drive the corner druggist to the wall. There is going to be a reaction one of these days. There are a great many pharmacists in this country who have not studied pharmacy with the intention of being only salesmen for big firms; they have studied with the idea of doing a business of their own and they will not sit idly down and let their avocation be destroyed. The same thing applies to us. We will not sit still and allow the hospital man to absorb our business. We will quit patronizing specialists. We will quit sending our patients to hospitals. We will organize and fight for our rights. We will not submit to monopoly. The bulk of medical knowledge today is the fruit of the country practitioner's labor. He "laid the foundation and another has built thereon." Oh, no, the wholesale manufacturer can not absorb the druggist; nor can the hospitals and free dispensaries obliterate the country practitioner. As long as the "Upper Ten" (so called) treated us fairly we submitted kindly to his pretense of superiority, but when he assumes the right of absorbing the whole business by the tricks of trade and a cut in prices, or any other underhanded trickery, he will find one of the most vigorous kicks coming imaginable. The druggist and practitioner were once true friends and their interests were the same, and when they see that there is a plan being formed to exterminate them, rest assured they will not submit to it. Nicely prepared tablets, triturates, or what not, can be prepared by one capable of making them at all, one place as well as another, and the corner druggist does not have to give up his business and hire out, neither does the country practitioner have to appeal to his city brother for aid. He can do as the pioneers did before him. He can perform his own surgical operations and leave the specialist to hunt up his cases wherever he can find them. If the wholesalers understand their position and how they obtained it, they had best look a "leedle out." Do not shove us too near the wall. We have some rights that must be respected. A word to the wise ought to be sufficient.

Respectfully, W. P. HOWLE, M.D.

"Foreign Medical Training for Recent Graduates."

ELIZABETH, ILL., Jan. 18, 1898.

To the Editor:—In an article written on the above subject by W. S. Caldwell, M.D., from Vienna, the writer would like to take a few exceptions. Quoting from Dr. Caldwell's article in the JOURNAL of Jan. 15, 1898: "Not because the subject is better understood or more skilfully taught than by our best teachers, but because the clinical material is much more abundant here and can be much better utilized for clinical purposes, and the number of those to be taught are much fewer in proportion to material available." Also: "There may be just as good courses as these at home, but I have not been able to avail myself of them *for I have not been able to find them.*" I simply wish to say that I for one have found "just as good courses as these at home," and though I have not myself enjoyed the "merits of Vienna" (?) I have enjoyed personally Czerny's clinic of Heidelberg and Schede's clinic of Hamburg, in the "Neuen Allgemeinen Krankenhause." My parents being of German birth, I of course had the German language at my command, so that my observations could not lack for want of this advantage to read and speak German. All the advantages enjoyed at Vienna and Paris, as given by Dr. Caldwell, are enjoyed at the Medical Department of the Tulane University of Louisiana, located at New Orleans; also at the New Orleans Polyclinic like advantages are to be obtained. These places of learning have at their disposal all the clinical material of the Charity Hospital, *as they think best for teaching purposes.* The proportion of medical students (in 1891 number 374) in proportion to the clinical material at hand

compares with any, as the records of the hospital will show that during 1891 a grand total of 23,537 patients were treated. Medical students spend half of each day in the hospital for the clinical study of disease and to treat the same under the guidance of equally as great instructors as those mentioned by Dr. Caldwell.

Who that has had the advantages of these instructors at this institution will not remember with pride, the venerable dean, Professor Chaillé, who taught us (diagnosed with us) our first lesson in diagnosis and in pathologic anatomy. In clinical medicine who does not think of Professor Elliot and Professor Joseph Jones. In surgery, how well T. G. Richardson, Edmond Souchon, Samuel Logan and Albert Miles will compare. True, some of these are gone before us, but in their place we find others equally pure in the faith, as Rudolph Matas, etc. I have mentioned names because Dr. Caldwell brings forth names to worship, and why not worship our own heroes. I am convinced that in our medical centers in this country, we are equal in every respect. I specially mention the Medical Department of the Tulane University and its equal advantages, because I personally know that the clinical advantages at the New Orleans schools are not surpassed anywhere, and especially not in clinical or internal medicine. The Louisiana State law confers this privilege on the medical profession, to properly educate doctors. And again, if Dr. Caldwell prefers the "French professors," he will find a "French born teacher," who "explains every step of his operation," in the personage of Professor Souchon, in the above Medical Department of the Tulane University, who is professor of surgery and learned to his finger tips. There may be other schools in this country equally as well prepared to stand equal in any branch of medicine, so that "recent graduates," undergraduates and old doctors need not cross the sea to get superior medical information.

PHILIP ARNOLD, M.D.

Do Adult Squirrels Castrate Each Other.

CHICAGO, ILL., Jan. 25, 1898.

To the Editor:—In the article on eunuchs in the previous number of the JOURNAL I stated that when adult gray squirrels engage in battle one often castrates the other. I had this information from a distinguished naturalist, who inferred it because a considerable portion of wild squirrels are found to be emasculated.

Dr. A. S. Allen, an interne of Mercy Hospital, Chicago, furnishes the following facts observed by him which partly contradict the naturalist.

Dr. Allen says that although about one-third of the wild squirrels killed by hunters are found to be castrated, yet he thinks it is not done in fighting. He says that a number of gray squirrels lived protected in the trees about his former residence. A female raised a litter of young in a tree close to the house. One day when the young were about one-quarter grown he observed the male trying repeatedly to enter the nest, but the female, which in that species is the largest of the two, fought him off and drove him away. This repeated several times, and the male finally desisted. Some time later the female went away apparently to gather food. Before she returned the male reappeared, entered the nest and created a great disturbance there, so that the Doctor climbed the tree and examined the young. He found four young quarter-grown males and one or two females. Three of the young males had been freshly castrated, the old male squirrel having bitten their scrotum and testes cleanly and smoothly off with his sharp incisors.

In a fight between two full grown males it would seem very difficult for either to hold the other still enough to admit of biting off his scrotum, but the young are more helpless; hence

it is probable that all the castrated squirrels taken by hunters are mutilated in infancy by the old males. It is a curious instinct and one difficult to account for by natural selection, since it would not seem to result in the escape of the strongest nor the fittest from mutilation, and consequently would hardly tend to benefit or perpetuate the species.

Dr. Allen says in all his hunting he never found a fresh castration wound in an adult, so that he believes the operation is done only on the very young. He is of the impression that the castrated ones grow larger, and are apt to be fatter than the perfect males.

EDMUND ANDREWS, M.D.

Leprosy in Norway.

NEW YORK, Jan. 8, 1898.

To the Editor:—Under "Leprosy in Norway," Dr. W. S. Caldwell writes to the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Dec. 18, 1897: "Speaking to my host (Hansen's first assistant) in a congratulatory tone of our almost entire exception from the disease in the United States, he answered me warmly and decidedly, saying: 'You have plenty of lepers in your country, but your physicians do not recognize the disease, and allow the patients to run at large, while here in Norway we diagnose the malady in its early stages and isolate the patients.' In a late visit of Dr. Hansen to the United States, he told me that the Doctor found three cases in the hospitals in Chicago, and twice as many in New York, as well as encountered several cases of true leprosy upon the streets of each city, all of whom were being treated for lupus, syphilis or some other form of skin disease."

This direct slap by a Norwegian physician (Hansen's first assistant) at the intelligence of American physicians is in keeping with what we know of the general behavior of the Scandinavian sages toward ordinary medical mortals. I know from the most creditable source, that these flattering opinions were expressed to the whole medical world, as far as it was assembled at Berlin, and produced a general feeling of disgust: "Norway is interested in the leprosy question only as the world's teacher; she has nothing to learn." This truth was continually flaunted in the face of the Conference, whosoever does not recognize and appreciate the superiority, in point of leprosy, of these superior instructors, is stupid, and stupid people, as one of them frankly told me, ought not to be helped, they do not deserve it.

I venture to affirm that not only the ordinary practitioners of those parts of our country where the Norwegian immigrants stop, are the superior of the general practitioners of Norway in every way, but that the medical men of our large cities (New York and Chicago are quoted) *do not* diagnose the leper as lupus, syphilis or some other form of skin disease, as Hansen is reported to have told his first assistant.

Is your correspondent quite sure of his statement that Hansen mentioned such errors of diagnosis in the large hospitals of New York and Chicago? If he visited these hospitals there were American physicians with him, who might now come forward and confirm or deny the accuracy of Hansen's assertions.

ALBERT S. ASHMEAD, M.D.

Department of Public Health.

CHICAGO, ILL., Jan. 11, 1898.

To the Editor:—I have been reading with interest the various notices in the JOURNAL relative to the establishment of a Department of Public Health at the National Capitol and the furtherance of such legislative enactments as will tend toward the preservation of the public health. Early in 1893 I advocated such measures and devoted attention to the question in a treatise on Asiatic cholera written and published by me in that year. There is one pronounced element of danger in connection with the favored change and to this I would respect-