

At any rate, he has recently broadened his advertising field. The Detroit *Free Press* for Aug. 21, 1923, contained a Spear advertisement. We reproduce it in miniature with this article. The original was four columns wide and fifteen inches high. The "copy" is largely a reprint of the circular already referred to. He tells of the "Wonderful Remedy" which cured him of "Nervousness, Heart Trouble, Rheumatism and Catarrh"; declares that it made him "the youngest looking and acting man in the United States" for his age and says that the more of the remedy he takes the younger he seems to grow. The "Discovery" is wonderful for insect bites and cuts, will cure the effects of poison ivy, dandruff and "rid anything of lice." The advertisement further contains the two testimonial letters from local celebrities detailing the virtues of Mr. Spear. It also contains special testimonials from the local mail carrier and from "Mr. Spear's chore man," respectively.

In addition to such overwhelming testimony, Mr. Spear declares, in effect, that the business he is now engaged in selling this "formula" is a perfectly legitimate one because the local postmaster and the local post office inspector said so. Further:

"I have also sent circulars and formulas to the Postmaster-General and the United States Chief Post Office Inspector at Washington."

**Coal Oil—Nature's Wonderful Remedy**  
(Can be procured at Grocery or Drug Stores)

For Accidents, Wounds, Cuts or Burns—I apply COAL OIL immediately, as it will soothe the pain and keep out all germs.

For Heart Trouble—I rub COAL OIL externally, and take  $\frac{1}{2}$  teaspoonfull internally, mixing it with water, twice a week and increase it until I take a teaspoonfull clear twice a week or as often as bowels will allow. I was afflicted with Heart Trouble and COAL OIL cured me in four months.

For Catarrh and Colds—I also used COAL OIL diluted with water in douche cup twice a week and was entirely cured of catarrh. The same treatment is very beneficial for colds in the head as it cured my colds immediately.

For Dandruff or Itching Scalp—I rub into the scalp—if scalp is tender add a little vaseline.

For Rheumatism—I rubbed COAL OIL externally and took internally as for heart trouble. I was entirely cured in a short time.

For Insect Bites and Plant Poison—Use Kerosene or Gasoline freely. Kerosene is best for insect bites while there is nothing better than Gasoline for Ivy Poisoning or other plant poisoning.

For Cattle and Poultry—COAL OIL will eradicate all lice from poultry and is invaluable for cattle, both for insect and fly bites, for sore teats or wounds. It kills all germs in the body and lubricates the whole system, so there is no disease. After using a few times you do not notice smell or taste.

Druggists sell Nujol, Mistal and Stanlack, by-products of COAL OIL. Petroleum is used in making salves and medicines. I USE IT PURE. It is very penetrating and kills all germs.

JOHN W. SPEAR.

Photographic reproduction (greatly reduced) of the printed slip that Spear sends out to those who answer his advertisement. The original measures about 5 in. by 8 in. It is printed on cheap paper. This is all you get for \$3.00.

If Mr. Spear's present business is legitimate, then the promoter of wildcat stocks is a public benefactor. What shall be said of a great newspaper like the Detroit *Free Press* which furnishes the "come-on" for Spear and participates in the profits of such an outrageous piece of charlatany?

**Tuberculosis.**—Tubercle bacilli are present in every tuberculous lesion. They are found in clumps in the center of miliary tubercles, in more or less considerable number in the pus of tuberculous abscesses, in the sputum of phthisical patients, in scrofulous glands and in some serous effusions, in the skin alterations of lupus and at times in the circulating blood. But it is not always easy to demonstrate them, especially in old calcified or fibrotic lesions. They can be disclosed only by inoculating the ground up contents or walls of lesions into a susceptible animal such as the guinea-pig. The bacilli are almost always enclosed within the cell elements; but when the latter die and disintegrate, the bacilli are set free and may then be excreted from the body by various normal or accidental excretory paths. By direct microscopic examination, even with the highest magnification, only the very experienced observer can determine—and then with uncertainty—whether he has to do with the tubercle bacillus or with other microbes which have the same appearance in the fresh state.—Calmette, Albert: *Tubercle Bacillus Infection and Tuberculosis in Man and Animals*, Baltimore, Williams & Wilkins Company, 1923.

## Correspondence

### HEALTH CONDITIONS AMONG THE INDIANS

*To the Editor.*—In THE JOURNAL, Aug. 14, 1920, appeared a communication of mine on conditions in the Indian Medical Service, which has since been reprinted in the congressional hearings on the Pueblo land question. The conditions set forth at the time have remained practically unchanged, certainly as far as the vast Navajo Reservation is concerned, with which I am most familiar.

The present situation is deplorable and is evidence of most regrettable apathy on the part of the nation which has assumed responsibility for the medical needs of the Indian population on reservations or otherwise under government jurisdiction. The physicians are inadequately compensated for arduous services, the equipment is generally poor or antiquated, and the hospital facilities are insufficient, considering the area to be served. Ambulances or other suitable forms of transportation for patients are entirely wanting, although a large number of the Indians live remote from the agencies where hospital facilities are available.

I have just returned from an extended trip through portions of the Navajo country, including several hundred miles of travel over almost impassable roads. I have seen many badly neglected cases of serious illness and much neglect of trachoma, while neglected cases of incipient phthisis are encountered everywhere. As far as it is possible to observe, the government is rendering a minimum of service, while it shirks obvious treaty and humanitarian obligations. But the first and most important need is for more hospitals and for a better paid medical and nursing staff.

On a reservation of some 15,000,000 acres live many thousands of Indians in widely scattered "hogans," with dirt floors, and as a rule in insanitary and otherwise unwholesome conditions. These "hogans" seldom contain anything else but a few sheepskins, blankets and boxes, being just a shelter, not a home. Of housing progress, there is none. Of health supervision and sanitary control, there is hardly a trace. How many Navajos there are, how many are born, how many

die, no one knows and no one seems to care. What these people die from, outside of a very limited and restricted medical practice, is purely a matter of guesswork. To what extent tuberculosis prevails is also a guess.

Under these conditions it is only natural that the medicine man of old should still flourish and carry on his superstitious practices of a by-gone age. If the Indians are increasing in numbers, this is primarily due to nonintercourse with the white population and the comparative rarity of social diseases. The Navajos are one of the finest surviving types of our native population. We have an imperative duty in this matter, which will be discharged only if the organized medical profession makes its influence felt. There is, therefore, need of a thorough congressional investigation of the medical services on the Indian reservations, which, however, should be made with the aid of persons competent to ascertain the facts of the case. Having given the matter extended consideration, I feel that the following suggestions may serve as a minimum as what is most urgently needed at the present time:

1. Congress should require a complete enumeration of every Indian, of tribal or reservation, or other recognized connection, subject to government supervision and control. The present method of the commissioner of Indian affairs in estimating the Indian population is grossly deceptive, being

inclusive of negroes and whites who have not even a trace of Indian blood but have merely a legal relationship to Indian interests.

2. Congress should require the Indian commissioner to provide a complete and correct enumeration of all births and deaths among the Indian population subject to government supervision and control. The vital statistics at present collected are farcical and misleading. Thousands of Indians die without medical attention or a coroner's inquest. No study worthy of serious consideration has ever been made of the medical and mortality problems of the Indian, with a due regard to locality, tribe and degree of possible race intermixtures.

3. Congress should require the commissioner of Indian affairs to make or cause to be made an annual report on the health of the Indian population by one thoroughly qualified to do so. Such a report should contain recommendations, as regards the medical and sanitary needs of the Indian population, in matters of detail, and the true state of affairs as to population increase or decline.

4. Congress should require a complete inventory of the medical equipment and appliances on the various reservations, including a tabular analysis of the hospital provision, the treatment given, and the results secured, with a due regard to the medical and surgical nature of the case.

5. Congress should provide for the earliest possible transfer of the entire Indian Medical Service to the United States Public Health Service, under which both the physicians and nurses employed would have a higher status, better compensation, and security of office in place of the present unsatisfactory and precarious mode of arrangement.

In its final analysis, the responsibility for the health of the Indian population rests on Congress. It is for Congress to determine what our national medical policy toward the Indian shall be. At present, thousands die for want of proper attention and thousands of others suffer dreadfully the consequences of apathy and neglect. It is certainly the duty of the American medical profession to assist in bringing about the radical reforms required.

FREDERICK L. HOFFMAN, Wellesley Hills, Mass.

#### THE CLINICAL STUDY OF INTRACRANIAL ANEURYSMS

*To the Editor:*—Recent articles by Dr. C. P. Symonds and Dr. Harvey Cushing in *Guy's Hospital Reports* for April, 1923, pp. 140-163, not only present an unusually interesting series of cases, but demonstrate the possibility and means of making a diagnosis during life of this fairly common, yet too often overlooked condition. Intracranial aneurysms, which are most often at the bifurcation of the internal carotid artery, seldom become large enough to make a diagnosis possible before rupture. With rupture of the aneurysm, the patient is likely to complain of "something snapping," of occipitofrontal pain, and especially of pain in the back of the neck. Unilateral ophthalmoplegia, ptosis, immobile pupil, and disturbances of vision point to pressure in the parachiasmatal region. Following the intracranial hemorrhage is the picture of increased intracranial pressure, blood in the spinal fluid, and later, xanthochromia, and often subretinal hemorrhages. A rise in temperature, and signs of meningeal irritation, with retraction of the head, may be present.

Infective endocarditis, cerebral arteriosclerosis, and a congenital weakness of the arterial wall are the recognized causes of intracranial aneurysms. Syphilis is rarely, if ever, responsible.

A remarkable fact is that out of fifteen ruptures that seem to have occurred in ten patients, only seven cases of rupture were followed by death within a few days or weeks. In all

the other cases, the patients survived for more than a year, although unrelieved in two cases. At the time of writing, three patients were alive, one of whom had recovered after each of three attacks during seven years.

It would seem, then, that there must be many unrecognized cases of rupture, or of pin-point leakages, which recover for varying lengths of time. This ability to recover thus renders the problem one of more than academic interest.

THEODORE C. GREEN, Boston.

#### CONTROL OF OPHTHALMIA NEONATORUM

*To the Editor:*—When, in 1909, a Committee on Ophthalmia Neonatorum was appointed by the American Medical Association with directions to use its effort to prevent blindness resulting from the neglect of proper care of the new-born infant's eyes, there was reason to expect that much in time might be accomplished. It was a difficult but not an impossible undertaking. The committee worked for a number of years through local and state health boards, and ophthalmologic, gynecologic and other medical societies, with a large measure of success. The percentage of admissions in the schools for the blind of children who had lost their sight from this cause was reduced during the decade and a half between the years 1908 and 1923 from 26.6 to 14.2 per cent. This was a great gain. It meant that many more were saved from a lifetime of blindness than the records indicated. But eternal vigilance is the price we must pay for protection. Just as soon as constant warnings cease, negligence again begins. Now the same careless and inefficient methods are beginning to reassert themselves.

Again, an unwarrantable number of children are being made blind from this controllable cause, and in three or four years, when the school age is reached, in the place of a continued reduction in the number of these poor sightless babies, an increase will be found in their number. That *any* child should be allowed to be made blind from this cause is a crime.

There was recently born in an accredited hospital in a large city, well supplied with skilful physicians, a strong, well-formed child. The hospital was under the care of a board of philanthropic and intelligent directors, and was visited by a regularly appointed staff. The child was illegitimate, and ophthalmia neonatorum might have been expected. It promptly developed. Inflammation went on in both eyes to corneal ulceration, staphyloma, and complete and incurable blindness. It does not appear that any prophylactic was employed when the child was born, and certainly no ophthalmologist was called in counsel until after the child's eyes were hopelessly lost. This case is by no means unique. So far have protective measures been forgotten that recent statistics from Pennsylvania show that in 1920 in only twenty cases out of thirty-five, and in 1921 in only twenty-two out of thirty-three, was any prophylactic employed, and of forty-nine cases reported aside from these left with defective vision, two were made absolutely blind.

That this should happen anywhere is, of course, unnecessary. The reasons are the same as they always have been. In many public institutions the training in the prevention and care of ophthalmia is inadequate. Recently a trained pupil nurse mistook the directions, and instead of using the silver nitrate once and repeatedly washing out the conjunctiva with boric acid solution, reversed the directions. The ensuing ulcerative keratitis destroyed the infant's eyes.

These cases are occurring, not only as formerly in the practice of midwives, but also under the regular care of even hospital physicians. The long years of wretchedness and misery entailed by one case of this kind are beyond estimate. The material expense of the maintenance of one blind person through the years of what may be a long life will amount to