

vaccinators are making a house-to-house visitation, accompanied by a squad of policemen.

The death of Prof. H. Schapiro, of St. Petersburg, is announced. He was the author of works on internal medicine. Prof. A. Rocha, editor of the *Coimbra Medica*, also died recently, and Mexico has lost a prominent member of the profession in the death of Prof. Alfonso Herrera.

Antituberculosis dispensaries are to be established in Paris, by a benevolent society. They are to be for the treatment of tuberculosis alone, and medicine, food and garments distributed gratuitously. The society will also supervise the patient at his home, to render the conditions as favorable as possible for recovery.

The Progress of the Plague.—On February 27, 7 new cases of plague were reported in Cape Town, South Africa, 2 being Europeans. The plague returns give 3396 deaths as the total for all India for the last week in January, with 3277 for the preceding week. In Bengal, where the greatest number of cases and deaths occurred, there were 2261 deaths, and in Bombay City 427 deaths during the last week in January, with 308 the previous week. In that city the epidemic increased markedly, with a report of 922 deaths for the second week in February. In Mauritius, the week ending February 14, 14 new cases of plague were reported with 10 deaths. In England, according to the *British Medical Journal*, the London County Council has authorized its Public Health Committee to spend £50,000 if necessary, in dealing with suspect and contact cases of plague. London has been divided into four districts for the purpose of isolation, and thorough accommodation for contacts and suspects will be provided in each district. Arrangements have been made for providing, in a few hours, for the accommodation of 200 persons at a time, at a cost of £16,000, and 600 more can be provided for within a few weeks should it be necessary. While these buildings are not to be commenced unless plague actually appears in London, £7000 is to be spent on the drainage, water-supply and preparation for the foundations for these temporary buildings.

Correspondence.

The Modern Methods of Quarantine.

ST. PAUL, MINN., Feb. 18, 1901.

To the Editor:—In the *N. Y. Medical Journal* of Nov. 3, 1900, Dr. A. H. Doty discusses this subject as bearing upon marine sanitation. It is true, as he states, that in the past there has been much unwarranted fussiness in the administration of marine quarantine. Methods have been in vogue that caused much delay in the discharge of passengers, mails and cargo, that were in no way based upon scientific teaching, and that were largely in demand chiefly for the benefit of the port sanitary officials.

Had Dr. Doty confined his arguments to marine sanitary methods deserving of criticism, his field would have been sufficiently wide. But there are many statements in his paper which have no bearing upon the disinfection of a cargo of iron in the hold of a vessel, or of rags that supposedly have been steamed and baled under pressure in a foreign country, or of passengers lined up on the deck, or of mails lying in an open boat. For example, the following statement appears: "Contrary to popular belief the most careful investigation, both from a scientific and a practical standpoint, has demonstrated that the clothing actually worn by well persons is not a medium of infection." There are few modern sanitarians who will accept this view. Few, I think, will admit that the well can not carry in their clothing the infection of scarlet fever or of smallpox directly deposited or transmitted through the atmosphere, from a patient in the stage of desquamation. Clothing soiled with the infectious discharge from a patient ill with typhoid fever, tuberculosis, or diphtheria can certainly convey infection to others.

The following are a few illustrations of this fact: My father, a physician, was attending scarlet fever patients. He tried to prevent conveying the disease to his own family of small children, by carefully removing the suit worn while visiting such patients before returning to his home. In spite of these precautions, however, he undoubtedly did convey the disease to his own children, one of whom died in consequence.

A few years ago, while in attendance upon scarlet fever patients, I was careful so far as my clients were concerned, but somewhat careless in my methods as related to my return home, and my wife contracted the disease, beyond doubt through my carelessness. Dr. Montizambert, Director General of Public Health in Canada, in reporting on a recent outbreak of smallpox in Winnipeg (1900), says: "Careful and continual injury lead to the conclusion that he must have contracted the disease from the unpacking of infected clothing during his voyage from Hongkong." "Quite recently infection of a family in Minnesota, with smallpox, was traceable to the visit of the father to one of his rented houses, in which there had been cases of smallpox a short time previously. His clothing must have conveyed the disease for he himself was not ill. Recently a woman whose child had died of diphtheria borrowed mourning goods of a neighbor. Diphtheria, soon after this borrowing, appeared in the family of the lender, undoubtedly due to infection, through the medium of the loaned clothing.

I mention these cases as a few that have come under my own observation. Dr. Doty admits that it is "within the bounds of possibility" for such cases to occur exceptionally. I venture to say that instead of being exceptions they are of daily occurrence, but unreported. The casual investigator will often fail to discover the source of infection in an outbreak of scarlet fever, smallpox or diphtheria, when the careful observer will find the fault to rest upon some healthy individual as the transmitter of the disease. Dr. Doty further states: "The busy medical practitioner may during the day visit many cases of infectious disease and may go from them to others without previously changing his clothing or performing disinfection. He has reason to believe that he does not act as a medium of infection; as he sees no evidence of it in his own home, nor is evidence presented to him that he transmits disease to his patients." That the busy practitioner may do as thus stated is too true. Surgeons hesitate to go from a patient having an infectious disease to any operative work. Why should they hesitate if there is no danger of their conveying infection. I contend that every physician in attendance on certain infectious diseases, such as scarlet fever, smallpox, diphtheria, etc., should wear a protective gown, and this should be moist with an antiseptic solution at the time it is worn, or should be disinfected as soon as possible after such a visit. Dr. Doty, after expressing himself as to the absence of danger from the clothing of non-infected persons, says: "in municipal sanitary work this knowledge is valuable as we are then reasonably assured that the disease will not spread—at least to any serious extent—through the medium of clothing worn by well persons." Truly, this is a remarkable position to be taken by a sanitarian at this date. Were it true it would mean that the quarantine of the homes of those ill with smallpox and scarlet fever is unnecessary; that so long as the actual patient is kept at home no danger can follow the promiscuous mixing of other members of the family with the public at large. If his statement is true it means that the exclusion of healthy children, resident in an infected house, from school is a mistake. It may be true that there may be the attendance at school of many children from infected homes without the appearance of many cases of disease due to such exposure, but this does not prove the non-existence of danger from such a course. One has but to study the rise in numbers of infectious diseases following the general opening of schools in the fall to realize that the association of children has much to do with the spread of infectious diseases, and that this increase in disease is dependent on the intermediate as well as the mediate infectious children. Dr. Doty, in support of his opinion, says: "As a matter of fact, many careful observers believe that the activity, at least of some, of the specific organisms is inhibited by an exposure of only a few minutes to air and sunlight." This proves nothing. Admitting some of his statements to be true, the argument does not apply to clothing, much of which gets little sunlight or air, even when in use.

It may be well to touch upon two other statements in Dr. Doty's paper: 1. "As far as I am able to ascertain no authentic report exists which shows that cargoes of vessels have trans-

mitted bubonic plague through the medium of infected rats or other sources." This, it is not necessary for me to argue on further than to say that even should the statement be true, it does not prove that "rats or other sources" might not have transmitted the disease. He further states: "rats collected at New York from coffee-carrying vessels from Rio Janeiro and Santos, during the recent outbreak of plague in these two places were examined bacteriologically and in no instance was there the slightest evidence of bubonic plague." What, may I ask, does the Doctor expect to prove by this statement? To me it represents but a fortunate circumstance, for no one questions, I presume, that rats may be infected with the plague bacillus, nor would any one question the fact that had any of the rats on any of the ships examined been infected, a careful bacteriologic examination of such rats should have demonstrated the fact. 2. He also says: "Most careful investigation has failed to present satisfactory evidence that either foreign or domestic rags act as a medium of infection (for anthrax) although they include all kinds of wearing apparel, which is frequently filthy and offensive." Yet the Doctor must admit that anthrax has been brought into this country through infected media in ships' cargoes; and if capable of transmission in such media, why is it not possible that rags should be a means of transmission if infected?

I think any one who has traveled extensively by water can realize that there is much absurd maritime inspection, but that does not prove that infectious diseases can not be transmitted by cargo, passengers or clothing; or, in other words, that infected human beings are the only means of transmission for infectious diseases.

In conclusion, I can not agree with Dr. Doty either in the premises or conclusions presented in his article, and I think my position in this respect will be borne out by sanitarians and bacteriologists in general.

H. M. BRACKEN, M.D.

Fatality of the Rattlesnake.

KNOXVILLE, Tenn., Feb. 26, 1901.

To the Editor:—Your editorial on the "Fatality of the Rattlesnake" induces me to say a word on the subject. The professor referred to therein is manifestly not posted on rattlesnakes. During the past eight years I have had occasion to spend a considerable portion of six winters in Southern Florida. The diamond rattler is a denizen of that region, and since I made my first visit there eight years ago, I know of three men, a horse, and a number of dogs dying from rattlesnake bites. The diamond rattler is said to be the most poisonous of all, and attains an enormous size; fortunately he is usually peacefully inclined, and all he asks is to be let alone.

On one of my visits there I talked with an Indian on the subject, and asked him how he cured rattlesnake bites. He very promptly answered: "Don't cure him. Big sleep. Big sleep." So, not only the Indians of that section, but the whites also consider a man as good as dead when a diamond rattler strikes him.

C. DEADRICK, M.D.

Association News.

New Members.

The following is a list of new members of the A. M. A. for February, 1901:

ALABAMA.	ILLINOIS.
Kilfhebrew, J. Buckner, Mobile.	Lockhart, Charles H., Witt.
ARKANSAS.	Davis, John A., Farmer City.
Christian, R. B., Little Rock.	Scott, R. G., Geneva.
CALIFORNIA.	Bench, Edward M., Galena.
Barbat, Wm. F., San Francisco.	Fisher, Frank B., Springfield.
CONNECTICUT.	Plummer, Amzi S., Peoria.
Bell, Newton S., Windsor.	Bishop, Arthur M., Chicago.
FLORIDA.	Giles, Henry Wiley, Wataga.
Pierce, Claude C., Key West.	Ballard, C. N., Chicago.
	Lyons, John A., Chicago.
	Montgomery, Frank H., Chicago.

INDIAN TERRITORY.

Donohue, Philip, Afton.

INDIANA.

O'Day, John C., Montpelier.
Allen, Horace R., Indianapolis.

IOWA.

Neill, Hiram, Sibley.
Ratcliffe, J. J., Waukon.
Struble, Andrew, Inwood.
Evans, M. M., Le Grand.

KENTUCKY.

Schultz, Wm. F., Covington.
Dickinson, Jos. S., Trenton.
Forsythe, M. L., Harrodsburg.
Meredith, T. O., Burgin.

LOUISIANA.

Powlett, Stephen L., Hammond.

MARYLAND.

Morrison, Wm. Baker, Hagerstown.
Pitsnogle, J. E., Hagerstown.

Penrose, Clement A., Baltimore.

MASSACHUSETTS.

Pierce, A. Martin, New Bedford.
Miller, Jarred H., Wollaston.
Crowell, Samuel, Boston.

MICHIGAN.

Burnham, Wm. A., Hancock.
Gammon, H. B., Hastings.
Campbell, Alexander Mackenzie,
Grand Rapids.
Long, C. M., Escanaba.

MINNESOTA.

Palmer, Walter A., Redwood Falls.
Hirschfield, Adolph, Minneapolis.
Nippert, L. A., Minneapolis.
De Jong, Conrad, Edgerton.
Cutts, Rollin E., Minneapolis.
Hunt, W. A., Northfield.
Murphy, Wm. B., Minneapolis.

MISSOURI.

Witherspoon, T. C., St. Louis.
Ketcham, C. M., Carthage.
Robinson, G. W., Joplin.
Wallace, Charles H., St. Joseph.
Burke, Foster W., Laclède.

MISSISSIPPI.

Bridges, Robert Richard, Bridgeville.
Ward, B. F., Winona.

NEBRASKA.

Fochtman, John H., Cozad.

NEW HAMPSHIRE.

Wheat, A. F., Manchester.

NEW JERSEY.

Weeks, David F., Trenton.
Bennett, J. K., Gloucester City.

NEW YORK.

Bemis, Morris N., Jamestown.
Douglas, W. E., Middletown.
Evans, Wm., Westtown.
Myers, Frank D., Slate Hill.
McPhail, Donald T., Purdy Station.
Smith, Harrie Eugene, Mt. Vernon.
Bullard, W. Duff, New York City.
Manning, F. O., New York City.
Hubbell, Marvin D., New York City.
Neuhaus, G. E., New York City.
Farrington, Jos. Oakley, New York City.
Herter, Christian A., New York City.
Ferguson, James A., New York City.

NORTH DAKOTA.

Hood, Charles E., Drayton.

OHIO.

Koehler, James A., Shelby.

PENNSYLVANIA.

Tappan, L. N., Philadelphia.
Deaver, Richard W., Philadelphia.
Everitt, Ella B., Philadelphia.
Middleton, Wm. J., Steelton.
Blanchard, Geo. A., Scranton.
Gibson, Maris, Wilkes Barre.
Shively, J. B., Shippensburg.
Shoemaker, Levi I., Wilkes Barre.
Gross, H. F., York.
Boyle, Julius J., Susquehanna.

SOUTH DAKOTA.

Butler, Clarence A., Dell Rapids.

TENNESSEE.

Mitchell, R. H., Memphis.
Cherry, E. Otis, Newbern.
Crofford, T. J., Memphis.

TEXAS.

Florer, T. W., Waxahachie.
Horsley, John S., El Paso.

VIRGINIA.

Culpepper, Vernon G., Portsmouth.
McGuire, Stuart, Richmond.

WISCONSIN.

Winslow, Rush, Appleton.
Noyes, Geo. Kasson, Milwaukee.
Gilbertson, Peter C., Mt. Horeb.

St. Paul as a Place of Meeting.

Many of the members of the AMERICAN MEDICAL ASSOCIATION remember with pleasure their last meeting in St. Paul. It was June, 1882, nearly twenty years ago, the month being one of the most beautiful in the year in Minnesota. Some of the members have passed away since then, and younger men have taken their places, but those still living, who were in St. Paul then, speak with enthusiasm of the saintly city, its beauty, pleasant environments and the cordial hospitality that made the meeting of 1882 so memorable a one. This year the ASSOCIATION will find many changes, and the physicians and their wives who were there then and who have not visited St. Paul in the interim will have some difficulty in recognizing it. For in nineteen years St. Paul has grown from a town to a city; a city of broad asphalted streets, with electric cars running in every direction, fine public buildings, good hotels, beautiful churches, theaters, pretty parks in the city, and Como Park outside. There are four well-equipped hospitals, which the citizens justly claim are not equalled in any city of the size in the country. Then there is picturesque, historic Fort Snelling, only a few minutes drive or street-car ride from the city; Hamline University, the St. Paul Seminary and the Agricultural College, all institutions in near suburbs and all worth a visit by the tourist. Minneapolis, which contains much of interest, is connected with St. Paul by two electric lines. St. Paul, situated as it is on the high ground on the left bank of the Mississippi, has so many natural advantages that it has not been difficult to make it one of the most beautiful cities of the West. The old union depot has been enlarged as the city has grown, and near it runs a car line from which the strangers