

can not be connected with the transmission of yellow fever, and that the organism is a yeast fungus found quite commonly in mosquitoes fed on overripe bananas purposely besmeared with yeast culture. Added to this we have the important fact that Dr. Carroll has not been able to find the organisms in mosquitoes known to have reproduced yellow fever in human beings after they had bitten yellow-fever patients early in the disease, the insects having been fed only on blood, dry sugar and water. Undoubtedly the members of Working Party No. 1 will not suffer Dr. Carroll's destructive criticisms to pass unchallenged, and their reply will be awaited with much interest.

There is another episode connected with the discovery of *Myxococcidium stegomyia* that adds further variety to the history of Working Party No. 1, and that is the assertion by J. C. Smith of New Orleans that he was "the first to have interpreted correctly and given value to the things found in the bodies of the mosquitoes infected from yellow-fever patients." Mr. Smith has submitted the assertion that in the Report of Working Party No. 1 he has not been given full recognition for his services in working out the history of the alleged parasite in the mosquito.<sup>1</sup> In order to vindicate fully his assertion, Mr. Smith, or some one else, must establish that the bodies seen in the infected mosquitoes are animal parasites. Mr. Smith and Working Party No. 1 should now join hands again, this time in the effort to meet Dr. Carroll's attack; then, in the event of successful defense of their assertions, they may turn to the less serious task of satisfactorily adjusting the dispute as to recognition. On the other hand, if the *Myxococcidium stegomyia* proves to be a harmless yeast, then this attempt to solve the etiologic problem of yellow fever, like so many others before it, will pass in silence into history.

#### A NEW DEPARTURE FOR CITY HEALTH BOARDS.

One of the most valuable contributions to the subject of municipal sanitation is the recent introduction by the Department of Health of New York City of trained nurses for public-school service and for visiting contagious disease cases. As is usual in public undertakings, the initiative and early experimenting were due to private individuals. The residents of the Henry Street Nurses' Settlement, situated in one of the most crowded quarters of New York City, became deeply impressed by the neglect of contagious cases, which naturally can not be treated in the ordinary course of district nursing.

In a report given in *Charities*, L. L. Dock, who is herself one of the nurses in this settlement, states that the supervision of the department of health is as complete and strict as is possible under the circumstances. Physicians are asked to immediately report contagious cases, and quarantine measures are adopted. Leaflets in several languages are distributed, giving explicit di-

rections for domestic disinfection. In throat cases cultures are taken, and antitoxin is furnished free, and it is also administered by a physician from the department in response to calls from any part of the city. A medical inspector visits each contagious case regularly once a week to watch the progress and order disinfection. When the case terminates the rooms are disinfected, mattresses and bedding sterilized without cost to the patient's family, and the landlord is directed to clean and paint.

For three months last spring the nurses' settlement kept a nurse on contagious cases exclusively. Last June the department of health took over this service and organized municipal district nursing for contagious diseases throughout a definite area which could be managed by three nurses. A home was rented for them next the city diphtheria hospital, where they report daily. The department had six nurses at work among tuberculosis cases even earlier than this.

It is too soon to expect reports of large results; but no one familiar with tenement life in a great town can question the value of this service as an auxiliary to a general system of hospitals for contagious diseases. Such a system of hospitals is lacking in every American city so far as we are aware. It is still little more than planned in New York, and it will probably be long before the city possesses bed space for 75 per cent. of the cases, as we are told is the better fortune of London. The use of the visiting nurse is a unique and promising departure.

Even more unique and certainly more constructive is the use of the visiting nurse as an adjunct to the medical inspection of the public schools. Nurses are now attached to forty public schools in New York. Children who have trachoma, pediculosis, ringworm, eczema and other minor ailments which properly exclude them from school, are visited at home, mothers are instructed in caring for the diseases and the children are returned to school as promptly as possible. This service was begun when the alarming spread of trachoma among public-school children rendered necessary a school children's hospital for operative cases. Later the effort was directed to discovering the cases early enough to obviate the necessity for operation, and the system has gradually extended.

One of its best features is the early return of the children to school after absence for sickness and the consequent marked decrease in absenteeism and truancy. Under the usual system of medical inspection, the child is sent home with directions to have the scalp or eyes or ears treated. It is safe to say that in nine cases out of ten, the mother will not carry out the directions, and the case lapses into a sort of legalized truancy of indefinite duration justified by a more or less chronic ailment. Under the new system the nurse follows the child to its home, sees that the treatment is carried out

1. *Science*, 1903, xviii, 530-535.

and that the child duly returns to school. There is another large element of value in the hygienic instruction which the mother inevitably absorbs.

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#### A RIGHTEOUS VERDICT AGAINST AN ANTIVIVISECTIONIST.

We have frequently called attention to the exaggerated statements and outrageous lies—no milder term will suffice—of the antivivisectionists, both in this country and in England, and to the uselessness, for this reason, of attempting to answer any of their so-called arguments. They make malicious and vindictive statements and these are reiterated in both countries, no matter who may be injured thereby, or whether or not they have been proved false. Without referring to more than one case, we cite that of Sir Frederick Treves, who has been, and still is, quoted as holding to views that he has repeatedly and publicly denied.

Last week in London, after a trial before Baron Alverstone, Lord Chief Justice of England, a verdict of \$10,000 damages was rendered against one of the leading antivivisectionists of England—an event that, it is to be hoped, will have a tendency to check the zoöphiles in their "lust for slander." The defendant in the case was Stephen Coleridge, son of the late Lord Chief Justice Coleridge and a relative of the poet. He is the secretary of the London Antivivisection Society, and a leader in the perpetual antivivisection movement of Great Britain. At a public meeting held in London last May, he charged Dr. W. W. Baylis, a physiologist of London, with gross and deliberate cruelty while conducting experiments on dogs in his laboratory. It was alleged that no anesthetic had been administered, and that the struggles and sufferings of the animals were heartrending, etc. Dr. Baylis resented the imputations made against him, and did what it would be well for others in like circumstances to do, commenced proceedings for libel and slander. These have resulted in a verdict in his favor and the substantial damages of £2,000. In the trial it developed that Coleridge's only authority for his allegations were the statements of two young women who attended a lecture given by Professor Baylis at which demonstrations were made on a dog. The prosecution proved that the A. C. E. mixture was used through a laryngeal tube, and that the dog was thoroughly anesthetized.

According to cable reports, the verdict was a popular one, and was received with acclamation not only in the court room but throughout London. This is certainly gratifying, for experimental medicine in Great Britain has been practically throttled for years by absurd restrictive legislation. A man of Coleridge's social standing makes him more powerful for good or for harm than one of less prominence, but when he made public charges based on the statements of two women, without taking the trouble to verify the statements and without giving the one accused a chance to make an explanation, he was doing what the average antivivisectionist is in the

habit of doing. Perhaps with prospective damages staring them in the face, Coleridge and his friends will be more chary in the future of making serious charges on evidence which will not stand legal scrutiny.

Professor Baylis is to be congratulated on having the courage to defend his good name, and should be thanked by all who have the interest of science at heart for the fight he made against these rabid and bigoted opponents of the splendid work that is being done in behalf of progressive medicine and for the relief of human suffering.

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#### AN UNPROVED LIBEL ON THE PROFESSION.

During the first day's trouble with the Chicago striking street-car men, one of the Chicago papers printed a paragraph to the effect that when one of the non-union workers was injured and taken to a nearby drug store, the physician who was called to attend him refused to do so. The report stated that the physician asked the man for his union button and on being informed that he had none and did not belong to the union, the physician refused to do anything for him. We immediately made inquiry as to the truth of this and found that the information had been telephoned in by a reporter and that this reporter got his information from a druggist. The druggist on being questioned, acknowledged that he knew nothing about it. The probability is that the report was not true. We sincerely hope that no physician would so far forget himself and his duties to humanity as to refuse to render professional aid, no matter who the injured might be or what the circumstances. Some of the methods of the striking trades unionists are only worthy of the most sedulous avoidance—above all by honorable physicians.

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#### A SUGGESTION REGARDING RECIPROCITY.

Elsewhere we print a communication from one of the members of the Board of Registration and Examination in Dentistry of New Jersey and also a resolution passed by the National Board of Dental Examiners, a voluntary body as we understand it, composed of members of the different state dental examining boards. The resolution contains a suggestion which we think might well be applied as one of the educational requirements for registration by those state licensing boards which are trying to arrange for reciprocity with others. The suggestion is that when an individual who is licensed in one state desires to move to another, he shall take with him a certificate from the registration board of his own state. If a man has a good standing among those with whom he has been living and can be vouched for by his state board as having conducted himself as he should and as being worthy to continue practice, a certificate of this ought to carry weight. We do not wish to suggest that this certificate alone should be all that is necessary, but it certainly would be a good thing to require on the part of the licensing boards. The proposition of having a sort of letter of dismissal from one state to another is a useful one in any case, but especially as a qualifying condition on which the applicant may be granted a license.