

maintain. These institutions are not economically profitable. The statistics of their results are misleading, inasmuch as they get rid of all unfavorable patients and keep only incipient or favorable cases. Autopsies show that tuberculosis has existed at some time during the life of a very large proportion of persons who die, and without sanatorium treatment these cases have recovered. The secret of treatment is to raise the resisting power of the individual, which can be done by sanitary reforms, better tenements, and better feeding. The results in dispensaries are about as good as in sanatoria. With patients treated in better homes and cared for medically in dispensaries, all those able to work will be able to aid in the maintenance of themselves and their families. For all these reasons the author concludes that it is useless to multiply sanatoria for incipient cases, it being of more value to supply the incurable with a home where they can live without danger of infecting others.



Ophthalmology and General Practice. A. A. Hubbell, New York (*Journal A. M. A.*, June 26), in his chairman's address before the Section on Ophthalmology of the American Medical Association, after first noticing some features of the program, speaks of the insufficient attention given to ophthalmology in medical schools and the too limited qualifications of the general practitioner in this line. Too many physicians are inclined to dismiss eye cases, and the result is the encroachment of the still more unqualified commercial "optometrist." There is some complaint also to be made of the professed ophthalmologist who too often begins his work as a specialist with a too superficial

knowledge of the subject and without experience in general medicine. The tendency to separate ophthalmology from general practice too exclusively, is also a harmful factor as is also the lack of any legal qualifications beyond that of the general practitioner for any specialty. As to the remedy, Hubbell says that we can first strive to disabuse the public, the profession at large, and the medical school authorities that ophthalmology is so suited to exclusive study and so separate from other departments of medicine that it should be set off by itself and made only a voluntary subject for study and practice. It is not difficult to comprehend, and the diseases of the eye are the last that should be excluded from the physician's practice, as they are to be found everywhere, and with an ordinary knowledge of the subject, the general practitioner can do very much good and render to his patients the assistance they are entitled to expect. Accompanying a change in public and professional sentiment in this way there should be a corresponding change in medical teaching which will enable the general practitioner to acquire a sufficient amount of ophthalmic knowledge to meet his future needs as a family physician. The subject should not be a voluntary one in his medical course and it should be sufficiently taught to qualify the graduate to treat all ordinary and infectious diseases of the eye, to distinguish between mild and severe ones, to treat injuries of the eye which are superficial and uncomplicated, and to examine for refraction errors and correct at least the simple forms. He would add also a supplementary examination by the state board covering these points, the successful passing of which would be one of the conditions for license to