

—The City Board of Health has asked the board of estimate and apportion to appropriate the sum of thirty thousand dollars for the salaries of inspectors, physicians, and nurses to be appointed during the next six months to aid in the suppression of contagious diseases.

—Prof. T. Gaillard Thomas having resigned his position in the College of Physicians and Surgeons on account of the pressure of private work, Dr. Paul F. Mundé, editor of the *American Journal of Obstetrics*, has been appointed lecturer on gynecology in that institution. Dr. Mundé is at present one of the assistant surgeons to the Woman's Hospital, and professor of diseases of women in the medical department of Dartmouth College.

#### CHICAGO.

—The Tenement-House Inspectors of Chicago have recently reported over fifty houses in a bad sanitary condition, many of the buildings being overcrowded and impregnated with sewer-gas from untrapped and leaky plumbing, and others in a rickety condition, filthy, and unfit for habitation. Of 220 houses, containing 2741 rooms, examined by the inspectors, containing 757 families, aggregating 3471 persons, 54 were served with notices, 54 nuisances were abated, 63 rooms whitewashed, 35 vaults and catch-basins cleaned, 13 defective drains repaired, and 8 filthy premises cleaned. There were 1609 houses reported on in writing and inspected in nine weeks. According to newspaper accounts, small-pox seems to be firmly established in Chicago, the Poles, Bohemians, and Germans being the most subject to the disease.

### Miscellany.

#### THE RELATIONS OF THE MARINE HOSPITAL SERVICE TO COMMERCE, THE PUBLIC, AND THE MEDICAL PROFESSION.

MR. EDITOR, — I have had sent me what purports to be an official publication of the Medical Society of the State of California, which to appearance presents for discussion by the society *The Relations of the Marine Hospital Service of the United States to Commerce, the Public, and the Medical Profession*; but which, by open charges, and that more dangerous because more insidious style of attack, by cunning implications and innuendoes, arraigns that important government service, without opportunity for defense, before a tribunal which has no jurisdiction or interest in the matter. What step, except to refer it to the committee on legislation, the California society took in the matter I do not know. Action which would condemn without trial, and without a full knowledge of facts, is inconsistent with the discretion and sound judgment of fair-minded men; and such a course, I am confident, would not be likely to govern our brethren on the Pacific coast.

The report on the Marine Hospital Service is at once ill-judged and ill-timed; it bears an ill animus throughout; it is founded on perverted statements, and puts together, as bearing on each other, facts which have no proper co-relation. I purpose to take up and answer some portions of this singular production.

The author of the report states that the natural inference is that "a government hospital is kept for those in the service of the government, such as United States marines; while the fact is that our marine hospitals are kept by the government for those not in its service, employees of individuals and corporations." Except that the Service cares for the officers and men of the Revenue Marine Service, who by the Regulations are required to pay Marine Hospital dues, and, upon proper application, for those of the United States Navy and those engaged in vessels of the Coast Survey and Light-House Board, this is strictly true. The author, however, fails to note in the same connection that marine hospitals are not, in the true sense, *government* hospitals, as are those belonging to the war and navy departments; that, although the buildings and grounds belong to the government proper, the Service is maintained by a private fund, accumulated from monthly dues *paid by seamen of the mercantile marine* while in health, for their own use, as a means of insuring proper care during sickness; and that the government is merely the trustee of this fund, and authorized to employ it, under strict regulations, only for legitimate purposes. As a matter intimately connected with our shipping, and vital to its integrity, the care of the merchant seaman becomes a national concern and worthy the nation's care.

"Recently published reports of the Service estimate the number of such persons cared for in its marine hospitals at 170,000, a number greater than our army and navy combined." The author of the report made a perfectly true statement, but left a wrong impression; he should have said "a clientele of 170,000, of which about twelve per cent. [omitting readmissions, etc.] become patients every year." He might also have said, in favor of the Service and in testimony of the work it is doing, — but without depreciation of the medical men of the army and navy, — that, while the army with 25,000 men has a medical staff of about 200, not including contract surgeons, and the navy with 8000 a staff of *about* 100, the Marine Hospital Service cares for its 170,000, with 25,000 actual patients in each year, with but thirty-five medical officers and as many active assistant surgeons.

"Your committee find that the crippled and infirm or permanently disabled are not provided for by this Service." Granted! Neither are they in any of the *hospitals* of the land. It is a fortunate circumstance, however, that several of our States have snug harbors and similar institutions in which our worthy and tempest-tossed seamen can be well cared for in their declining years. It is noticeable, also, that no mention is made in the report (bearing date April 21, 1881) of the fact that the Surgeon-General, in his last two published reports for 1879 and 1880, has urged the establishment of a national snug harbor, under the care of the government, to meet this very end. In closing his remarks on this subject, in the report for 1879, the Surgeon-General says, "Soldiers and naval seamen have for many years been provided by law with a permanent home when worn out in the service or disabled by casualty, and a similar provision for the seamen of the Mercantile Marine would tend greatly to improve the character of American seamen."

The author states that "the marine hospital system furnishes relief at designated seaports and river stations inland, and *only at such points*," and follows up his statement with a quotation from the Regulations, which would be very effective in corroboration of his state-

ment, but, unfortunately, it relates to an entirely different topic. The fact is that seamen are cared for at all ports of the United States. Application is made to a medical officer of the Service, if such be stationed there, or, "in the absence of such officer, then to the proper customs officer, acting as the agent of the Marine Hospital Service." No *bona fide* seaman who is in need of medical care is ever intentionally refused hospital or office treatment by the Service, so long as he has not abandoned his vocation. The choice of another profession, in which the man believes he can do better, very naturally cuts him off from relief. Boarding-house keepers, longshoremen, bummers, and frauds are ruled out. From such as these complaints of neglect generally come.

"The official reports show that from 1860 to 1878 the tax collected from seamen amounted to \$4,368,757, and the appropriation by Congress, for the same period, \$3,061,303." A singular forgetfulness undoubtedly prevented the mention of the fact that for at least thirteen of these nineteen years the Service was simply a machine,—the toy and prize of politicians; that large sums were expended in that time unwisely and perhaps dishonestly; hundreds of patients were admitted to hospitals without the shadow of right; surgeons and their families were subsisted, and members of Congress, collectors, and other officials entertained, at the public expense; and pickings and stealings were persistently winked at. On the other hand, since the reorganization of the Service in 1873 it has been practically self-supporting. For the fiscal year ending June 30, 1880, 24,860 seamen were furnished relief by the Marine Hospital Service; the receipts were \$399,129.90, and the expenditures \$402,185.49. The receipts were entirely from the collection of hospital dues, with no appropriation from Congress, no such assistance having been received since 1873, and since November, 1873, no deficiency estimate has been presented to Congress; prior to the reorganization from \$150,000 to \$200,000 were appropriated annually. The expenditure of \$402,185 in 1879-80 includes an extraordinary disbursement of \$31,440 for the bedding and outfit of two new hospitals.

In 1869 (before the reorganization) 11,356 patients were treated; the receipts were \$474,719.70, including an appropriation by Congress of \$200,000; the expenditures were \$406,089.23. We find at this day more than twice as many seamen treated at a less total cost, and a service self-supporting.

"Applicants for relief must first satisfy the collector that they have paid their tax for the three months prior to their application for relief; without such evidence they are not seamen according to the law, and have no claims upon the Marine Hospital fund." Only at ports where there are no medical officers is the patient obliged to seek the collector who acts as agent of the Service. The Regulations expressly provide that but two months' service are required; that a reasonable absence does not preclude a seaman from relief, provided he has not abandoned his calling; and, moreover, relief to a seaman of a *single day's* service is not refused if he is injured or has been taken sick while in the line of his duty, or in any case of emergency where humanity dictates a lenient construction of his case.

"The Service, as a charity, is opposed to the best interests of the sailor in this, that it offers an encouragement to debauch and vice; . . . a large majority of the cases treated are venereal diseases and other con-

sequences of debauch on shore." The high moral tone of this quotation loses some of its point in that the latter part is untrue, the former absurd. According to the statistical tables of annual reports published from 1873 to 1880, the percentage of venereal diseases has not exceeded twenty-four per cent. (varying from sixteen to twenty-four per cent.). Moreover, as the moral and humanitarian aspect of the case is called up by the author, the fact is clear that the sick or disabled seaman, whatever his disease or its cause, is a *patient*, in need of assistance; to be treated as the army surgeon treats friend or foe, *nullo discrimine*. The seaman is a child in manners as he is in facility of falling into temptation; *he is at the same time a human being, and calls for humanity*.

I have criticised some of the statements made in this report. There are others equally baseless and equally absurd. I do not, for want of space, touch the deductions at the close of the report, except to express my dissent from them. Thus far I have looked at this document as it stands. On seeking its authors I find the chairman of the committee to be a physician of San Francisco, *late* Surgeon of the Marine Hospital Service, who resigned "rather than obey orders;" in fact, a man attached by many ties to San Francisco and to the Service—so long as he was allowed to draw his pay in that city. *Hinc illæ lacrimæ!* The second is his friend. The third is unknown to fame.

From a somewhat intimate acquaintance with the Marine Hospital Service for eight years, and from an active participation in its duties for more than three, I cannot fail to express my hearty dissent from this report, its statements and conclusions; it bears the impress of malice, and deserves contradiction. On the other hand, *I know* the Service, as now constituted, to be effective and active, and in every way to be working for the good of the seaman; its present chief is wise, honest, and just, and its medical officers, chosen after a rigid examination, are selected from young men who will compare favorably with any in our midst.

I quote the words of Dr. E. J. Doering, *late* Surgeon in the Service, and now in Chicago, in confirmation of the statements I have made:—

"I have been connected with the Service for six years, and am familiar with its workings, and having resigned, and now being engaged in private practice, I have no further interest in this matter than to see justice done to a Service which asks no defense, but desires to be judged on its own merits, and not on the basis of an underhanded attack of one of its enemies, made behind the shield of a so-called committee of the California Medical Society."

FRANCIS H. BROWN,  
Late Passed Asst. Surgeon M. H. S.

#### PODODYNIA.

MR. EDITOR,—In reading the interesting paper by Dr. T. B. Curtis on Pododynia in a recent number of the Boston Medical and Surgical Journal, it has seemed to me rather remarkable that he should have overlooked overstretching of the plantar fascia and an incipient flat foot as a cause of heel-pain in the first case narrated by him, as well as in the second case quoted from Desprès.

Without doubting that such a pain may be of a reflex character in some cases, it is very reasonable to

suppose that in heavy persons, who may perhaps have suffered from a slight injury of the sole, which serves as a starting point, overstretching of the plantar fascia, or an inflammation of slight degree at its posterior insertion, may be the cause of the trouble. Such disturbance might very likely be acquired by those whose duties obliged them to be much on foot, and especially in the case of those who had become rapidly fleshy. In such a case the development of similar trouble in the other foot is not difficult to understand; for, owing to the pain caused by standing, the weight is instinctively thrown upon the better one of the two feet, and when excessive weight is the original cause of the trouble such additional weight thrown upon the other foot might soon cause it to show signs of like trouble.

I had an experience in my own person of the correctness of this explanation when, a few years since, an injury of my left knee caused me to throw too much of my weight upon my right foot. As soon as the state of affairs was appreciated a rubber muscle with adhesive plaster was attached to the inner side of the leg so as to raise the arch of the sole, and after a few days the trouble ceased. I never became aware of any reflex cause, and since the recovery from the trouble in the left knee have never had a return of the plantar pain.

I may further remark that I now have under treatment a lady past the menopause who has of late grown rapidly stout, and who for several weeks has had "pain in the heel" of the right foot, which gradually increased in severity and extended over the region of the plantar arch, being nowhere very well localized, until, at last, walking became almost impossible. When I saw her, a few days since, a similar pain had developed in the left heel, but had not yet extended to the rest of the foot. By inspecting the right foot, undressed and raised from the floor, no local trouble can be detected, and the patient is entirely comfortable; but on extending the foot strongly with one hand, and with the thumb of the other, making pressure on the inner margin of the plantar fascia, the pain in the heel and in the plantar region is at once reproduced. By directing the patient to stand up and rest the weight on the affected foot, it is at once apparent that there is some flattening of the instep, which is not appreciable when the foot is raised.

Now it is not to be expected that any "rubber muscle" that can be applied to a patient who weighs over two hundred pounds (as is the case with the one here referred to) will do more than palliate the tendency to flattening of the arch under such a strain; but it does *something*, and together with enforced rest for a time will help to cure the trouble. It is working better than I expected in the present instance, and I shall put another "rubber muscle" on to the better of the limbs to-morrow.

One of the causes of the widely-diffused and with-difficulty-located pain about the foot is the displacement of the bones of the tarsus by the spreading of the arch, and it is *this* pain rather than that which is located in the os calcis which, in my experience, interferes with walking.

I had not intended, when I began to write, to inflict so much upon you, but another case occurs to me which may illustrate the nature of the initial pain as felt in the os calcis of these patients.

Last summer a gentleman who has had slight but well-marked rheumatic attacks, while exploring the

works of a Nevada silver mine, overstrained the insertion of the tendon of his right deltoid into the humerus. It was a long time thereafter before he could use the muscle without causing a recurrence of pain *limited to the insertion of the tendon*. I gave him anti-rheumatic treatment, but I have no very good ground for belief that it effected a cure. At all events, he got over it in time.

I think that what I have said would warrant the addition of an *eleventh* condition, characterized by "pain in the heel or sole, unattended by any objective symptoms," to those enumerated by Dr. Curtis, and in reading the two cases first enumerated by him I am inclined to place them in this category.

F. A. CASTLE.

NEW YORK, June 9, 1881.

#### INUNCTION AS A REMEDY FOR ACUTE INFLAMMATION.

MR. EDITOR,—I feel it almost a duty to add my testimony to that of Dr. Parker<sup>1</sup> as to the value of oil or grease as an external application. I have for ten years used it as a matter of routine in almost all forms of acute inflammation of the thoracic and abdominal viscera; also in inflammatory sore throat, abscesses, and some cutaneous eruptions. I generally order lard, which is to be found in every house, simply rubbed upon the skin, and covered over with a piece of flannel. It acts precisely like a poultice, for which it is a most convenient substitute, especially for children. In fact, I almost habitually use it instead of poultices, except in the case of discharging sores and abscesses; in short, wherever the skin is unbroken. If I want a stimulating effect I mix a little salt with it, making a very good substitute for camphorated oil and other liniments. The practice is not at all a new one, but seems to me not as well known nor as much used as it ought to be. The books, as Dr. Parker says, are strangely silent about it, though its efficacy in quelling inflammation is marked, and has the advantage of leaving no depressing effect behind. It is one of those little things of which successful practice is so largely made up, yet so simple and so small as to be almost beneath the notice of the too prevalent school of "intellectual myopes" and medical pundits.

Respectfully yours,

EDWARD T. WILLIAMS, M. D.

ROXBURY, June 18, 1881.

#### A QUERY IN ETHICS.

MR. EDITOR,—I think it reads "conduct unbecoming and unworthy a member of the Massachusetts Medical Society." Now, I have a medical friend who is a constant contributor to our local newspaper, and his items always end, "Dr. — was called." Week after week from one to a dozen of these interesting paragraphs adorn the columns of this paper. Wounds and bruises are transformed into fearful lacerations, fractures, and dislocations. Difficult surgical operations are reported which never took place except in the mind of the doctor.

Will you, or some gentleman versed in the proprieties which should govern the practice of our noble art,

<sup>1</sup> JOURNAL of June 16, 1881.

give me some idea to what extent we can "blow our own horn" without being liable under the clause first quoted?

I am, very respectfully, your obedient servant,  
CANTHARIDES.

#### LETTER FROM PHILADELPHIA.

MR. EDITOR, — The Philadelphia Medico-Legal Society held its first annual celebration June 9th. Previous to the supper a conversational meeting was held, Dr. E. R. Prall in the chair. The subject of the several points at issue between physicians and druggists were considered, and the best means of meeting the evils of over-the-counter prescribing, unauthorized renewal of prescriptions, substitution and sophistication on the part of druggists were freely discussed. Several of the members of the society, having previously practiced in the country, said that they had found it advantageous to continue dispensing their own medicines in the city; others stated that they had been forced to adopt this course in order to protect their patients from extortionate charges of druggists, and to insure their obtaining the medicines ordered without adulteration or substitution. Dr. G. M. D. Peltz, by invitation, gave a very interesting account of the circumstances which had led him to take this step and dispense his own drugs. After referring to and giving illustrations of the excessive charges, amounting in some cases to a prohibitory tariff, he said that sophistication was very common among ordinary drug-shops; tinctures are generally made from fluid extracts, and not according to the Pharmacopœia; other preparations are likewise improperly made, and of varying strength; very little reliance could be placed upon the freshness or purity of remedies obtained indiscriminately from druggists, whose principal business is selling patent medicines. These remarks were not intended to apply to all pharmacists, but to the large number who are unprincipled and are governed solely by self-interest. Having decided to keep his own medicines, Dr. Peltz found that the wholesale druggists, with one exception, refused to give him a price-list, or to sell to him on the same terms as to retail druggists. This decided him; he accordingly laid in a stock of good drugs, and set to work making his own preparations according to the United States Pharmacopœia. Contrary to his expectations, his patients preferred to send to him for their medicines, rather than to trust to a disinterested apothecary to put them up. An incidental advantage of this plan is that it makes the doctor an excellent collector, which in dealing with many people is of prime importance; a direct advantage is, however, that the physician knows exactly what the patient is taking. The doctor had carried on this method only for six months, but had found it so successful that he was glad he had tried it, and was determined to continue it.

A vote of thanks was unanimously tendered Dr. Peltz for his interesting and important communication. In the discussion generally an evident want was exhibited for better control over the physician's prescription. Besides the method already referred to, it was stated that a physician with a large office practice employed a graduate in pharmacy to call at the close of his office hour for all the prescriptions, which had been retained on file; these were now compounded *secundem artem* and delivered at the patients' residences, *the physician*

*keeping his prescriptions.* This plan has been in practice several years, and works well. The members of the society seemed much interested in the remarks made upon the subject, and it was evident that the example cited would have a number of followers. A supper terminated the evening's exercises, to which about forty members sat down, — a large number, considering the fact that the night was very stormy and unpropitious.

From the above it is seen that in this city the irrepressible conflict continues. The animus of the druggists may be inferred from the fact that at a recent meeting of their board of trade a resolution was adopted declaring that in their relations to the public they occupied an equal standing with physicians. This was apparently in reply to a resolution recently adopted by the Philadelphia County Medical Society asserting the fact that, in compounding prescriptions, the druggist acts simply as the agent of the physician.

An important step has been made by the Faculty of Jefferson College in lengthening the term four weeks, making the annual commencement come at the last of March or early in April, the lectures beginning as usual with the preparatory course in September. There are some changes in the roster in the arrangement of didactic and demonstrative lectures, which are to begin at nine o'clock each morning instead of ten, as heretofore.

The alterations in the building are going on rapidly; by which it is said that the seating capacity of the two lecture halls will in each be increased by about one hundred seats.

The case of the young girl (referred to on page 284 of this volume of the JOURNAL) who was tried for infanticide last week resulted in acquittal. It was testified that she had made application at a number of institutions for attendance during confinement, but was uniformly met with refusal, and was taken from the street by two poor women, who gave her shelter. The villain who brought her to Philadelphia had deserted her and left her, friendless and without means, in her unfortunate condition, to the mercy of strangers. The case excited the attention of the Women's Christian Association, who provided counsel for her at the trial, and sent her to her friends after acquittal.

Bishop Stevens has announced his intention of instituting a home for foundlings in this city during this summer, preparatory to inviting the assistance of the clergy and laity in the work next fall.

At the last meeting of the County Medical Society Dr. Carl Seiler exhibited a new form of office battery for galvano-cautery. Twelve pairs of plates (about four by six, zinc and carbon), connected for intensity, are dropped into and removed from the electrolyte contained in two large jars, inclosed in a box, by means of a treadle which is counterbalanced. By this means the physician does away with the need of an assistant, as the treadle is worked by the foot; the amount of depression controlling the degree of heat by regulating the immersion of the plates into the fluid, the current being started or stopped almost instantly. For operations in air-passages, requiring the actual cautery, this form of battery is the most convenient that has yet been brought before the profession; and in ordinary cases it would seem to be much simpler and easier of application than even the thermocautére of Paquelin.

Mayor King has determined that the coming Fourth of July shall be celebrated in this city in a more rational

