diseases. The cost of such sickness, directly and indirectly, runs up into the millions.

People do not yet appreciate the economics of preventive medicine, but it will some time come to them.

Meanwhile physicians and sanitarians are working out the problem. Dr. Seibert, in an article on "The Prevention of Diphtheria and Scarletina," makes a suggestion which will appeal rather directly to the self-interest of the medical profession.

Speaking of schools as centres of infection, he says: "Nothing but radical measures will bring about a change in preventing the spread of the disease in the schools, and he recommended that the throats of all school children be examined by a physician every day, the children to use their own fingers as a tongue depressor, and when the physician saw anything suspicious or out of the way, though not diphtheria, send the child home with the information that it was sick, and send for the family physician. This work would cost the city about one hundred thousand dollars a year, paying each of three hundred physicians about three hundred dollars a year."

Three hundred places at three hundred dollars a year would be a fine plum for some of our city's political machines to dispose of. No doubt the proposition to establish such offices would be met with a shock of horror by the good citizens of the town, who would see in it only another public crib for the especial delectation of medical men. If these officers, however, succeeded in stamping out diphtheria and scarlet fever, the city would save and the doctors would lose hundreds of thousands of dollars. For the existence of twenty thousand cases of these symptomatic fevers means large sums of money to the medical profession.

Yet the doctors have always energetically initiated and loyally supported all measures for the prevention of disease, and they would join, no doubt, in promoting the one here suggested if it were considered feasible and effective.

THE TEMPTATION OF JOHNS HOPKINS.

It is announced that the committee of ladies who resolved to raise $100,000 and give it to Johns Hopkins University for the purpose of founding a medical college to which women would be admitted, have succeeded in their purpose.

In tendering the money conditionally to the trustees the committee say: "There is little doubt that a sufficient number of women ought to be educated and trained in such manner as to be fully able to care for sick women who may wish or ought to be treated by women. We have devoted ourselves to the furtherance of this object. We have reason to hope that a university which proposes to found a medical school intended to teach advanced methods in the treatment of those diseases which afflict mankind will not refuse to woman the opportunity of learning such methods."

The trustees, it is announced, have accepted the gift, and hereafter Johns Hopkins is to be a bi-sexual institution so far as its medical department is concerned.

This action of the trustees, it is believed by many, will seriously impair the prestige and limit the usefulness of the university's medical school. Much was expected of it at one time, but the profession will no longer turn kindly to an institution which sells its privileges for the ineffective sum of $100,000. The school was expected to start to work with a high-class equipment which would draw to it the best educated and most ambitious students. This class of men, however, in surveying the field, will now find that there are half a dozen other medical colleges equally well, or better equipped, in which they can pursue their studies without the disillusioning propinquity of lady medicals; and they will choose such places. For, however much man may esteem and honor woman he prefers to pursue anatomical and pathological studies alone.

The medical education of women has thriven but in independent institutions, as the prosperity of the colleges in New York, Philadelphia, and Chicago shows.

The action of the Johns Hopkins trustees may be lauded as evidence of broad and liberal views; as a matter of fact it is, we fancy, the result largely of the persistent nagging of some of the estimable and well-meaning ladies of Baltimore. The action was not needed in the interests of the medical education of women; for the sum of $100,000 given to the Women's College of this city, or of Philadelphia, would have provided much more effectively for this purpose. Thus the donation to the Baltimore school lowers the school without elevating the woman; for Baltimore cannot supply the clinical opportunities offered to women in the larger cities. And $100,000 is but a bagatelle in running a great medical school with male and female compartments.

A DIRECTORY FOR NURSES.

A correspondent of our melodious contemporary, The Nightingale, sends to it a letter which calls up a matter that ought to interest the profession of this city. She says:

"I am not personally interested in the opening of a directory for nurses in New York, but only as having been for nearly three years connected with the Brooklyn Directory, and knowing how very beneficial it would be to nurses, physicians, and the public. I think it a very serious drawback that in New York the physician should be so often called to hunt up a nurse when his time may be of great value and a life may depend upon his presence in the sick room. Again, the present directories are unfair to the nurse. They charge 3 for registering, and then ten to fifteen per cent. of your earnings. No woman will pay this enormous percentage if she can possibly get work without it. Physicians do not, I think, as a rule, know how large this fee is. I have spoken with a number of prominent physicians, and they say that a central directory would be a great convenience, and would undoubtedly succeed.

"The Brooklyn directory was founded some six years ago, by an appropriation of $500 by the Brooklyn Medical Society. There are now some 265 nurses on its roll, and it is self-supporting and a complete success. Nurses pay a $5 fee the first year, and $2 yearly afterward. Now in a city like New York the expenses of finding a nurse would be greater and the fee would require to be larger, but still it need not be burdensome."

There are, we believe, at least three bureaus for nurses
lène, ever seen anything approaching to danger under its influence, nor have I had a moment’s uneasiness or apprehension such as I have repeatedly suffered during the administration of chloroform, ether, the A. C. E. mixture, laughing-gas followed by ether, or the mixtures of chloroform and alcohol which some have supposed to be identical with, or substitutes for, methylene. And it is very seldom that in the most prolonged operations—say, for an hour—more than from six to eight drachms of methylene are used; while I have repeatedly found that in operations of fifteen or twenty minutes, not more than from two to three drachms have been evaporated.”

Sir Spencer uses the Junker inhaler, and insists that the anæsthetic must be given freely diluted with air.

THE EDISON TREATMENT OF GOUTY CONCRETIONS.

Mr. Edison has before this stepped into the arduous field of therapeutics, bearing with him some kind of a complicated liniment, which speedily fell into disuse.

Now the distinguished electrician is making some experiments in the treatment of gouty concretions. The idea which Mr. Edison had worked out is that by using strong electrical currents these concretions can be absorbed and carried off. After making some tests with membranes and solutions, he tried (Therapeutic Gazette) whether a healthy man, after being subjected to such a course of treatment as a patient suffering from concretions might be expected to undergo, would not give indications of the absorption of lithium in his excretions. In October, 1889, J. D.—an active, healthy laborer, aged twenty, and of one hundred and forty pounds weight, was operated upon in his laboratory. He sat in a chair, and kept his hands immersed to the wrists in glass jars, one containing a solution of two per cent. lithium chloride with a platinum electrode, and the other containing a solution of common salt with the negative electrode. The current passed through him was four milliamperes, which was as much as he could conveniently stand. This treatment was continued for about two hours daily during one week, the total time of application amounting to eleven hours. His urine was collected during that week, and tests were then applied to it.

Traces of lithium were found.

The next experiment was made upon a man, aged seventy-three, who had suffered from gout for ten years, and all of whose joints except the knees were involved. A current of about twenty milliamperes was passed through a jar containing an aqueous solution of lithium chloride, density 1.08, in which the patient immersed his left hand up to the wrist. His right hand was similarly immersed in a solution of common salt.

The current was given four hours a day for six consecutive days. At the end of this time the size of one of the joints of the little finger had diminished from 8.6 cm. to 8.2 and later to 8 cm. There was also some relief of pain.

It seems to be thought from this that an actual absorption of concretion took place. It might, however, easily be that the slight reduction in swelling was due to absorption of inflammatory products. It has long been known that electrical currents will apparently do this.

Mr. Edison’s experiments, therefore, seem to us to be very inconclusive; they are interesting, however, especially in showing that an aged man can take a current of twenty milliamperes for four hours daily, and feel no especial effects therefrom.

A REFLECTION UPON DOCTORS, MORTALITY, AND ATHLETICS.

Our esteemed and reflective contemporary, Life, has been engaged of late in certain contemplations upon mortality and death.

In re the subject of sickness, it wonders why Mr. Richard Croker, whom the doctors pronounced incurable, incontinently got well; and it deduces some conclusions unfavorable to the certainties of medical science. Perhaps its reflections are not altogether without justice, although medical men are, we think, particularly careful in giving positive unfavorable prognoses. When given, they are generally correct, for most fatal and incurable diseases are readily recognized. We must believe that in the case of the eminent statesman above referred to there is a mistake. Either the doctors did not in fact say he was incurable, or else his time will come later. We trust Mr. Croker will not forget what he owes to the science of prognostics and the stability of professional reputation.

But Life is also puzzled over the careers of the late Cardinal Newman and John Boyle O’Reilly. The former, a frail, slight man of infirm constitution, but despite this he lived to a very advanced age; the latter was a man of splendid physique, who kept his system in training by physical exercise, athletic sports, and followed all the suggestions of modern physical culture. Yet he died in the prime of life. Shall we not, then, live quiet, ascetic lives, ignoring the body and cultivating the spirit? or shall we cultivate both body and mind? The latter course is the one so much commended to-day; yet it is not a sure passport to longevity, as many cases prove. In fact, the brain-worker is better if he lives a regular, temperate life, and pays no attention to the development of his muscles. A little walk, some fresh air, and sound sleep are all he needs. Some people, to be sure, can be athletes and do brain work also, but it is not the rule. A sound mind should have a sound body, but it does not need herculean muscles. The best athletic work is done by growing boys and adolescents, who have an extra supply of vitality. When they have matured, and undertaken the responsible work of life, they speedily drop out of the championships. And the lesson we would draw from the opposite cases brought up by Life is, that athletics are not needed by brain-workers, and will, if carried to excess, shorten life rather than lengthen it.

THE PREVENTION OF DIPHTHERIA AND SCARLET FEVER.

There are nearly two thousand deaths from diphtheria, and nearly as many from scarlet fever, in this city every year. The figures, to be sure, have fallen below this occasionally, but the number is always high. Three or four thousand deaths means, at a very low estimate, twenty or thirty thousand cases of sickness from these
THE TEMPTATION OF JOHNS HOPKINS.

To the Editor of the Medical Record.

SIR: Just at the time that an article under this heading appeared in the Record, a reception was given at the Johns Hopkins Hospital to delegates from the Ladies Committees who are engaged all through the country in collecting the Women’s Education Fund in aid of the proposed school of that hospital. The delegations, which comprised more than a hundred women from all the principal cities of the Eastern States, were headed by Mrs. Harrison, and were composed of women well known in society, literature, in charitable and progressive work of all kinds.

They were met by the trustees, presidents, professors, and physicians of the university and hospital, and by many of the most prominent women of Baltimore. The women met to congratulate each other on the success of the first step of their enterprise, and to become acquainted with the institution. The authorities of the university and hospital met there to welcome them, and explain to them more fully the character of the school they desired to found.

There was a striking contrast between the dignified and large-minded tone of the meeting, and the singularly narrow and ungenerous tone of the article in question. Standing in the middle of the noble buildings of the hospital, with the evidence of almost unbounded expenditure on every side, the insinuation that Johns Hopkins proposed “to sell its privileges for the inefficient sum of $100,000,” and that it was being induced to adopt a course derogatory to its dignity “by the persistent nagging” of a few women, seemed ludicrous. But it is something more than ludicrous that a metropolitan journal could take so petty a view of the question, and treat it in so unworthy a style. To disapprove of the course of the university is fair enough, but to insinuate that its authorities were bribed or cajoled into a course so deliberately adopted, is an insult to the university and to the large constituency of women represented at the meeting, which a published statement should have more self-respect than to permit itself to offer.

It shows an entire misunderstanding of the situation to say that the success of a few colleges for women proves the absence of any necessity for such action on the part of Johns Hopkins. Every physician knows that it is only the few schools that are based upon great endowments that can rise to the level of university instruction, for this involves a vast capital and a small class of advanced students. It implies a school that is not “popular,” which ignores pecuniary results, and exacts a quality which precludes numbers. Such institutions as Johns Hopkins must be few in number, and cannot be duplicated for the benefit of women. Ordinary colleges, whether for men or women, cannot hope to offer such exceptional opportunities for the comparatively limited class of students who can avail themselves of them.

Respectfully yours,

VINCENT Y. BOWDITCH, M.D.

[Editors' note: Address: 113 Boylston Street, Boston.]

MR. TAIT AND HIS PATHOLOGY.

To the Editor of the Medical Record.

SIR: In your issue of September 20th you do me the honor to make me the subject of a leading article, with the general tenor of which I have no reason to find fault.

I have, however, just reason to remonstrate with you when you make it appear that I wish the surgeon to sink to the level of a mere craftsman, and that I despise and condemn a scientific training in anatomy, physiology, and pathology. I do nothing of the kind, and there is nothing in the address which was the object of your criticism which would justify such a conclusion. My argument was the converse, and to the effect that, while being well-trained in anatomy, physiology, and pathology, those who attempt to play the part of surgeons should be taught how to use their hands, and at present they are not so taught, and most of them show their deficiency in this branch of their office.

You pass from this to some personal abuse to the effect that “Our great trouble with Mr. Tait is that his pathology is so much at fault that he holds it in contempt. We are apt to do so with our weak points.” Your weak point is that you know very little about my pathology, and you are strangely ignorant of the literature of your own country, indeed of that of your own city. In fact I now say you don’t know the literature published by Wood & Co. of New York, the firm that runs your own journal.

In your issue of August 23, 1890, at page 211, occurs a long quotation beginning “In 1885 Breisky brought to the attention of the profession a condition of the female pudenda which, although not infrequent, seemed so far to have escaped description, etc., etc.” In Wood’s Library of Standard Medical Authors, is a volume on “Diseases of Women,” by Lawson Tait, published in 1879, in which (pp. 25 and 26) you will find a far more complete account of the disease and its pathology than is given by Breisky.

I could quote many passages from your own columns where terms of the most appreciative praise of my own work in the pathology of the Fallopian tubes, the ovary, the uterus, and the peritoneum occur, sentences which are wholly irreconcilable with the conclusion of your leading article that “Modern surgical science will not wait even for a Tait to catch up.” You complain that I am controversially disposed, and I certainly am, when I get such good reason as you have given.

I am, etc.,

LAWSON TAIT.

[The very courteous and modest note of Mr. Tait convinces us that we have been in error in appreciating the real line of his argument and in properly understanding its drift. Nor was any personal animus intended in pointing out what we believed to be one of his weak points. It is not always necessary in examining evidence]
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MEDICAL RECORD.

As far back as in the seventies I also used the "spring scales," in addition to the Sayre apparatus, in some experiments as to the amount of extending force employed. Later I used the scales in developing the different amounts of gravity force implied by the different degrees of incline given to the body on this frame which is now under consideration. Lastly, I used the scales in developing the graduated suspension swing that I described in the Albany Medical Journal for November, 1885, page 359.

C. I. Squire, M.D.

Emlira, N. Y., November 20, 1890.

THE PRIORITY OF POST-GRADUATE INSTRUCTION.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR: The recently published letters of Drs. Roosa and Wyeth may recall to several of your readers the fact that about ten years ago one or more post-graduate schools were founded in this city. At least a number of meetings were held, plans were proposed, and professorships accepted. After which the faculty would adjourn for rest and refreshment. Who knows but that these schools may yet materialize, rival those already in the field, and lay claim to priority, and a place in textbooks?

In the question at issue the facts appear to be as follows: For many years past post-graduate medical instruction in this city has been seriously discussed, and several schools established—on paper.

On April 4, 1882, seven members of the faculty of the University of the City of New York resigned for the express purpose of founding a post-graduate medical school. This event excited much comment in both the daily press and medical journals of that date, and, as is well known, was shortly followed by the opening of the present "New York Post-graduate School and Hospital." During the preceding winter professorships had been accepted in a proposed institution, to be called the "New York Polyclinic," but the first public announcement of this school was not made until a short time before it opened, in November, 1882.

In the case of an invention or a discovery the claim of priority is usually awarded to the man who makes the first public announcement thereof, and not to the man who claims to have been the first to think about it.

It may be added in conclusion that both the "Post-graduate School" and the "Polyclinic" are doing excellent work, and have added much to the reputation of New York City as the great medical centre of this continent.

Very truly yours,

George Henry Fox, M.D.

November 30, 1890.

'IF YOU GO TO COLORADO YOU CAN NEVER RETURN.'

TO THE EDITOR OF THE MEDICAL RECORD.

SIR: In the editorial entitled "If You Go to Colorado You Can Never Return," appearing in the RECORD of November 8th, there is a statement of the opinions of "physicians from Boston" which is liable to give a very wrong impression, and I deem it of sufficient importance to call your special attention to it. The statement was to the effect that in the discussion of papers at Denver, at the meeting of the Colorado medical association, "physicians from Boston and other places along the seashore believed it safe for many patients to ultimately return to their homes."

In Dr. F. J. Knight's admirable paper upon this subject he gave the results of his rich experience, and cited cases of patients who had returned to the New England coast, and had lived there with apparent impunity, but I feel very sure he would not wish it to be understood that it is a safe experiment for the majority of cases.

In the discussion of the paper I distinctly took the

AGAIN THE QUESTION OF PRIORITY.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR: Last week when I read in the Medical Record the article by Dr. Forest on the subject "A method of applying plaster jackets without Sayre's suspension," I was struck with the truthfulness of the saying that there is nothing new under the sun. It was my notion to write to Dr. Forest, as I now do to you, but it passed my mind, until to-day, in reading the article in the Medical Record, by Dr. Daniel Brown, I am reminded how unsafe it is for one to undertake to assume credit for improving methods in surgery. In relation to this method I wish to say that the device described by Dr. Forest is not new, to my knowledge, except, perhaps, the iron brackets and the grooves for holding back the rubber tube. I have this device I remember to have seen published in some journal in 1883. Following the description then given I had a frame made, which was superior to the one now in question, in that it required less cloth and consequently less waste, otherwise it was of the same pattern. This I used upon three occasions in 1884—first, in a case of my own in Emlira, January 14, 1884; second, in a case in consultation at Case
donia, N. Y., March 19, 1884, and lastly, in consultation, on a case at Smithborough, N. Y., July 10, 1884. Since then it has rested on a shelf in a closet out of my office.