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Vol. III.

DETROIT, MICH., SEPTEMBER 15, 1892.

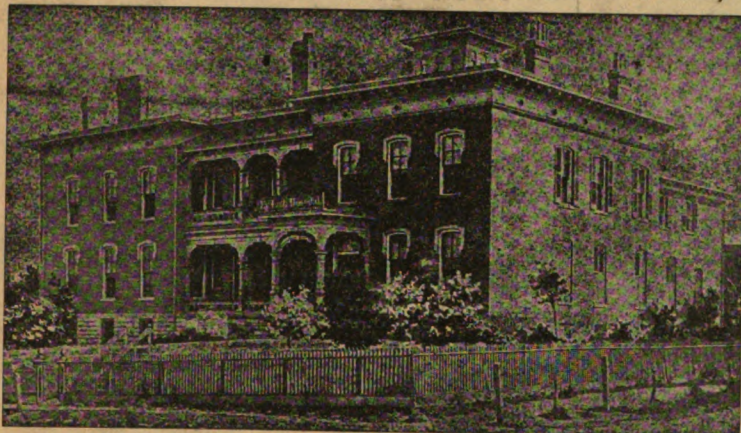
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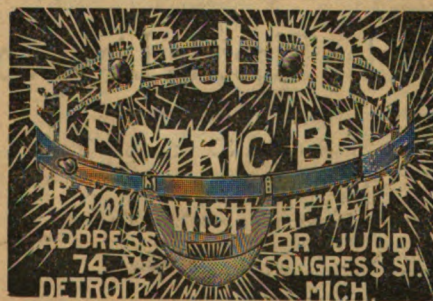
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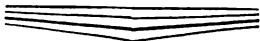
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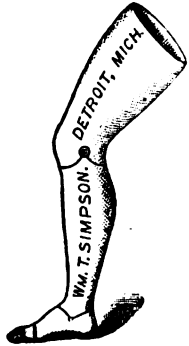
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VOL. III. No. 9.

DETROIT, MICH., SEPTEMBER 15, 1892.

50 cents Per Year,
Single Copies, 5 Cents

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WE wish to call the attention of our readers to the fact that the editorial office of this journal is not where our printer located it in our last issue, but is at 96 Miami Ave., at which place we still find ourselves ready to receive such contributions to our columns as the indulgent reader feels disposed to send in.

OUR attention has recently been called to a number of cases of flagrant error in the prescription of glasses by opticians. In every instance, the glasses prescribed were such as would have done the patients eyes positive injury if persisted in. It is difficult not to feel that this sort of thing should be regulated by law. If counter-prescribing of drugs is a fit subject for legal restriction, why not this also? Our jewelers offer a tempting bait in the shape of "glasses fitted free of charge," and the public are always ready to take something for nothing. No one doubts that in some cases the glasses so fitted are entirely correct, but it overlooks the fact that no one but a physician ought to be entrusted with the responsibility of deciding in all cases what glasses should be worn, if any at all. And further that the physician should have special training for this sort of business.

DR. GEO. M. GOULD, of Philadelphia, has lately gained a certain temporary notoriety by his offer of \$100 for the best essay on "The Ridiculous Pretensions of Modern Homœopathy." It has been suggested that his sincerity and fairness would have been better shown had the offer been made for an essay on "The Essential Basis of Homœopathy," or for "An Inquiry into the Fundamental Principles of Homœopathic Practice." He has prejudged the case, and it is as impossible that the essays he receives can represent homœopathic practice, as that Disraeli's "Curiosities of Literature" can ever come to be taken as a text-book upon English Literature. As a matter of fact, it seems extremely likely that Dr. Gould's offer will really result in positive benefit to the homœopathic school of medicine; first, by calling the attention of the public to its existence and fruits, and, second, by calling the attention of homœopaths to the dangers which may threaten them from some of their too imaginative or too enthusiastic followers. The public will not be long in seeing that a practitioner of medicine is not a homœopath,

simply because he calls himself one, and that everybody's opinion does not stand for the gospel truth. In fact, we are so strongly impressed with the good likely to come from this prize contest that we are tempted to add another hundred to Dr. Gould's munificent offer.

IN the current number of *The Medical Era*, Dr. W. S. White briefly discusses the use of the bicycle as a remedial agent. It is fair to say that the doctor is an enthusiastic wheelman, and that he can see little that is not wholesome likely to come from the use of this vehicle. He declares it to be "the most scientific and delightful gymnasium that has ever been invented," and says that "every portion of the anatomy is exercised by it, the orbit and pelvis not excepted." As a remedy, it cures leucorrhœa, insomnia, phthisis, dyspepsia, nervous diseases, and many other things, and most remarkable of all, it "assists labor" although at what stage of labor it is most useful is not mentioned.

Unfortunately we cannot bring ourselves to this pitch of enthusiasm. Both from observation and from personal experience, we are forced to consider bicycle riding very much inferior to running as a mere gymnastic exercise. Whatever it may do for the "orbit and pelvis" it certainly fails to give the muscles of the upper extremities any but rather feeble exercise. No one but a beginner makes much use of his hands and arms in the act of guiding the machine. The most serious defect of the wheel is its tendency to produce spinal curvature. The habitual stoop of the bicycle rider is already a matter of common observation, and although this is bad enough in adults, it is worse in boys and girls who have not yet reached their full growth. In the same category of modern affections with the "tennis leg" and the "base-ball arm" we must now place the "bicycle back." One has

only to watch the procession of wheelmen that pass along our asphalted streets to be convinced of the serious character of this deforming tendency. Not one rider in six carries his spine in a normal and healthy position. But you will say that this sort of thing is not an essential feature of bicycling, but a perversion of its proper application: that there is no necessity of a crooked back if one will only sit erect. Granted, but the fact remains that riders will stoop, and if they will stoop the "bicycle back" is inevitable. The secret of this habit lies in the racing tendency. The spirit of contest is natural to the human heart. It is the mainspring that keeps most of our social machinery in running order. From the presidential canvass to the penny-pitching of the corner newsboys, we are animated by the common desire to get ahead of our neighbors. We must have as good clothes, live in as good a house, do as thriving a business, have as much money, drive as fast horses, and finally ride as fast on our bicycles as ordinary people. Now, in order to ride fast on a wheel, the saddle should be well back, the handle-bars low, and the body bent forward with chest out and shoulders back. The position is not a pretty one, but when properly assumed is not injurious to the health of the rider. Our everyday rider compromises between this position and the erect one, by lowering the handles of his wheel, and bending his back, so as to be ready to gratify his natural desire to get ahead of any other wheelman who comes along the road with any signs of wanting to race. Until this tendency is eradicated the bent back is pretty sure to remain a mark of the average rider.

We must not be charged with any lack of interest in or appreciation of the wheel. If we realize its dangerous tendencies we shall be better able to avoid them, and get from our bicycles the full measure of all their delightful possibilities.

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ASIATIC CHOLERA.

THE history of cholera begins with the year 1503, five years after the landing of Vasco de Gama upon the coast of India. From that date to the present time there has been a succession of epidemics which have had their beginnings somewhere in Hindoostan and have swept from there over more or less of the whole civilized world. Until 1832 these epidemics confined themselves to the old world, but on June 3d of that year, upon an Irish brig lying at anchor off Quebec, it first showed itself in North America. Since then we have been a prey to its periodical visitations. It came in 1849 and spread over the whole country. During the succeeding summers it reappeared, and it is doubtful if it was not present in some portion of the United States during all the years from 1849 to 1854. In 1866 another epidemic began at New York, and extended as far as Texas. The last epidemic from which we have suffered began at New Orleans in 1873. The presence of cholera infected ships in the harbor of New York at the present time strongly suggests that we are upon the eve of the fifth great epidemic. In fact, it seems hardly possible that we can escape. If we succeed in warding off the disease now, we may only postpone its appearance until the first warm days of next Spring. Our only safety lies in unremitting quarantine, and this is not easy. With so many ports of entry, and such a constant and enormous tide of immigration beating upon our shores, it is perhaps too much to hope for. The subsidence of the epidemic in foreign ports; its apparent disappearance during the cold weather; the carelessness or incompetence of health officers or an ignorant public, may all combine to let the seeds of the disease loose in our midst. This happened in 1866, during the winter of which over 2000 persons

from infected ships were let loose in New York City before the disease became epidemic there. There was a time when the contagiousness of cholera was doubted and the value of quarantine discredited. The time for this kind of disbelief has gone by. Dr. E. C. Wendt says: "In spite of the extremely conflicting statements contained in the different theories regarding the nature of cholera, its communicability and the mode of its conveyance, the writer holds that the following points must be regarded as facts proved to be such by the weight of unimpeachable evidence.

Cholera originates in India, where alone it is now endemic. It is carried to this country, and indeed to all other countries, through no other agency than that of human intercourse. Its acquisition includes the possibility of direct individual contagion, but more particularly infection by choleraic fomites.

The specific cause of cholera is an organized body capable of rapid multiplication both within and without the human organism.

Certain animals may take cholera, and the disease is experimentally communicable to them.

While cholera does not originate *de novo* in a given locality, there are nevertheless certain general, local, and individual conditions that favor both its outbreak and its dissemination.

The choleraic virus acts first and with greatest intensity upon the intestinal portion of the alimentary canal.

Direct personal contagion, although not impossible, is a far less frequent mode of communication than indirect spreading by fomites. The intervening agency of specific organisms is necessary even for what we call direct contagion. Water channels such as rivers, pipes and sewers are very frequent carriers and disseminators of the infecting cause.

The air is only quite exceptionally a means of conveyance, and that only for short distances.

The truth of the above proposition cannot be gainsaid. In the opinion of the editor the probabilities are in favor of a further proposition, i. e. cholera is first induced by the entrance into the intestines of peculiar minute organisms first accurately described by Koch and since known as 'comma-bacilli.' (Fomites are clothing, bedding or any movable article that is capable of transporting the contagion from one place to another.) It might be noted also, that these specific germs exist only in the intestines, so that the contagious element of the disease lies in the discharges from the body of the cholera patient, such as the stools and vomit.

It is of the utmost importance to bear the above propositions well in mind. They may not be of much value in the treatment of cholera, but they are of the highest importance in its prevention. From the fact that the disease is spread not by atmospheric contagion, but solely by the medium of choleraic fomites, it is evident that its spread may be limited by rigid personal disinfection. The researches of Koch have shown that the comma-bacillus has the power of growing on cloth, in water, on food, in piles of refuse, in fact anywhere where the bacteria can find sufficient nutriment. Water is one of the most common means for spreading the infection. The bedding and clothing of cholera patients are washed in water which is afterward poured out upon the ground to filter into wells or cisterns, or other sources of water supply, and it is very easy for the bacilli to find their way back into our houses. This source of possible infection can be prevented by disinfecting the choleraic discharges and burning them, and as an additional safeguard by boiling all water that is used for domestic purposes. Koch also points out the fact that the comma-bacillus is killed by being dried, and that infection

does not occur from letters and other dry postal matter. If it were possible, therefore, thoroughly to dry the clothing of cholera patients which had become soiled with the dejecta they would speedily be disinfected and rendered harmless.

It is probable that infection does not occur through the medium of the lungs, but always through the digestive tract. Yet with the stomach in its ordinary state, it is difficult, if not impossible for the bacilli of cholera to pass through it. As soon, however, as there is some digestive disturbance set up, from improper food or overeating, the stomach no longer forms a barrier, and the bacilli having gained entrance to the intestinal tract, speedily excite a choleraic attack. During an epidemic of cholera a vastly greater number of people are exposed to the disease than fall ill with it, and of those who are seized with it, the larger number are guilty of some personal indiscretion. During an epidemic diet should receive the most careful attention. Whatever food ordinarily disagrees, should be scrupulously avoided. Green or over-ripe fruit should not be eaten, and raw fruit generally might well be left alone. The only absolutely safe food is that which has been thoroughly and recently cooked.

The mortality from cholera is something fearful. Sometimes it rises to such a point that of all persons attacked ninety per cent die. The death-rate depends not only upon the character of the epidemic, but also upon the treatment to which those afflicted have been subjected. Thus the following table shows the mortality under different modes of treatment in Europe during the epidemics of 1832 and 1849. (Ray):

Mode of treatment.	Deaths.
Tartar emetic.....	19 per cent.
Salts and water.....	20 "
Cold water and ice.....	30 "
Ipecacuanha.....	57 "
—	—
Average.....	31 "
Calomel and opium... ..	57 "
Opium alone.....	58 "
Bleeding, calomel and opium.....	59 "
Calomel alone.....	62 "
Stimulant.....	66 "
Bleeding alone.....	85 "
Injection into the veins.....	90 "
—	—
Average.....	79 "

Perhaps in no single disease has homœopathy won for itself so many laurels as in the treatment of cholera. Dr. Rubini and his colleagues in Naples during one epidemic treated five hundred and ninety-two cases without a single death. In 1849, Drs. Pulte and Ehrman of Cincinnati treated 1,116 cases with a death-rate of less than four per cent. During the epidemic of 1830-31 in Russia, as shown by the official records, the number of patients under homœopathic treatment in three Departments was 1,273, among whom there was a mortality of less than nine per cent. The official records of the Bavarian government show that in the same epidemic in Moravia, Hungary, and at Prague and Vienna 1,260 cases were under the care of homœopathic physicians, with a loss of less than seven per cent. In Edinburgh and Leith, Scotland, in 1848, the homœopathic death-rate was about twenty-four per cent, the allopathic, eighty-four per cent. Ray gives the following table of cases under homœopathic treatment.

Name of place.	No. of Cases.	Deaths.	Per Cent.
Vienna.....	581.....	49.....	8 per cent
Vienna.....	998.....	95.....	9½ "
Prague in Moravia, etc. 1,269.....	85.....	6¾ "	"
In Russia and Austria. 2,753.....	264.....	9½ "	"
Russia.....	1,270.....	108.....	8½ "

Lebert places the mortality of the disease at somewhat over fifty per cent. This is under old-school treatment. The average mortality under homœopathic treatment is generally considered to be from eight to fifteen per cent. Of course different epidemics differ in their death-rates. The mortality at the beginning of an epidemic is greater than at its close. Further, cholera statistics are not absolute, since they ought to include cases of cholera and choleraic diarrhœa as well as cases of true cholera. Still, so far as the writer knows, the statistics quoted above are compiled from the same classes of cases and are therefore strictly comparable. The results of homœopathic treatment are truly remarkable. Considering the vast number

of people who die during every great epidemic of cholera, the number of lives which this treatment would save is enormous. It will not do to declare that the statistics are false; they may be imperfect, but they are authentic beyond all question, and we cannot close our eyes to them. In examining the remedies given in the standard works upon Practice, of the old-school, it is curious to observe that the drugs which have been of the most service in the hands of homœopaths receive, almost uniformly no mention whatever. It is difficult to imagine why this is so. Any method of saving life ought to be the common property of the entire medical profession, no matter the source from which it comes nor the theory upon which it is given. It might not be fair to say that these remedies are ignored because they have emanated from the homœopathic school, but the presumption is strongly in favor of such an opinion.

The homœopathic treatment of cholera is very simple. Of course, any remedy in the *Materia Medica* may be called for, if an effort be made to differentiate the symptoms very closely, but there are three remedies upon which particular reliance is placed. These are camphor, copper and veratrum album. In fact, during one epidemic in Italy, over five hundred consecutive cases were treated with camphor alone, without a death. The drug is not given in infinitesimal doses, the common practice being to give five drops of the strong tincture or "spirits of camphor" on a little sugar every five or ten minutes, at the commencement of the attack. Copper is given for the painful cramps which are so prominent a feature of the disease, and veratrum is useful where the patient begins at once violently to purge and vomit. It is a fair prophecy that if the present epidemic obtains a foothold in this country, the death-rate under homœopathic treatment will be less than half that under any other.

Various homœopathic remedies have been recommended as prophylactics against the disease, but the writer does not know of any

statistics showing their value. From the fact that the comma-bacillus does not thrive in an acid medium, there would seem to be good reason for the practice of giving acid drinks during the disease, and to prevent its accession. Dr. R. G. Curtin reports that during a severe epidemic in the Philadelphia almshouse, the cholera "was apparently arrested within twelve hours by causing all of the inmates to drink freely a 'lemonade' made with diluted sulphuric acid. The only new case after the commencement of this prophylactic treatment was a man who refused to drink the solution. Two new cases occurred on the second day after the acid drink had been discontinued, but upon resuming this, the progress of the disease was again arrested." Such experience as this is well worth bearing in mind, and the routine use of acid drinks during an epidemic might be of great value in preventing the spread of the disease.

There is a universal agreement as to the necessity of disinfection in cholera, but authorities differ somewhat as to the particular disinfectant to be employed. Lebert extols carbolic acid, while Sternberg considers mercuric chloride as much more useful. A 20 to 40 per cent solution of "chloride of lime" probably makes the best and cheapest disinfectant for the dejecta of cholera patients, though other germicides may also be used. For the disinfection of clothing there is nothing of so much value as heat. Garments and bedding that have received discharges from cholera patients can be thoroughly cleaned by being boiled, and all suspicious articles of food and drink may be made safe by cooking. Since the germ dies upon being dried, the necessity of keeping the house and its surroundings clean and dry is evident.

In fine, although cholera is a disease having the most disastrous possibilities for any community, it is plainly engendered and kept up by a disregard of general and personal hygiene, and much may be done to escape from its ravages by scrupulous attention to

the manner of living. As to treatment, if one is stricken down with the disease, "he who runs may read," and from even the limited evidence presented above, it ought not to be difficult for anyone to decide what school of medicine, or as we prefer to put it, what kind of treatment, will give him the best chance of recovery.

H. W.

A SHORT TALK ABOUT DISEASE GERMS: WHAT THEY ARE AND WHAT THEY DO.

WHETHER it is a morbid curiosity or a healthy act of the human mind to seek after a cause for everything, is hard to say, but in few connections do people ask "What was the cause?" or "How did it happen?" more than when an accident or sickness is announced. The sympathizing mother or nurse almost always asks the sympathy-seeking child how it happened after the slightest accident; and, this found out, the trouble is soon forgotten. Inquisitive friends(?), too forget their sympathy and offers for help in their eager desire to know how such and such a disease started and in their haste to pass on this toothsome piece of gossip.

Now, physicians and all scientific workers in the healing art have been asking for hundreds of years what causes disease, and especially those diseases which are usually called contagious. This question has in part been answered, this tangle is gradually being brought out of disorder, and the actual causes of individual diseases are one by one coming to light. The practical individual very naturally asks, "What is the use of finding out what causes a disease, if we cannot prevent or cure it?" This is a fair question, but we should remember that it is always a mistake to put down a discovery or invention as worthless because it cannot immediately be put to some practical use. It is now more than two hundred years since the first set of lenses, crudely put together and called a microscope, showed that much of the life of

this globe was only made visible, or its effects made manifest, by the aid of magnifying glasses of high power. When the first glimpse of this invisible world was obtained imagination ran riot, and it was supposed that all available space was crowded and thronged with these invisible inhabitants of the world, and much consternation was caused. It is only in more recent times that the microscope has been brought to such a high state of perfection that the good and bad effects of these micro-organisms have been brought to light and better understood.

Most of these little organisms or micro-organisms are generally called bacteria; their study is called bacteriology, and those who are engaged in this special kind of study are called bacteriologists. The word *bacterium* (plural, *bacteria*) means a little rod or staff, because most of these micro-organisms are rod-shaped. The Latin word *bacillus* (plural, *bacilli*) is also used in about the same way. Some micro-organisms are neither bacteria nor bacilli. Thus, the formation on the upper surface of jelly in uncovered jelly glasses is a kind of micro-organism which belongs to the class of moulds. Some micro-organisms are called parasites. Literally, parasite means an unbidden guest, one that sits at the table by you without an invitation or welcome. The different kinds of worms which some children have belong to the parasites, and there are some microscopic organisms which infest the blood in certain diseases which are also called parasites.

The recent study of bacteriology has not only made a change in the treatment of some of the diseases and in our method of performing surgical operations, but it has explained many things which we formerly did without knowing why, and these explanations are always satisfactory to an inquiring mind. These bacteria and bacilli are of a very low form of life, and probably belong to the vegetable kingdom, but they possess some characteristics of the animal kingdom, and in reality

may be looked upon almost as the connecting link between the two kingdoms. They are so small that it is very hard to give any idea of their size, but this is best done by comparison with objects whose size is known. As most of these organisms are rod-shaped, an ingenious writer has given us an idea of their size by saying that 1,500 of the best known of these little bodies placed end to end in a row, would just reach across the head of a pin. It is very remarkable, then, that objects that are so small, we not only can see under a great variety of circumstances, but we can, so to speak, handle them, cultivate them just as we do flowers and plants, study their peculiarities and learn their life history.

We hear and read so often of the dangers of these bacteria, and of the connection between bacteria and disease, and bacteria seem to be at the bottom of so many diseases, that it is but natural to look at all of them as harmful, on the principle that a man is known by the company he keeps. It is just as well to state that many bacteria are not only not harmful nor dangerous, but they do a great deal of good, so that we could not get on without them. Again, many of the most dangerous ones die before they have time to get in their fatal work, so that with the enormous number of bacteria and the appalling rapidity with which they reproduce their kind, we have the consolation of knowing that many are harmless, many beneficent, that many dangerous ones die early, and that some forms are so hostile to each other, that when they meet, like the Kilkenny cats, they are all exterminated; and, again, that others are so dependent on each other, and even so affectionate, that, like Damon and Pythias, they cannot live apart, and languish and die when separated. Thus we see that while the number of disease-producing bacteria is larger than we like, still the number is not so very dreadful, and when we consider the good some do, we see that we can put up with the dangers of the bad for the advantages of the good.

If it were not too startling a fact, it might be well to remember that in the mouth of each healthy person there are about twenty or more different kinds of bacteria always present. Many of these are useful in splitting up the food which is chewed, and they help it to be prepared for digestion; other bacteria protect the teeth and prevent decay and the collection of tartar on the back of the teeth; again other bacteria keep in a proper state the saliva which is of use in mastication and preparing the food for the stomach. There is no doubt that we have in parts of our digestive tract bacteria whose duty it is to assist the breaking up of the food, digestion and assimilation.

Outside of the body, bacteria are our friends; thus, when refuse animal matter is thrown out and undergoes what we call decomposition, it is the action of a large number of busy little bacteria that breaks up this matter and reduces it to its ultimate parts. Bacteria cause fermentation, and they are artificially cultivated to make beer. Light-giving bacteria cause phosphorescence on the surface of water.

Thus, we see that these bacteria make their presence known in a variety of ways, and are often of great use to us. To say that there are bacteria everywhere would be exaggerating the truth; but that they are very prevalent is not doubted by those who know, and they are particularly abundant in crowded communities, in cities and in enclosed places where many people congregate; this is especially true of hospitals. Some of these bacteria have an independent power of motion, but none of them have powers of locomotion, and hence they cannot go about and are not apt to float in the air unless attached to some microscopic piece of dust. Such bodies, too, have a tendency to settle on the ground so that the air in a closed room is comparatively free from these impurities; but in a room where there is much motion there is always dust in the air, and there is always a chance

that some bacteria may be attached to this dust. It is only necessary to notice a sun-beam slanting across a room in which there is much dust to show how abundant this dust is.

If, then, disease in the shape of these bacteria is so prevalent, it would seem at first that it would be impossible to get out of the way of these myriads of organisms which some would have us believe are on every side lying in wait to assail us. Fortunately, things are not so bad as they look. Bacteria are probably no more abundant now than they were before we had a suspicion of their existence, and we know that in a well-regulated community disease is not usually so prevalent as to occasion remark.

The principal ways by which disease gets into the body are through the air, water and food, and these enter the body by the nose and mouth. The air in high mountains and far out at sea is very pure, but the nearer we approach civilization the less pure it becomes. Some diseases are carried very readily by the air, while others are passed from one person to another only at a short range, while others again require close contact. While many diseases require close contact and others are carried for long distances by the air, a few diseases may be carried by an intermediate or third person from a sick to a healthy individual while the carrier may escape. In this way physicians and nurses carry the disease from one patient to another.

From these facts arose the two words contagious and infectious, the definitions of which few accurately understand. Contagious diseases were originally supposed to be those which were conveyed by actual contact. It is this very study of bacteriology which has so altered the exact meaning of these two words that it is impossible to define them individually, and hence they may as well be used as synonyms, although it is generally admitted that infectious is a somewhat more comprehensive term than contagious. Thus everything that is contagious is infectious, but the reverse is not true.

Consumption is a disease carried by the air and it is now well known that the germs of malarial fever have been lifted up from the marshy regions where they live and thrive, and have been carried long distances to regions where they do not belong. In this way have been explained the occasional outbreaks of malaria occurring in the Catskill Mountains. The germs were probably blown up from the Hudson River. The germs of typhoid fever and Asiatic cholera are always found in some soils. The digging up of certain kinds of soil, especially in the streets of cities, is a frequent cause of malaria and typhoid fever: but it is a satisfaction to know that, with some exceptions, the ground contains few germs far below the surface.

Some uncooked food may contain bacteria, and it is well known that sausages of doubtful origin and made of raw meats are a very frequent means of introducing not only bacteria but parasites like the tapeworm and

other kinds into the body. Milk may be a dangerous article of food if it is not properly selected, and this is particularly the case in large cities. Many dangerous disease germs live and thrive in fresh milk, and especially may consumption and typhoid fever and at times scarlet fever get into the body through milk. Impure water is a constant source of danger. This may look very hopeless to the mother or nurse who has the care of young children in the city. There are so many offsets to these dangers, however, and so many means within easy reach of all, and Dame Nature is such a good protector of our bodies, that many of these dangers exist in name only, for the careful and prudent.

The consideration of some diseases, with hints for their prevention and avoidance, will be the subject of a future paper.—*Wm. B. Canfield, M. D., in the Mother's Nursery Guide for September.*

HOSPITAL ITEMS.

REPORT FOR AUGUST.

THERE were treated during the month of August 146 cases; of this number 55 were free cases to whom were furnished 552 days of treatment. There were 401 visits to the dispensary; of this number 147 were new cases. The ambulance made 44 runs, bringing in 18 patients and taking home 17. The expenses for the month were \$3,749 20 and the earnings were \$1,698 39. The monthly income from the endowment is \$1,500, leaving a deficiency of \$550 81

DONATIONS FOR AUGUST.

Ladies' Committee, fruit once a week; 2 bake pans; 2 gal. measures; 2 qt. measures; 2 table cloths; 25 yards muslin; 2 large dish pans; 3 small dish pans; 1 dipper; 3 forks; 3 apple parers. Mrs. John Hill, 1 Watermelon. Mrs. E. S. Barbour, papers and journals,

melons. Dr. G. P. Cooley, Jr., wearing apparel. Mrs. John Hull, 2 watermelons. Mrs. C. L. Beagle, flowers, Arthur Curd, \$1.00 cash. Mrs. Ludden, papers. Detroit Floral Co., flowers.

OPERATIONS FOR AUGUST.

A BCESS—PLEURAL,	1
AMPUTATION of hand	1
AMPUTATION of breast.....	1
CIRCUMCISION	1
CURETTING, Uterus	1
CURETTING, Ulcers	2
DILATATION of cervix.....	1
GRATTAGE	2
IRIDECTOMY	1
OVARIOTOMY.....	3
PERINEORRHAPHY.....	3
SKIN-GRAFTING	1
TRACHELORRHAPHY.....	2
WOUNDS—	
Incised wound of scalp.....	2
Lacerated wound of hand	1
Incised wound of hand.....	1
Lacerated wound of leg	1

THE COMPASS.
MISCELLANY.

EDITOR'S BOOK TABLE.

BOOKS and pamphlets intended for review should be addressed to the Editor of the COMPASS, 96 Miami ave., Detroit, Mich.

PRACTICAL PHYSIOLOGICAL PHILOSOPHY, by John C. Nottingham, M.D., Bay City, Mich. W. D. Richardson, Publisher, 1897.

This little book has been written for the purpose of setting before its readers some wholesome information upon subjects that are not matters of common knowledge. Many of the most important things connection with growth, development and education are not to be found in the ordinary writings upon these subjects, and are left to be acquired by parents and children in a haphazard fashion. Dr. Nottingham writes with great earnestness, and from his long experience in the practice of medicine knows just where the ignorance of the public is likely to be most fatal. It is the sexual aspect of growth and education that he has made his principal theme, and within the compass of seventy-four pages he has compressed a large amount of valuable information. He has handled his subject in a skillful and delicate manner, and the book can be recommended as not only instructive, but wholesome. The volume is a specimen of beautiful book-making from a typographical stand-point.

Journal and Pamphlets received:

The Trained Nurse for September.

The Mother's Nursery Guide for September.

The Medical Era for August.

The People's Health Journal for September.

Printer's Ink.

And right here let us pause to say that the discrimination of the Post office against this little publication seems to us a very unjust thing. We confess that we read its pages with great interest, and are not able to see wherein it is not as legitimate a journal as any other. We hope that it may win its fight against injustice.

Post Office Guide for August.

Homœopathic Medical Recorder.

HOT AIR REGISTERS IN FLOORS.

WE have noticed on several occasions a most disgusting, if not dangerous, practice arising from placing hot air registers in floors. Reference is made to using the register for the purpose of a cuspidor. If attention is paid to this, one will be surprised to note the number of persons guilty of this act.

Recently in a hotel heated by natural gas, and having a large hot air register in the floor, we saw not less than half a dozen persons discharge their saliva into it. One of these was the proprietor of the hotel, an old man suffering from chronic bronchitis with a copious muco-purulent expectoration. One can scarcely imagine anything more horrible. And if we consider that consumptives may sometimes cast their expectoration into the register, the danger of the practice becomes apparent; for a more efficient method of scattering germs of tuberculosis through the air of an apartment could not be devised.

The floor is seldom or never the place for a hot air register. With the greatest possible care a considerable amount of dirt will collect in it, polluting the air more or less, that enters the room. In the absence of cuspidors, it offers a tempting place for the chewers of tobacco to dispose of their spittle without betraying their filthy habit. Persons coming in from out of doors, with wet, dirty feet, will nearly always stand over the register to dry their shoes, affording another source of air pollution. Other objections present themselves, but those given should suffice to condemn placing hot air registers in floors, and especially in public places.—*Monthly Sanitary Record, Ohio.*

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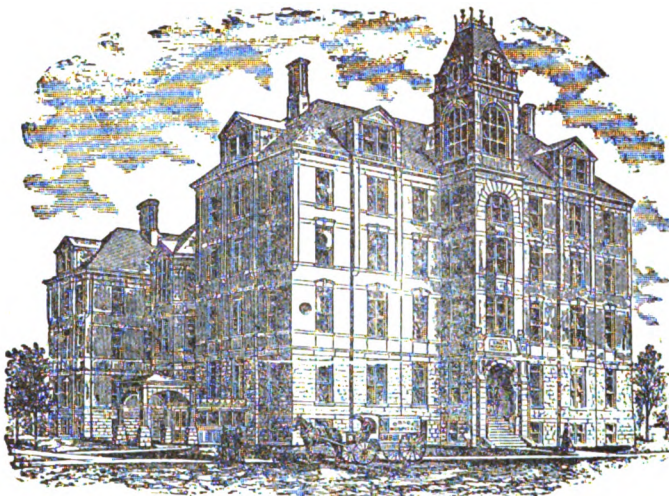
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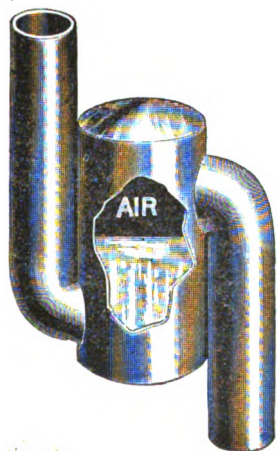
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