

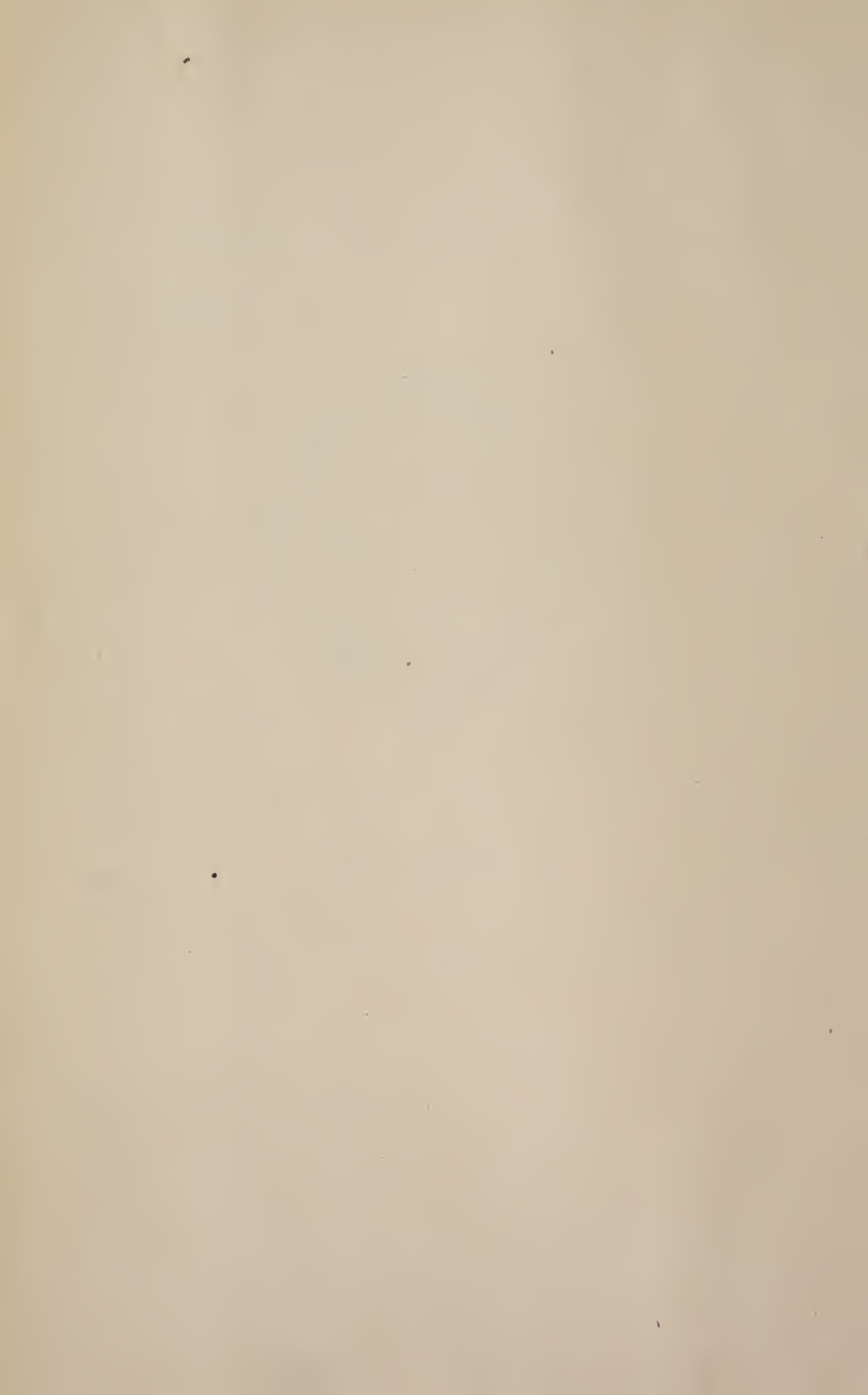
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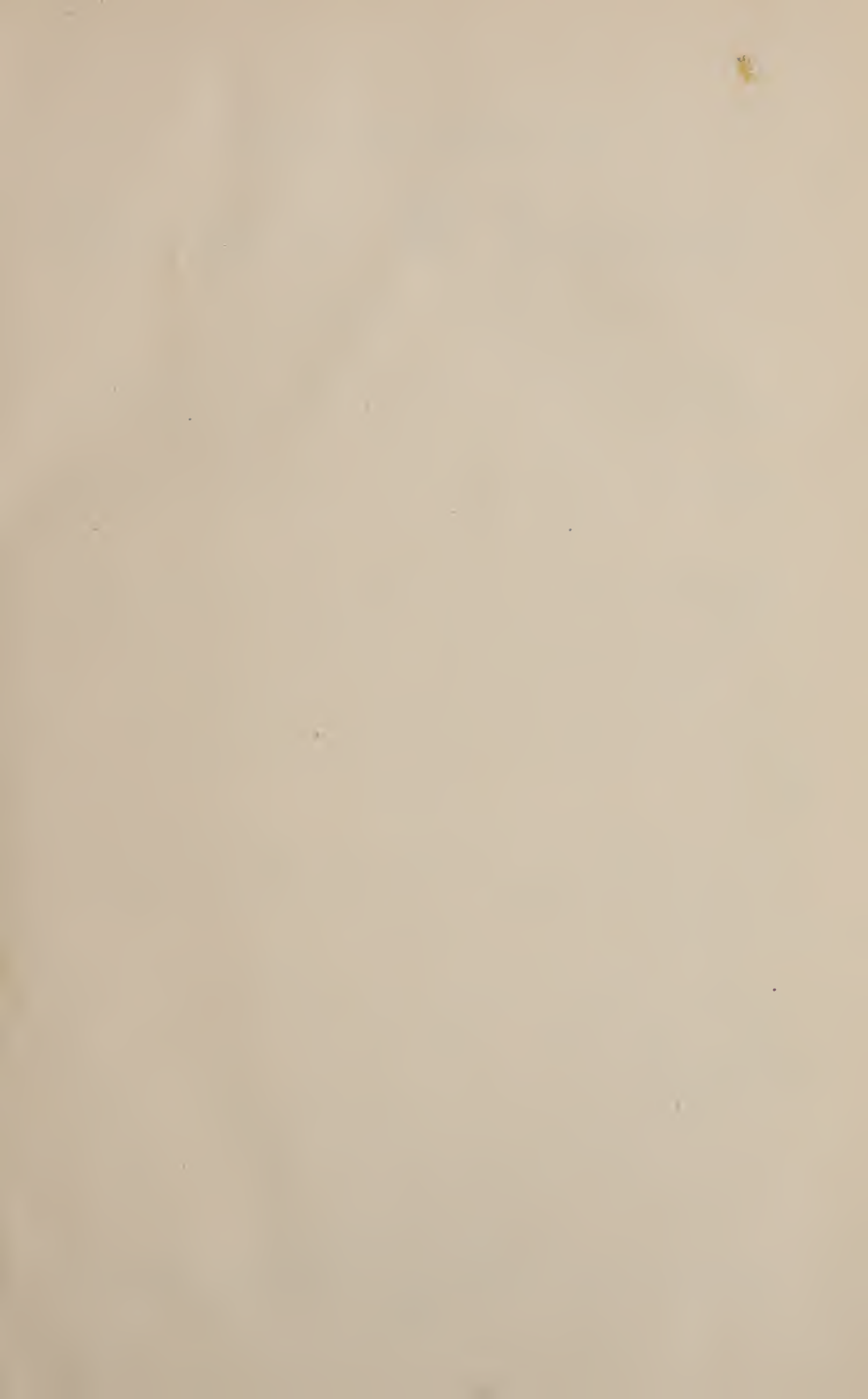



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Presented by

R. J. Dunglison, M.D.






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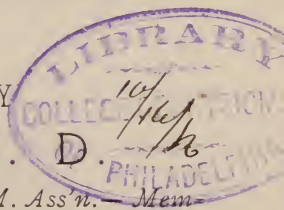
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EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.

*Member A. M. A. — Member of the Texas S. M. Ass'n. — Mem-
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—♦♦♦—
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Vol. I.]

JULY, 1885.

[No. 1.

“*Scribimus indocti, doctique!*”

ORIGINAL ARTICLES.

 CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL. 

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

SURGICAL FRACTURE OF FEMUR.

A Case: by R. M. Swearingen, M. D.,
STATE HEALTH OFFICER, AUSTIN, TEXAS.

Read before the Travis County Medical and Surgical Society.—Reported for
Daniel's Texas Medical Journal.

One year ago I was called to a young lady, twelve years of age, Miss L., who had sustained a comminuted fracture of the upper third of the femur. The injury was caused by a heavy heating register weighing nearly a thousand pounds falling upon her; the sharp-edged crown, not only crushing the bone, but almost severing the muscles.

The contusion of the parts, in my judgment, made it unsafe to use the plaster dressing, and the long splint, from the axilla to the foot, was applied.

The patient had no ugly symptoms or complications, and on the fortieth day the splint was removed.

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Adhesions were firm, and accurate measurement revealed only one inch shortening.

I instructed the young lady to remain on the bed one week longer, and make no endeavor to walk, or even to bear the weight of the body upon the broken limb.

These extraordinary precautions were taken because of an apprehension, on my part, that the coaptation (owing to the oblique character of fracture) was incomplete.

Three weeks afterwards, hearing that the young lady was unable to walk without a crutch, I again called and examined her. To my astonishment and humiliation, the leg was fully three inches short; everted almost to a right angle, with strong union.

A series of cross questions elicited the confession on her part that the night after the removal of the splint, in trying to walk, she had fallen and broken the old adhesions.

She remained in bed sufficiently long for new callus, from the second fracture, to make the abnormal connections above described.

I called Dr. McLaughlin, and after consultation, the Doctor gave chloroform, and for the third time within a period of sixty days the femur was again broken.

I made extension, and fixed it, so that retraction was impossible, until the plaster dressing from the foot to the waist, had time to harden. Complete immobility was thus secured, and the desired extension made permanent. Thirty days afterward, we again removed the bandages, and, to our great gratification, found a perfect success, as to union; and the two limbs precisely the same length.

The young lady now walks without a perceptible limp.

The special points of interest that induce me to report the above case, are the number of fractures; the length of time between them; the fixed extension before applying the plaster dressing; and the complete immobility secured by running the plaster bandages over the pelvis to the waist; together with the perfect symmetry of the limbs, and the absence of deformity.

PREMATURE SYMPTOMATIC ALOPECIA.

By J. A. Abney, M. D., Lufkin, Texas.

For Daniel's Texas Medical Journal.

E. M., a female eight years old, complexion blonde, of nervous, sanguine temperament, strumous diathesis, mother delicate, (maternal grand mother consumptive from repeated attacks of pneumonia, not hereditary, at least not traceable), family history otherwise good; has suffered since three years of age with hypertrophy of tonsils, the result, apparently, of the continued irritation produced by an attack of rubeola immediately succeeded by pertussis, the hypertrophied glands in turn kept up more or less irritation of the mucous surface of the nares and eyelids, for which she had been treated alternately with syrup of iodide of iron, iodide of potassium, bi chloride of mercury, tincture of iodine, tincture of iron, etc., etc., with the various topical applications advised under such circumstances, without any permanent relief.

While attending a school in May, 1884, in which were two little girls affected with tinea tonsurans, she was suddenly attacked with a falling of the hair from the scalp in patches, accompanied with itching and bran-like scales. I at once diagnosed tinea tonsurans, and began an active course of treatment accordingly, with strongly corbolized oil, citrine ointment, etc., externally, and Fowler's solution internally. I soon succeeded in getting up a fine state of irritation in the bald spots on the scalp, but to my astonishment and chagrin, the spots kept enlarging, until something near one-third of the scalp was involved; in the meantime, the irritation of the eyelids and nares had given way. Despairing of success, I applied to Dr. F. E. Daniel, at Austin, for help, in December last. He at once wrote me he thought I had a case of symptomatic Alopecia, a reflex of the diseased mucous membrane, and advised a cessation of irritant applications, and the use of emollient tonics, zinc oleate, etc., to relieve inflammation; and for constitutional treatment, recommended cod liver oil with the hypophosphites of lime and soda. The advice was followed, and in one month's time I had the pleasure of seeing the bald spots nicely cleaned off,

the inflammation having subsided, and a nice coat of new hair started. I continued treatment about three months. At this writing (June) patient has a fine, full coat of hair, her skin is clear and bright, and she is in the enjoyment of perfect health, except the hypertrophy of tonsils, which still exists, though the irritation of eyes, and posterior nares has not returned.

The points of interest in the case as it occurs to me are: First, the incorrect diagnosis and the grounds which led to it; second, the necessity of always arriving at a diagnosis by strict rules of differentiation, by exclusion; and thirdly, we are reminded of the fact that in cod liver oil, with the hypophosphites of lime and soda, we possess a remedy that is very potent for good, not only in symptomatic Alopecia, but in all cases of impaired nutrition, especially where we wish to renew the hair or osseous system. Hoping some professional brother may be benefited by the report of this case, it is respectfully submitted.

INCISION OF THE SPHINCTER VAGINÆ IN CERTAIN CASES

By W. A. Morris, M. D., Austin, Texas.

Read before Travis County Medical Society, and published by resolution of Society.
For Daniel's Texas Medical Journal.

For many years I have thought of the propriety of presenting to the profession some views in reference to difficult labor, particularly in prima para cases, wherein a rigid unrelaxed sphincter seemed the whole and only resisting force. Where the perinæum has been distended to the utmost power of resistance without laceration and alone kept in that condition by the rigid sphincter. If any one will examine carefully in such cases he will certainly find with every contraction of the womb a strong string-like band surrounding the external os which must either yield to a long continued force, or laceration of the perinæum results.

We often hear of a rigid perinæum, even when the perinæum has yielded to the utmost capacity.

I have recently had an obstetrical case presenting some seri-

ous features, which has mainly induced me to lay my views before the profession.

I have been engaged in the practice of medicine over fifty years. About forty-eight years ago I was called up hurriedly, at night, to visit a lady near by who had been in labor nearly twenty-four hours, primapara, and who was in charge of a midwife. As was then the custom, I found the lady sitting on the lap of a friend, the perinæum being supported by the midwife. Upon examination I found the head almost freed from the pelvic cavity and incased, as it were, in the distended perinæum and rectum.

The external os was not more than one and a half inches in diameter. While having the perinæum supported I at once corded the arm and opened a vein. The loss of blood produced no change. So self-evident was it to me that the child could not be born without extensive laceration, unless relief was promptly given, I determined to incise the sphincter vaginæ, which was done by inserting a director between the foetal head and the distended integuments. I made a lateral and downward incision so as to avoid the perineal body and rectum in the event of further laceration. As soon as it was done, the babe was born. I scarcely had time to receive it securely, so rapidly did it escape, and so small was the injury to the mother that it did not delay her one day in her recovery.

The wound contracted and healed kindly, without any other interference than cleanliness and protection.

The operation, undoubtedly, saved her from an extensive laceration, and probably saved the life of the child.

I have reviewed my course frequently in regard to the operation, and I have never once doubted the propriety of my action. I firmly believe that if the operation was performed more frequently, that it would often prevent much suffering on the part of the mother, and save the lives of many children, which otherwise would be sacrificed by delay.

After waiting for hours with distended perinæum, with but little dilatation and unyielding sphincter, our patient becoming exhausted, the womb vigorously contracting, both the laceration of perinæum and death of the foetus justly anticipated, shall we wait till one or the other happens as is often the case? If the

former, a painful operation, must be performed with doubtful success; if the latter, a life is sacrificed, and the anticipations of the parents blighted. Who does not feel the responsibility in such trying moments? And after every duty has been discharged with skill and sound judgment, odium will often rest upon the devoted head of the accoucheur.

What danger from the operation to the mother? Not so much as from the forceps. If you divide an artery, you have it under control, it leaves no bad consequence. No entailment of trouble of any kind. It does not inflict as much pain as one effort at expulsion. When you divide the sphincter vaginae the tension is relieved, for that is the resisting force, relaxation at once ensues, and if further laceration takes place it does not involve the perineal body or rectum, and the floor of the pelvis is preserved. You perform a safe and simple operation in order to prevent the dire train of consequences that may, and often do, follow.

The time when to operate must depend upon the judgment of the accoucheur, as it does in every other important operation.

Playfair says "when the tension of the perinaeum is so great that laceration seems inevitable, it is generally recommended that a slight incision be made on each side of the central raphe with the view of preventing spontaneous laceration." This may no doubt be done with perfect safety, "but," he adds, "I question if it is likely to be of any use."

The above plan of operating is objectionable for the reason, if further laceration takes place, it is in the direction of the rectum, and must pass through the perineal body. If you incise the sphincter vaginae at the proper angle you avoid the mischief. Are we justifiable in performing the operation? I am aware of the danger of recommending such a procedure. I know that many objections will be urged against it. I can anticipate them. It might be abused, and the operation be performed in many cases when not necessary, and where the natural efforts would accomplish the object in view. Admitted; but who would discard the most important operations of the present day because of the want of good, practical sense in the operator?

Incision of the os uteri is a recognized operation where other methods have failed to dilate. In such cases neither the for-

ceps nor ergot is available. Under the same circumstances we should divide the sphincter vaginæ, for if we do not operate, we can do nothing but await the final result, and that too often ends in laceration of the perinæum, or death of the child.

Lacerations are not of uncommon occurrence, as every practitioner is aware.

Simpson says "evidence of the great frequency of laceration of the anterior structure of the perinæum is furnished by almost every careful autopsy of women after delivery, whether assisted or not assisted during their labor. These lesions are not, as has been alledged, necessarily the result of mismanagement, but they occur constantly in practice, despite every modification of management, and in cases also in which no kind of management has been adopted."

Duncan: "Surely now-a-days most patients and nurses know that it is now unavoidable."

Numerous cases are reported in our medical journals, as well as recorded in our text books, wherein the operation might have been justifiably performed.

In the May number of the *Courier Record*, Dr. S. F. Starley reports a case of a young married lady who, after having been in labor forty hours, was delivered by the forceps, which resulted in the laceration of the perinæum down to the anus. This case certainly would have justified the operation. Nothing was said as regards the fate of the child.

The consequences resulting from protracted labor to the child is also of great importance. Immediate death under the most skillful management often takes place, as the following case from Meigs exemplifies: "I once attended a young woman in labor with first child. The process was most tedious. The head was fully six hours pressing on the perinæum and external parts, under violent uterine contraction. The child was at length born, but was dead." If the child escape immediate death, convulsions often ensue, ending in death, as I have witnessed, or an impairment of the full developement of the brain and its functions may follow.

To the mother also, the consequences of protracted labor are very grave. In the February number of the *Courier Record*, Dr. Starley, of Corsicana, uses the following forcible language:

“No more truthful maxim was ever uttered than that of the illustrious J. Y. Simpson ‘that the mortality of child birth is in direct proportion to the duration of labor.’ Physiology teaches that prolonged muscular effort loads the blood with effete material, renders the system feverish, and tends to the development of local engorgements, inflammations and suppurations. Nothing can be more certain than that the nervous exhaustion and depressed vitality consequent upon a protracted and difficult labor is one of the most frequent causes of disease in the puerperal state. During the stage, when the womb does powerfully contract, and in close contact with the infant, when the placental circulation therefore is, or may be, partially interfered with, and when the soft parts of the mother, both the uterus and other parts below are necessarily subjected to great pressure, the results of labor become far more serious, swelling, œdema, inflammation, with subsequent loughing, and fistula occur. The child may die from continued compression of its skull, cord or placenta, and general symptoms of exhaustion and collapse take place, from which the woman, if not promptly delivered, may die on the spot, or succumb afterwards, from post partem hemorrhage, puerperal inflammation, septicæmia, etc. I make one more quotation, and that from Dr. Thomas, setting forth the consequences to the mother: “As for me, I fully confess that at the moment of labor, I would rather a patient sustain a fracture of the radius, than a laceration of the perinæum down to the sphincter ani. The broken bone would cause pain, sleeplessness, nervousness and perhaps fever, but it would not expose the patient to the same danger of septicæmia or of subsequent uterine, vaginal, rectal or vesical displacements. Let us suppose that the perinæum has been torn during labor down to the sphincter ani muscle. In this accident the vagina is always torn, and an immediate consequence is the exposure of an extensive raw surface. Over this surface the flow of an ichorous, fetid and semi-putrid animal fluid must, in spite of the greatest precautions, steadily pass for from two to three weeks, a fluid consisting of decaying and flaking decidua, disorganized blood and quantities of muco-pus. The wonder is not that septicæmia occurs so often under the circumstances, but that

so many escape it, when everything seems perfectly arranged to favor it."

I will be pardoned for making the above lengthy quotations as they bear such importance to my subject.

In conclusion, if I am correct in my position, and our ablest obstetricians are not mistaken in regard to the dangers incident to prolonged labors, then we are justified in dividing the sphincter. Now, I therefore, after mature deliberation, submit this to the profession for their indorsement or censure. I ask that it be weighed in the balance, and if found wanting, that it be consigned to the great ocean of forgetfulness, where all unworthy productions should go; if anything worthy to live, whereby human suffering may be ameliorated, and dangers averted by judicious and timely interference in that class of cases, which are paramount to all others, wherein the welfare and lives of two beings are jeopardized, the mother and her offspring, then let it live.

SOME THERAPEUTICAL INDICATIONS FOR THE USE OF JABORANDI.

By Q. C. Smith, M. D., Austin, Texas.

For Daniel's Medical Journal.

Stille tells us that, "the utility of jaborandi in medicine is confined to its power of lessening the amount of liquid in the system." See National Dispensatory, page 1062.

Prof. Stille's verdict, just quoted, is a striking illustration of the intense perniciousness that attaches to the impeding oracular dogmatic spirit that characterizes the writings of many learned and justly eminent men.

For chemical observation has demonstrated that jaborandi is not only a valuable remedy for "lessening the amount of fluid in the system," but is also a valuable remedy for many other curative purposes. To speak of jaborandi in general terms, we would say, that it is a remedy that will produce good results in most all cases in which it is desirable to diminish arterial blood-pressure, cool fever, or allay a sthenic hypersensitive condition of the nervous system.

And it not only finds a legitimate field in the treatment of plethoric sthenic patients, who may be suffering from acute inflammatory diseases, but also in many cases where the patient, from prolonged ailment, has become greatly reduced in flesh and strength.

For instance, take a case of asthma of long standing, in which the usual line of routine orthodox and heterodox remedies have been plied in vain, the patient, as a result of prolonged, laborious breathing, is worn down and exhausted to an alarming degree, and every hour seems will be his last. Now begin the use of jaborandi by administering a hypodermic composed thus :

R	Mur. Pilocarpine,	gr. 1-6,
	Apomorphia,	gr. 1-12.

Mix and make a solution, and administer hypodermically. In many cases, within a few minutes, the patient is enabled to lie down and sleep—a precious boon he would not exchange for worlds of gold. This hypodermic dose will rarely need repetition, if the treatment is followed up as we will indicate. To give permanency to the good work so well begun, promptly follow up the hypodermic with something like the following :

R	Fl. Ex. Jaborandi,	oz. i,
	Fl. Ex. Grindelia Robusta,	oz. ss,
	Syr. Ipecac,	oz. ss,
	Apomorphia,	gr. i,
	Comp. Syr. Stillingia, qs. ft.,	oz. iv.
	Fiat, Sol.	

S. Teaspoonful three times a day, just after meals, to be continued for several months.

Again. In almost all cases of acute pulmonic inflammatory diseases, especially in their *earlier* stages—before pleuritic or other effusions have occurred—jaborandi is a remedy of wonderful remedial power. By lowering arterial tension, it relieves pain, cools fever, equalizes the disturbed circulation, and thereby diminishes pulmonary congestion, and enables the patient to breath full, easy and naturally, and he drops into a gentle slumber, and as the observing old Coan Clinicien would say “the critical sweat comes on, the secretions, excretions and fluids of the body are properly concocted,” and the convales-

cing patient—with proper after-treatment—rapidly recovers from a condition that our fathers would have considered hopeless without the vigorous use of the lancet, antimonials and mercurials, if perchance they should save the patient from the grave, to become a sad rebuke to the pernicious doctrines of Broussais and his blood-thirsty disciples.

Again. In the early congestive febrile stage of small pox, measles and scarlet fever, jaborandi—in small doses—is invaluable, for by its power to equalize the circulation, tranquilize the nervous system, it opens the depurative flood gates, internal and external, thereby enabling other appropriate remedies to produce their characteristic effects.

To speak in general terms, there are two important points concerning the therapeutic indications for the use of jaborandi, that are neglected or overlooked by many practitioners: It should be administered *early* in any given case, and in comparatively small doses. The book-doses are *too large* for general use, and its use usually deferred to too late a period or stage of the case. For if given early, before fluids accumulate in the cavities of the body, that grave complication will, in many cases, be averted.

Again. In the early stages of the so-called “irritative fevers” of small children, especially if there are convulsions, or even slighter nervous disturbance, jaborandi—which, here, may be combined with small doses of tincture gelsemium and bromide sodium—is an invaluable remedy.

Of course this—like other powerful remedies—is very liable to abuse, and should always be used carefully and with a clear understanding of the conditions to be remedied, and the peculiar power and characteristic action of the remedy. The immensely greater value that attaches to *prevention* above that of *cure*, would place jaborandi very high in the list of therapeutic agents. We have purposely left unsaid most of what standard works state in regard to the therapeutic indications, action and uses of jaborandi, deeming such repetition unnecessary. However, we do not presume, by any means, to have exhausted the subject.

CASE OF CRYPSORCHIS.

By Chas. S. Gwyn, M. D., Galveston, Texas.

For Daniel's Medical Journal

Mr. M., aged 36 years, weight about 160 pounds.—To-day I was consulted for deformity of penis and appendages by Mr. M. Upon examination I found an infantile penis and scrotum without testicles, they being in the upper part of the inguinal canal. The history of the case, as far as I could learn, was that he was a "sevenmonths child," and was exceedingly small and delicate up to the age of eleven years, when his family physician applied a home-made truss with powerful springs, which gave him a great deal of pain, for a supposed double inguinal hernia, the irritation and probably inflammation caused occlusion of the lower portions of the inguinal canal, and the external abdominal ring preventing the descent of the testicles to the scrotum. The penis and scrotum were hardly larger than those of a four-year-old boy. There were a few, course, scattering hairs upon the pubes; no beard upon the face, hardly a down; voice strong and muscular, a deep bass, having regularly undergone the change at puberty (?); chest and limbs fully developed.

Complains that his passions and sexual desires give him both mental and physical pain, without the means to gratify them, yet he has erections of the rudimentary organ, especially in his dreaming moments, so much so that he has to avoid female society as much as possible for the fear that "unclean thoughts" may trouble his repose.

He declines surgical interference.

TYPHOID FEVER.

A CASE WITH UNUSUAL COMPLICATIONS.

T. J. Bennett, M. D., Austin, Texas.

Read before the Travis County Medical and Surgical Society.—For Daniel's Texas Medical Journal.

Marie F., aged five years, was attacked with fever on May 16th. The tongue was only slightly coated, the skin rather

dry, and the bowels more or less tender and discharging their watery stools several times daily. On the 19th, three days from beginning of attack, the temperature had slowly reached 103° with above symptoms all aggravated. The patient was quiet, but noticing all surrounding objects, and at times was inclined to play, and never refused to take nourishment whenever offered it. Typhoid fever was here diagnosed, which run a uniform course for nine days more, when a severe pharyngitis set in as a complication. Up to this time, the 14th day of the disease, the case had been gradually progressive, but mild. Anorexia, thirst and dryness of fauces and tongue had not reached a very annoying degree. The bowels were tympanitic most of the time, but evacuations, though frequent, were not offensive. The temperature had not varied over half a degree up to the time of this complication, which immediately increased all the former symptoms, elevating the temperature to above 103°, increasing the dryness of the skin, tongue and faucial surfaces, and producing extreme thirst and great heat of the mouth and throat.

It is interesting to note with what avidity the patient would crush the small pellets of ice that were placed in her mouth at short intervals.

The tonsils were slightly enlarged, and presented in common with the somewhat thickened mucous surfaces, a darkened color, over all of which was soon spread an abundant, viscid secretion. So thick and gummy was this coating, that it required considerable effort with the finger, wrapped with pieces of soft cloth, to remove it, and so rapidly did it re-accumulate, that a repetition of the cleansing process was necessary every three or four hours.

Deglutition for a time was almost lost; due, perhaps, not altogether to pain at the attempt to swallow, but to the diminished contractive power of the sets of submucous muscles, necessary in the act, from being infiltrated with serum.

The evacuations from the bowels had now become exceedingly offensive and dark, the odor resembling that which comes from gangrenous bowels.

A solution of Argent. Nit. (20 gr. to oz.) was immediately applied to the throat and inflamed surfaces, followed by frequent

ablutions of a mixture of sodium hyposulphite, glycerine and acid corbolic. A little Dover's powders occasionally, and the alternate use of counter irritants and hot fomentations about the throat, together with Liq. Am. Acet., to which was added a little Aconite Tr., and an abundance of cold water over the body, to subdue the heat, constituted the principle treatment.

This condition, bad indeed as it was, lasted five days, when, rather suddenly, and to the great pleasure of the physician and friends, all symptoms became ameliorated, and hope was at once entertained of the little sufferer's recovery. But next morning, after observing this apparently favorable change in the case, the patient was found with head thrown back, and spine curved to opisthotonos. She would frequently cry out, and was exceedingly restless. Pot. brom. chloral hyd. and opium, failed to control the pain, tetanic muscular contractions, and rigidity observed in the case. Physostigma was administered, in combination with some of above agents, in full doses, as well as, was used some inter-scapular vesication, and ice to the spine.

With it all, the good constitution and nursing, the patient, in two or three days, began to straighten her neck and spinal column, and to evince other unmistakable signs of improvement. At no time did the intellect seem impaired; yet there were occasional delirium and incoherent mutterings, but of short duration.

Hope of recovery was again entertained, when still another complication suddenly arose;—that of considerable swelling of the submaxillary glands, which was attended with great pain and heat, which continued two days. This, however, in my experience, is regarded as a favorable crisis in this form of fever.

It will be understood that the nourishment and stimulation of the patient with such food as milk, broths, beef tea, egg-nogg, etc., were well and judiciously attended to, throughout the whole course of the fever, which from beginning to convalescence, was 28 days.

The fact that such complications in typhoid fever are exceedingly rare, and that such results, when complications so formidable do arise, are still more seldom obtained, coupled with the

fact that it is a case in practice from which valuable deductions may be drawn by the busy practitioner, constitute my sole apology for reporting it.

CULLINGS FROM CONTEMPORARIES.

RUPTURE OF THE PERINEUM.

Dr. Frank Hastings Hamilton, the eminent surgeon and gynecologist, has a paper in the *New York Medical Record* for June 27, headed "A FEW PRACTICAL REMARKS ON RUPTURE OF THE PERINEUM." As everything from the pen of this distinguished authority is read with interest and profit, and as our space will not permit the reproduction of the entire paper, we have endeavored to give an outline of his views, and have extracted entire, his remarks on the "Primary Operation."

He says, it is unjust to say that rupture can always, or even generally, be avoided by the skill of the accoucheur, since its occurrence is often due to conditions and circumstances beyond his control, and enumerates them. He quotes Prof. Elliott as saying on this subject, "The perineum can always be saved from laceration when the camel can go through the eye of the needle."

Speaking of stereotyped advice to "support the perineum," Dr. Hamilton says that "support" with the hand, in the sense in which it is generally meant, is of no service in reinforcing and strengthening the perineum, and will do little, if anything, towards preventing laceration; that the idea that it does, or can, cannot be sustained on any sound mechanical theory, or by experience; if for the purpose of delaying the advance of the child, "the intention is good, but the method of seeking to accomplish it, is of no value." In that way the advance of the child could not be retarded, if the uterus is acting normally or with unusual vigor; but if the object in "supporting the perineum," with the hand, is to "carry the head forward toward the pubes" there is some sense in it, and it is especially advis-

able whenever there is a lack of proper curve in the sacrum (or other cause) and the vertex does not take that direction.

In the author's early days, forceps were very little used; he was a pupil of Dewees; but since that time there has been a complete revolution, and now the use of the forceps is almost universally taught and practiced; and the Doctor hints at the relation of cause and effect very largely between this and the very evident increase in the frequency of perineal lesions, but simply says that it has been "coincident."

He does not hold anæsthetics in labor as guiltless, and as safe as many other eminent modern teachers do; nor as incapable of doing harm as some of our own Texas obstetricians assert. He asserts that they are something more than anæsthetics, and that their effects are by no means limited to the relief of pain, but that "*in most cases they exert a positive influence upon the uterine contractions, and in this respect are caprecious,*" [and therefore dangerous; italics ours.—ED.] It can be readily seen, therefore, how even anæsthetics may be, and doubtless often are, grave and potent factors in the production of laceration, as well as, on the other hand, of uterine inertia, and a consequent uterine hemorrhage, as well as delay in the expulsion of the placenta, since, the author says, "when given in small quantities, and at the beginning, they are apt to increase the frequency and strength of the contractions," while in other cases, he has seen suspension of contractions.

The following has the sound of a prophecy and a warning:

"While there can be no question that the forceps and anæsthetics have been of incalculable service to parturient women, I have a strong conviction that, since they have come into such common, and almost universal use, they have done a great deal of harm. I believe that the time is not distant in the future, when it will become apparent to all, that we have, in these matters, progressed too rapidly, and possibly, that our progress has been altogether in the wrong direction."

As to the advisability of immediate operation, Dr. Hamilton says: In the simpler form of these accidents, where only the forchette is torn, no serious injury is inflicted, and no surgical treatment is demanded. If left to itself, and some care be taken to keep the parts clean, it may be restored to its original condi-

tion by the unaided process of cicatrization; but if not thus restored, no inconvenience to the patient will issue. Indeed the partial loss of the perineum may render any further laceration in subsequent deliveries less probable."

But with regard to the graver injuries, and speaking of the operation, he says:

"I cannot agree with some modern gynecologists, that it is better in such cases to proceed at once to close the rent by sutures, and for several reasons, some of which have already been anticipated. The parts have suffered such a degree of stretching and contusion as to render the occurrence of inflammatory reaction, if not of sloughing, almost inevitable; the lochial discharges will make it impossible to keep the parts clean; the operation itself inflicts a severe injury when the condition of the patient is already critical from other causes; and finally because, under judicious management, the rent frequently becomes partially, and sufficiently closed, spontaneously."

The writer then argues that union in cases of partial laceration never occurs by first intention; "the conditions are all unfavorable to this occurrence," and closes that part of his paper as follows:

"From any point of view it comes to this, that it is proposed to make an operation, by no means trivial in its character, requiring, according to Hewson, two or three "rather deep silver-wire sutures," not to speak of the subsequent special management of the bowels required, and the removal of the sutures; and which operation, at the best, is very liable to fail; and which may subsequently, in case no operation is made, be found to have been unnecessary; or which, if it becomes necessary, can be made more thoroughly and successfully at a later period—it is proposed, I say, to make the operation under every surgical disadvantage, and when the patient, prostrated and trembling from the results of a severe labor, is in the worst possible condition, both mentally and physically, to endure the shock of an operation, or even its announcement. Nothing but the most urgent, imperative necessity can justify the operation, and this necessity has not been shown to exist."

The Doctor further adds, by way of clincher, that every accoucheur is not competent to do the operation, and experts can-

not sometimes be found "within an hour"—the limit which Hewson places on the time when an operation should be done, after delivery.

We have not space for the balance of this important paper.

INTRAPERITONEAL ADHESIONS.

Dr. Hadra, of San Antonio, Texas, has a paper in the *Journal of the American Medical Association*, June 20th, on "Intraperitoneal Adhesions in Relation to Tait's Operation," which is, in our judgment, one of great value. This paper was read before the section on gynecology, at the National Medical Convention, at New Orleans, in May last, and was discussed by Drs. Battey, Sutton, Marcy and other distinguished gynecologists, who attached much importance to the features which complicate the operation for removal of the ovaries, or ovaries and tubes, and which Dr. H. here calls attention to.

Dr. Hadra takes the ground that the majority of cases, which require Tait's or Battey's operation, require *something more*, and that "something more" is the breaking up of adhesions, wherever they exist, within the peritoneal cavity. The inflammatory process, which results in the condition for which the removal of the tubes, or ovaries, or both, is recommended or practiced, does not confine its ravages solely to those organs, but frequently glues together contiguous parts of the viscera, anywhere within the cavity. And, therefore, Dr. Hadra points out, it is necessary, after removing the tubes, or ovaries or ovaries and tubes, *if their removal be found necessary*, on making the exploratory incision, that the hand should be passed freely about in the cavity to search for, and when found, to break up said adhesions. But it not infrequently occurs that this breaking up of adhesions, with the hand, is the most important part of the proceeding; or, rather, it has been found, in cases where the removal of the tubes had been determined upon, and a laparotomy made accordingly, that the tubes were in good condition, and that what was needed was *only* the loosening of adhe-

sions, which existed between adjacent parts of the serous membrane; and in those cases the tubes and ovaries were left in tact, the wound closed, and the patient made good recovery.

Dr. Hadra cites cases illustrating his position. We had the satisfaction of hearing this paper read, and discussed, and we were proud of Texas, when Battey and other great authorities on abdominal surgery, took such interest in its discussion, and acknowledged its value.

Dr. Hadra goes further and calls attention to intra-peritoneal adhesions *above* the pelvic organs, and says :

“A peritonitis, once set up, is liable to deposit its poison anywhère within the sac, and to cause circumscribed adhesive inflammation anywhere. This fact, which is well known to pathologists, has been somewhat neglected by gynecologists. A woman has an inflammation after dysmenorrhœa or in child-bed, not severe enough to claim the dignity of peritonitis; nevertheless, it is such, and, after a while, when she has been pronounced well, she will complain of pain in the abdomen, either all over, or only in a limited spot, most generally in the left epigastrium. These symptoms grow in intensity until we are induced to make Tait's operation, when we are surprised to find the uterine appendages normal. Sometimes massage, which we know can cure adhesive inflammation, will give relief.”

* * * * “We can further understand that the peritoneal coverings of liver, spleen and stomach become involved, and in looking through Tait's list of laparotomies, we can readily see that the marvelous cures, of liver and spleen affections, are the result of *unavoidably breaking up adhesions* in the attempt to examine those organs.”

“A case, the history of which I will give below, taught me that in some forms of latent peritonitis are strings, of lymphatic nature, which run between the different surfaces of the peritoneum, and which filaments, I am satisfied, shrink up after death, but during life *are the vehicles of lymph and other plastic and irritative material*. [Italics ours.—ED.] These lymphatic strings might be the first stage of adhesive peritonitis, gluing together different structures and surfaces, or they might

persist in this form, and give rise to many of the most common complications enumerated before."

"The history of the case, upon which I base my deductions, is as follows: A Bohemian woman, married eight years, has had two children, the last three years ago, since which time she has been an invalid; menstrual function has not been resumed since, constant pain over the entire abdomen, especially in left side. On examination, womb was found simply atrophied, nothing else. Laparotomy; about two tablespoonfuls of dark serum; ovaries normal, tubes seemingly healthy, (afterwards found closed, and mucous membrane thickened,) ovaries and tubes were removed, as Tait's operation was intended. Still, having my mind on the mentioned peritoneal adhesions, I introduced my hand under the omentum, and swept it over the whole anterior surface of the bowels, repeating this manoeuvre three or four times, and each time my hand was covered with a *large number of transparent filaments resembling cobwebs*. The abdomen was closed, and the woman made an uninterrupted recovery."

Viewing the matter in this light, Dr. Hadra proposes, in the future, to make an incision, and then do what is found necessary for the relief of the woman, whether it be removal of ovaries, or ovaries and tubes, *together with* breaking up of adhesions, or whether it be breaking up of adhesion alone, if the ovaries and tubes are sound; and he intimates that there is too much of a *fashion* to remove those parts, for the eclat of having made a "Tait's operation." He suggests the following steps in the operation: "Laparotomy; minute examination of all the pelvic viscera; with special attention to adhesions; breaking them up; insinuating hand upwards with sweeping movements between omentum and bowels, and between omentum and parietal peritoneum. These movements should be made thoroughly, sweeping over all the surfaces, especially the side and spot where was most complaint. Thus a new operation, freeing the peritoneum throughout its entire area, will have been performed, and I hope, with the fullest benefit. Particularly should this operation be tried in young women, to save, if possible, the functions of generation." The Doctor closes by saying: "Let the

operation conform to the conditions which are revealed by the laparotomy." Sound advice.

This paper is destined to exert a telling influence on the abdominal surgery of the future, and we look to hear of it in reports from "beyond the seas."

CURE OF ANEURISM BY INSERTION OF WIRE.

Says the *New Orleans Medical and Surgical Journal* for July : "Another wonderful triumph has been added to the surgeons' crown of laurels.

"Signor Loreta, of Bologna, has cured an abdominal aneurism by cutting down upon it, and inserting into the sac two metres of silvered copper wire. The first night the patient rested free from the acute pain, which he had been enduring for months, the femoral pulse, until then barely perceptible, gradually returned, and he went on to complete recovery, being discharged three weeks after the operation."

"This practice is probably only adapted to sacular aneurisms, and great care must be observed to prevent the wire from adhering to the inner sides of the tumor."

"Our iodide of potassium, sugar of lead, ergot, ice compresses, etc., will no longer be needed, if the surgeon can thus come to the aid of the physician."

Aid? It looks like relieving him from duty altogether. Say, "supercede the physician."

LUPUS CURED BY ARSENIC INTERNALLY.

New Orleans Medical and Surgical Journal :

"Mr. Jonathan Hutchinson published in the *British Medical Journal* an account of a case of lupus erythematosus cured by the internal administration of arsenic. The remedy was pushed until physiological effects, red eyes and an attack of "shingles" appeared. Mr. Hutchinson is not very sanguine, however, and seems to regard the case as exceptional."

A CASE OF DOUBLE UTERUS, WITH A FÆTUS IN EACH.

Under the above caption the *Atlanta Medical and Surgical Journal*, for July, has a paper by Dr. E. W. Lane. It had been read before the Georgia Medical Association, and is a remarkable report of a most extraordinary case, open to sharp criticism, either as to the Doctor's management of the case, or his manner of reporting it, or both.

Dr. Lane relates that on Thursday, Dr. T. J. Hendley was called to a healthy, strong primipara, aged 35, in labor. Dr. H. could not make a diagnosis, but remained with the patient until late Saturday night, making examinations from time to time, till, finally, "he thought he felt the head." He sent for Dr. Lane. Dr. L. arrived Sunday morning, when Dr. H. told him "he thought he felt the toes." Dr. Lane diagnosed a foot presentation, and, with much difficulty, and a fillet, delivered a large male child, dead, from long continued pressure. This was at 1 o'clock, p. m., Sunday. "We were not long in discovering that there was another fœtus in utero," says Dr. Lane. "We ligated below, and left the patient to rest; but as the pains were feeble, and the patient much exhausted, we gave her a stimulant; shortly after which, they began to improve a little. I then made examination by following up the cord. My finger passed into the uterus, but we could find no presenting fœtus; but, being very confident there was another, I again explored the organ, as far as my finger would reach, and, by feeling around, I found a hard substance to my right, and, by further examination, found the os dilated about the size of a twenty-five cent piece, opening laterally into the vagina. We waited all the balance of Sunday, and Sunday night, and until a little after sunrise, Monday morning." [Bear in mind all this time the placenta of the child which had been born Sunday, at 1 p. m. had not been removed.—ED.] "We waited," the narrator goes on to say, "until about 8 o'clock, a. m., (Monday) and finding that the head had become sufficiently low down, and that the fœtus was dead, we punctured its head, [why punctured its head?—ED.] and I hooked my fingers in the head and delivered a female child of medium size. I introduced my hand,

and followed the cord of the last delivered fœtus to the placenta, and delivered it. The uterus contracted as I withdrew it. I then followed the other cord, which lead my hand into another(?) uterine cavity, and found the placenta adherent." [i. e. the placenta of the child which had been delivered nineteen hours previously.—ED.] "I detached it, and removed it, but the uterus did not contract, and the hemorrhage was considerable."

Had the womb remained in that condition since the delivery of the fœtus the day before? Was the hemorrhage "considerable" all that time? But to resume, and here is the gist of the report, in our opinion:

"I again introduced my hand, and with a cloth in it, about the size of a lady's pocket handkerchief, saturated in apple vinegar, and thoroughly explored the organ; and near the fundus I found a semi-solid substance nearly, or quite, as large as either of the placenta. I detached and removed it. Uterus No. 2 (?) [this was certainly uterus No. 1.—ED.] contracted, forcing out my hand with what I took to be a male uterus. Uterus No. 1 (?) was then well contracted, and both could be felt through the walls of the abdomen, distinctly separated, and lying side by side."

Will somebody tell us what a "male uterus" is? or knock us on the head for not knowing? In a general practice of twenty odd years we never came across one, though one would imagine from the light manner with which this one is mentioned, that the woods are full of them, over in Georgia, and the Georgia doctors seem to think no more strangely of finding "a male uterus," a placenta(adherent), and a dead baby in one barrel of a double womb, than would a Texan if told that a rattlesnake, an owl and a prairie dog had been found in the same hole—and all alive! Then, again, the Doctor "removed" it—with his hand. The removal of a "female" uterus—we must make the distinction now—is a serious matter. We wish, indeed, the Doctor had gone more into a description of this—male uterus—than simply to say it was "semi-solid," and about the size of a placenta or a piece of chalk. Indeed the Doctor mentioned the matter about as he would have done a clot, or a portion of the placenta, or other foreign body. We should have considered a "male uterus" worth preserving in alcohol, and sending to the

Smithsonian. We hope our Georgia contemporary will enlighten us further on this subject, for verily our ignorance of such a thing as a "male uterus" is profound.

ALL WRONG.

Dr. Thomas Herbert, of New Iberia, La., has a very ingenious, and well-written article, in the *New Orleans Medical and Surgical Journal*, for June, on the "Question of Clothing."

He states the proposition, which is generally taught and accepted, that (as a rule) white reflects, and black absorbs heat; that, therefore, white is a non-conductor, and black a conductor; that white, worn next to the body, will prevent the escape of the heat of the body, and thus prove hot in summer, and warm in winter. We will state, parenthetically, that, from these remarks, we may infer, the Doctor never had occasion to get in between a pair of linen sheets in midwinter, or he would have discovered with what rapidity white conducts heat—away!

Starting from the above premises the Doctor argues, that we are going contrary to nature in wearing white in summer, and black in winter, and says that it is all a mistake about white linen being cooler in summer than black woolen next to our persons. He cites, as an illustration, (and says that nature makes no mistakes) that the inhabitants are blackest nearest the equator—the negroes and the bears; and that the polar bear is always white. If black intensifies heat, and white intensifies cold, nature, he argues, has been cruel in that arrangement, and it should be reversed; ergo, we, to acquire the greatest amount of comfort from our clothing, should imitate nature; reverse the order of our dress, and wear white [duck suits?] in winter, and black alpaca and flannel next the skin in summer. He cites that nature's garments are white, pure white—the snow—in winter, and says ours should be. Does the snow not keep the ground warm, and cause the wheat to sprout beneath? The Doctor goes farther, and says, it is all nonsense about a white straw hat being cool in summer; "it would not be half as cool as a bar of iron (a good conductor) would be."

Imagine a man going about the streets of New Orleans to-day with an iron hat on!

Now, there is some sense in the Doctor's article, but he seems to have forgotten that "circumstances alter cases." When the heat of the body is greater than the surrounding atmosphere, (as in winter) a conductor of heat would carry off the heat of the body, and thus prove cold. When the heat is greater in the surrounding atmosphere than it is in the body, (as it is in the summer sun) a conductor would carry the heat *to* the body, and thus prove uncomfortably hot to the wearer. This is the explanation why a bar of iron is very cold in winter, and the reverse in the summer sun.

There is no such property or quality in matter as cold; heat is resident in, and common to, all matter. We estimate the temperature of a body by the increase or diminution of heat, and by the rapidity with which a given body abstracts heat from the part brought in contact with it. Iron is not really cold in winter, but it rapidly abstracts the heat from the hand when touched, and thus gives the impression of being very cold.

In the Carre process for making ice, the principle is, the affinity which vaporized ammonia has for caloric; it abstracts the heat from the water, and leaves the water frozen. Thus Doctor Herbert would find his iron hat *very cold* in winter—only.

But, who knows if the Doctor is not entirely right, after all? and that the world has been going wrong all this while; and now, that he has called attention to it, like a modern Gallileo, there may be a complete revolution, a breaking up of old ideas, an abandonment of old habits, and an era of dressing on sound scientific principles established, whereby all diseases, incidental to the errors of dress, like "taking cold" for instance, will be abolished? Did the world not wag on for many centuries content, under the fallacious belief, that the eye should be in the big end of the needle? Did not our grand-mothers spend their lives content to sew with such needles, and were blissful in their ignorance, till here comes along a philosopher, who demonstrates that it is all a mistake, and puts the hole through the *point*, and, presto, the sewing machine is born? What a revelation has taken place? and the manufacturing world has been revolutionized.

But *how* odd it will appear, for awhile, to see everybody running about in the snow, dressed in white duck, and draped in sombre robes, like the Nuns, when the thermometer is having a series of acrobatic performances up among the cross-bars of the "nineties in the shade!"

THE CURABILITY OF CONSUMPTION.

An English translation of Dr. Jaccoud's work on "The Curability and Treatment of Pulmonary Phthisis" has been issued, and the *Journal of the A. M. A.* regards it as "one of the most important medical events of the year," devotes the whole of its editorial space (June 27) to a review of the book, and discusses the subject in a very learned way.

It seems that climatic influences are more relied upon than any purely medical treatment; and that the author does not claim to have found any specific course of treatment, nor does he make the preposterous claim that all cases are amenable to successful treatment. We gather from Dr. Davis' reviews that the book was written to show simply, that, under certain conditions, the affection is curable. It is very certain that American physicians study too little the influence of climate on health and disease, and, in that respect, are far behind their European brethren. In this connection it is interesting to note in the Proceedings of the American Climatological Association, a meeting of which was recently held in New York, that steps are being taken to make practical tests and experiments as to the real value of the climate—of certain localities in this country, which have, somehow, gotten the reputation of being "salubrious," to the end that physicians may act more intelligently in advising patients to go to this place or that. It is too much the custom of physicians to send patients away—any where—to get rid of them, if the cases are difficult, incurable or unprofitable. Certain it is that pulmonary phthisis is *the* opprobrium of medicine; and there is no subject on which there is a greater diversity of opinion, especially as regards its curability. That spontaneous recoveries have taken place in phthisical patients, even after the formation of cavities, cicatrices in the lung, found on *post mortem* examination, have often testified.

THE LATEST SURGICAL TRIUMPH.

We copy the following from the *Journal of the American Medical Association*, of June 24: "TRANSPLANTATION OF AN EYE FROM A RABBIT TO A MAN. At the meeting of the Academie de Medecine of Paris, on May 28, M. Chibret reported that on May 4, 1885, he had successfully transplanted an eye from a rabbit to a young girl, who had lost her left eye. The report, contained in the *Bulletin de l'Academie de Medecine*, does not say whether "successfully transplanted" means that the girl can see with the rabbit's eye or not; though one would infer that she can. It seems scarcely necessary to say, however, that such a result could not be hoped for, and that the operation must have been performed for cosmetic purposes only. Even in this case, the result should have stated whether or not the transplanted eye became controllable by the patient, and whether, if controllable, the movements are in accord with those of the other eye. If not, a glass eye would serve a better purpose. The report is characterized by that lack of detailed information which is too common in the published proceedings of the Paris Academy of Medicine.

"It would be still further interesting to know if the transplanted eye will grow in consonance with the other. We hope that the subsequent history of this very interesting case will be more fully reported."

We extracted the above with the intention of commenting upon it; but, on reflection, we feel we are not equal to the emergency, and, therefore, submit it, on its merit, to our readers. We will only say that our ambitious ophthalmologists, Salm, Chilton, Hall, Hodges and others will have to look to their laurels, and, if they do not wish to be eclipsed by their French brethren, they will have to be up and doing. They must report something in their TEXAS JOURNAL to beat it.

CORRESPONDENCE.

The Chicago Meeting.

Letter from Dr. J. W. McLaughlin, Texas Member of Committee.

CHICAGO, ILLS., June 26, 1885.

DR. F. E. DANIEL,

TEXAS MEDICAL JOURNAL.

Dear Doctor:--The Committee on the International Medical Congress met in the parlors of the Palmer House, in this city, on the 24th inst., and adjourned today.

High legal authority having given the opinion that the action of the A. M. A. is legal, and that the committee, as now constituted, absorbs the original committee, all parties are satisfied, and there is quite a full attendance—about thirty members being present, including Drs. Billings and Hays, of the original seven. Dr. Flint resigned his place on the committee, and Dr. Gouley was appointed in his stead. An election for permanent officers of the committee resulted in the choice of Dr. R. Beverly Cole, of San Francisco, Cal., president, or chairman, and Dr. John V. Shoemaker, secretary. Those had been the temporary officers. A vice-chairman was also elected, Dr. Lynch, of Maryland, and it was resolved that in future, fifteen shall constitute a quorum. The work of revision of the list of appointments on the sections of the International Medical Congress was delegated to a sub-committee of nine, as follows: Scott, of Ohio; Wathen, of Ky.; Billings, U. S. A.; Shoemaker, of Pa.; Hamilton, M. H. S.; Linthicum, of Ark.; Upham, of Vt.; Gouley, of N. Y., and McLaughlin, of Texas.

I send you herewith a partial list of appointees. You will observe, Doctor, that not a member of this committee was placed in any position, for obvious reasons, (with one exception—Dr. Battey, of Ga., of worldwide renown). You will also notice that there has been a fair redistribution of appointments covering pretty thoroughly all States and Territories represented in the A. M. A., and wherever the name of a new code man occurred on the list, it was promptly erased, and the name of

one known to be in affiliation with the association, and a supporter of the code of ethics inserted.

Texas is fairly represented. The appointees from that State being Dr. F. E. Daniel, Secretary on Section of Dermatology and Syphilis. Dr. Hardaway, of St. Louis, is the chairman of the section. You will have big work to do. Dr. Cupples is on the Section of Medical Education, Legislation, and Registration; Dr. Swearingen, on that of International and Public Hygiene; Dr. Hadra, on that of Gynecology; Dr. Ghent, on Collective Investigation, Nomenclature and Vital Statistics; Dr. J. F. Y. Paine, on that of Practical and Experimental Therapeutics, and Dr. John H. Pope, on Diseases of Women and Children.

The sub-committee will yet appoint for each State a finance Committee, to serve as a whole under a general chairman. The appointments from each State will consist of a chairman and as many members as there are congressional districts in that State.

Upon the whole, I think excellent work was done, and I heartily congratulate you upon the successful issue of the cause in which you were amongst the first to engage, and for which you made such a gallant stand, at New Orleans and in your Journal,—*the redistribution of the appointments upon a broader, wider and more fair and liberal basis*, and the overthrow of the *new code men*.

The committee will not meet again until May—at St. Louis—one day preceding the annual meeting of the American Medical Association.

Yours Truly,

J. W. McLAUGHLIN.

[We learn from Dr. McLaughlin, since his return to Austin, that he has appointed Dr. Jas. D. Osborn, of Cleburne, chairman of the Texas Finance Committee, with authority to select his members.—ED.]

DANIEL'S
MEDICAL  JOURNAL,
AUSTIN, TEXAS.

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

LAUNCHED.

There is a sea, deep and dark, whereon sail many craft; a treacherous sea, beneath whose deceptive waters lie buried hopes and fortunes. A sea, smooth to the eye, and inviting; full of promise, and apparently offering pleasant sailing, and smooth passage, yet under whose surface roll currents of ill will, envy and jealousy. Shoals, there are, of indiscretion and bad judgment; while boldly stands out the magnetic rock of Hard Times. On this, many go to pieces, the venturesome and the unseaworthy.

There are, plying the waters of this sea, vessels of many kinds. There are those of heavy tonnage, which make weekly trips, and safe landings; bringing rich cargoes, the products of many minds, and many lands. These are guided by the practiced eye and steady hand of the master navigator. There are very Esmeraldas, of the John Roach build, so to speak, heavy freighted and well ballasted, whose pilots have buffeted many storms, and have learned by experience to steer around these shoals and rocks, on which so many are dashed, early in life;

and on which others founder, even after many successful trips. There are, too, lighter craft, which ply in monthly rounds, and whose cargoes are of lighter stuffs, and less precious. There are Brigs, and Barks, and Brig-rigged Schooners, and Schooners, which scud under bare poles, ballastless, and driven by divers breezes. These to the bottom quickly go, and to-day the number that float on the surface are as naught to the many that rest in oblivion, stranded on the beach of incompetency, or rotting in the mud of failure, at the bottom. We, too, are tempted to embark on these waters. 'Tis an inviting sea, yet well do we know its dangers. A brief experience, in which we had smooth sailing, a few voyages, attended with naught but sunshine, blue skies and soft zephyrs, has sharpened our appetite, and we long for a return to those pleasant scenes. Ah! There *is* "a facination which gathers about the beginning of things," as Dr. Merriman says in *Gaillard's Journal*. In this instance it *may* be the facination which lures the silly moth to the candle flame, and we may get our wings singed. We hope not. Yes, like Oliver Twist, we want "more." We are venturesome; we have built us a boat, and, like Robinson Crusoe, have "set it afloat." (Some one may yet exclaim, "Oh! What made you *do* so?")

Like the Egyptian maiden, whose taper-lighted lotus leaf she has just entrusted, with beating heart, to the treacherous tide of the Nile, we to-day watch this tender, slender venture, lighted with *our hopes*, as she glides out on the deceptive waters of this journalistic sea, this dangerous sea. (We were tempted, for the sake of jingling alliteration, to say, "the treacherous tide of the Tiber," but, seeing that most of the Egyptian maidens have removed from the malarial borders of the classic stream, wherein the festive Cassius and Cæsar were wont to plunge in youthful sport, and have taken board with the Prophet up on the more salubrious banks of the Nile; and seeing, also, that lotuses don't grow in the section watered by the Tiber, we had to sacrifice the poetic alliteration to cold geographical facts.)

Yes, our heart beats high with hope! We tremble with fear! Eagerly we open each letter now, with trembling hand, and as, with rapid glance we "catch on" to its contents, we note how the news of the launching of the **NEW TEXAS** is received by those to whom she will go, timidly tendering her first cargo of

miscellaneous freight; those who will watch its course, some, like ourselves, with hope and interest; some with jealous eyes; but most, we fear, with cold indifference; and, as we break each seal, we are greeted with the cold water of discouragement, or the cordial, warm hand-shake of approbation; while our feelings rapidly run the gamut, sounding the bass note of despondency now, now bounding to the shrillest key in the octave of expectancy. Oh, how the hot blood goes coursing, making our temples throb, our heart go "thump," and our head swim with a glad dizziness, as we read this one: "Yes sir, count me in. I wish you every luck and unbounded success that energy and untiring effort can yield, and I pledge you my hearty support and co-operation. Enclosed, find the first year's subscription. I will get you up a club. Meantime call on me if I can serve you, and believe me sincerely yours."

Here now by contrast; here's where the bass note comes in: "Go slow. I am sorry to hear you have drawn out of the C. R., and think you have made a mistake. There is that undefinable something about the "good will" of an established journal that makes me fear you will not succeed in a new undertaking. Times are so hard, and money so scarce, and—and—and—" (No subscription in this one.)

But, how, like a benediction, comes this blessed language, from one whose opinion we regard, and whose friendship we hold dear:

"My dear Doctor Daniel: Do not be discouraged if your best efforts are misconstrued; if your most ardent supporters fail you when you most need them; if evil doers are prosperous, as they generally are, and your efforts seem fruitless and useless; do not give up the fight, but remember that the right must succeed at last, and success will be yours in reality, if you persevere, even though disappointments attend your best endeavors. I know you will have many hours of despondency, unless you realize, at the outset, the difficulties which lie in the path of the journalist, who makes *principle* his guide, and leaves policy to those weak hearts who have not the faith to see that the good can be reached only through dangers and difficulties. You have my warmest wishes for your success."

There! that is inspired! and coming so opportunely, it has

all the soothing and sustaining influence of heavenly prayer for one's safe and prosperous voyage; or like a blessing; or "like the benediction that follows after prayer." Sustained and encouraged by *such* words of cheer, and they are pouring in by every mail, accompanied too, in many cases, by more substantial evidences of good will, we have made all shipshape with the printers, clued down the hatches by advance payments, sounded our fog-horn of a prospectus to let 'em know we are coming, spread our sails, cut loose the guy ropes and stays of indecision, and she glides off the docks with a splurge and a splash! A bottle of the wine of "good hope" has been broken on her prow; the horse-shoe of "good luck" has been thrown at her, and the NEW TEXAS MEDICAL JOURNAL is afloat. Adieu! Adieu, frail boat! May favoring winds waft thee; may smooth waters bear thee; may glad smiles greet thee, and friendly hands speed thee on thy way! And, each trip, may you add to the troop of those who watch thee with friendly eyes, and are glad when thy white sail and the Texas Star heave in sight!

HERESY, FALSE DOCTRINE AND SCHISM.

It was to be expected that the new code men, having intrigued so successfully at Copenhagen, would not consent to be quietly ousted. Some resistance was expected, but, really, we were not prepared to see two powerful and leading medical journals—although known to have new code proclivities, apparently so under the control or influence of that class, as to resort to sophistry, and artful and disingenuous arguments, and a series of special pleadings in their behalf.

The proposition before the medical world is:

Did the instructions under which this committee of arrangements acted, give them authority to organize the congress, and appoint its officers and sections?

The two main points involved in the proposition, incidental thereto, and hinging upon it, are:

1st. In all America, is there nowhere else to be found medi-

cal talent of a quality and quantity suitable to take part in a medical congress, except in a few northeastern cities?

2nd. Shall the American Medical Association's Committee appoint as delegates and representatives in a Medical Congress, aliens and enemies—*irregulars*,—in preference to its own members?

Notwithstanding the pronounced and emphatic negative given to the question at New Orleans, by the American Medical Association, the *New York Medical Record* dogmatically asserts the contrary.

Disposing thus of the main question, by *an assertion*, backed by no evidence that we have seen, the *New York Medical Record* and the *New York Medical Journal* then proceed to defend the two absurd propositions by a series of most specious but fallacious arguments; and, loosing temper, they resort to inuendo, and ridicule of the South and West, in a manner at once surprising and unjust.

No *argument* can be made in defense of either proposition that will not do violence at once to reason and common sense; hence these Journals resort to the use of such expressions as that "The South and West have coaxed the American Medical Association into doing a meaningless act."—*Record*.

"The South and West have pulled the Association's nose."—*N. Y. Journal*.

"The Association has shown a wonderful proclivity for having its nose pulled."—*N. Y. Journal*.

"The South and West have expended an immense amount of gas."—*N. Y. Journal*.

"A few ambitious gentlemen want to gain prominence in connection with the Congress," etc. etc.—*N. Y. Med. Record*.

These, and similar arguments (?) are put forward by these columbiads of the journalistic batteries, in defense of that admirable arrangement whereby men who have been kicked out of the association of American Physicians for conduct inconsonant with the fundamental principles of the MAGNA CHARTA which is at once the guide and defense of legitimate medicine, may occupy front seats, and play first fiddle, to the exclusion of their betters, because, forsooth the *Record* says they are "scientific."

But, perhaps, the most ill-natured, unfounded and unjust remark into which our powerful, but misguided, and apparently wilfully blinded cotemporary has allowed its temper to trap it, is, that the gentlemen who were added to the committee, one from each state, are :

☞ “Men of whom we know nothing or too much.”—*N. Y. Record*, June 20.

In view of the fact that these gentlemen were *picked out* by the State delegations who, in turn, were selected by the State Medical Associations, it is fair to presume that they are, at least, average representative members of the profession of the whole Union, and such a slur as above quoted from the *N. Y. Record*, is an insult to the whole profession of America.

Whatever the *Record* may, or may not know of the representatives of the northern and eastern states—we cannot speak for them—we know enough of those chosen from the southern and western states, to feel assured *our rights* entrusted to their keeping, will be sacred. They will be defended, moreover, with all that chivalry and high sense of honor, which has ever characterized southern and western men, even granting the superior “science” of northern brethren, as demanded by the *Record*; and the *Record* may be assured that neither accusations, insinuations, nor false reasoning, will avail to persuade them to betray those who trust them! And such comparisons as that the South, *in its inferiority scientifically, daring* to aspire to *any* representation in an International Congress, is like “a youth aping manhood, and making a spectacle,” is little calculated to bring about that era of “peace” the *Record* affects to desire.

As illustrating our text further, we refer to “Geography vs. Science,” (*N. Y. Record*, June 20) where we are accused of laying claims to southern representation on a geographical basis, and the fact that “a certain state” raises so much cotton. True, we remarked incidently, to illustrate the magnitude of the injustice done Texas in common with other states, and to show her greatness in other relations, that her cotton crop sums up annually, a million and a half bales. True, we did claim that *some* regard should be had to geographical distribution, seeing the profession of America is somewhat homogenous, and meet on

terms of social and professional equality; but the *Record* knows we do not base any claim on that alone, and its assertion seems a strange perversion of our meaning. Yet it shows still further that straws will be grasped to prop a lame defense of an action which, we venture, the profession of the world, with the facts clearly before them, will pronounce monstrous.

The *Record* says impressively: "Bear in mind the International Medical Congress has a separate and a higher existence than the American Medical Association." So, indeed has the British Parliament; but it is a *non sequitur* that the new code men are entitled to a seat in either. But, granting that they have as much right in the International Congress as any other men—and nobody denies it—upon what principle of equity, right or justice can they expect to enter it through the portals of the American Medical Association? The idea is absurd, and to ask or expect it, much less demand and insist upon it, is the extreme limit of that quality now universally denominated "cheek." Is it not specifically provided that the International Congress shall be composed of representatives of all respectable organized medical bodies? The New York Academy of Medicine is largely, if not entirely, composed of new code men; they have their own county organizations. Why are not these persons content to go as representatives of their own kind and class? *Suum cuique!* Because they know, not being in affiliation with legitimate medicine, the congress will not admit them, and they wish to sail in, therefore, under cover of the American Medical Association! Well, it won't win!

As a final and strongly put plea against a redistribution of the appointments, the *Record* argues that what the Congress wants is "professors," "authors," teachers, and boasts that the "institutions of learning" are all north! And that ninety-five per cent. of the books are written by northern men! We grant the North can furnish more teachers, professors and authors, but, because of this, are the average physicians North and East more able or learned than their brethren? Or is it conclusive, therefore, that there is *no* learning, *no* science elsewhere? Are the papers read at medical conventions by northern members so vastly superior to those by members from other sections? We are not prepared to admit it. Upon what meat doth these,

our medical Cæsars, feed? Was not Sims a southern man? Nott? McDowell? Drake? Gross? Is not Thomas a southern man? Are not many of our physicans graduates of the Philadelphia and New York schools? Granting that ninety-five per cent. of the books *are* written North, we still think our Brother of the *Record* should give the rest of creation credit for the remaining five per cent. of wisdom! These journals, we say, are teaching false doctrine. In their defense of the appointment of the new code men to represent the American Medical Association they are guilty of heresy; and to keep up the discord by this species of specious, but fallacious reasoning, is daily extending the unfortunate schism that now divides the American medical profession.

The sooner the *Record* counsels its readers to acquiesce in the discision of the American Medical Association with regard to the action of the committee of arrangements, and goes to work to bring about that peace on a just and equitable basis, the sooner we will have an International Congress in America of which the world will not be ashamed. Its present course is keeping up the discord which it affects to deprecate, by singing the syren song of peace, urging "policy," and appealing to the sense of pride, which every true American feels; but, is peace so sweet as to be purchased at the price of principle? "Forbid it, Almighty God."

RATIONALE OF ANÆSTHESIA BY COCAINE.

This drug, hailed as a boon by practitioners of every branch of medical science, has been used, we may say, empyrically, as an anæsthetic. We know that it will and does produce insensibility to pain, and that its application is attended with a blanching of the surface; but it seems no one has heretofore (until very recently) attempted to explain *how* it does so—the *modus operandi*—whether its action be physiological or chemical.

It would seem that the application of cocaine was made to General Grant's throat for its analgesiant effects; and whether

intentional or not, the impression was made on the mind of the public, that the physicians in charge of this illustrious patient had little or no hope of being able to *cure* him. It cannot be truthfully said that the attending physicians ever expressed in so many words, a hopeless prognosis; but the bulletins were always so worded as to leave the impression that the case was regarded as necessarily fatal in its tendency, and that no *curative* effect was anticipated from the topical use of cocaine.

We have heard the remark made, more than a score of times, that "General Grant's apparent great improvement had given the lie to the whole science of medicine;" and we heard one medical enthusiast say that "it is in very bad taste in General Grant to recover; it is a poor return for the kindness and attention shown him by the Great of the medical profession; that according to all rule and precedent, and to be consistent, and to have any regard for the professional opinion or reputation of his attendants, he ought to die; he is honor-bound to die; he is thoroughly committed to dying, and that too without delay." Readers may remember a statement which went the rounds of the medical press to the effect that "statistics show that cancer of the mouth is fatal, without operation, in ten months, and with operation, in sixteen months."

That General Grant's death was daily and hourly expected, (along about Easter,) the newspapers of the land will bear abundant testimony. We, in reading them, were always struck with the inconsistency of such prognostications, seeing at the time, his pulse and temperature were reported normal; and frequently the same telegram that would bear the sad tidings that he was "not expected to live through the night," would say perhaps, that he was up and dressed, and walked with ease into the adjoining room, or down stairs!

But we are off the point; to return.

It would seem that cocaine was applied to General Grant's throat *to relieve the pain, simply*; and no matter *how* it did it, so it was done, no one stopped to inquire.

Dr. A. F. Sampson, of Galveston, views this matter through pretty much the same smoked glasses we are now using. For instance, he says that the Doctors in charge ought to be able to give, and the country demands that they should give, a rational

explanation of how the patient happened to (unexpectedly to the laity) apparently get so much better, in fact, promise to recover; they should reconcile this fact with the gloomy prognosis—and account for it in some way—and thus save the credit of the science of medicine.

Holding those views, Dr. Sampson informs us he addressed a letter to Dr. Shrady, the editor of the *New York Medical Record*, and one of the attending physicians, and suggested that the cocaine cured the epithelioma. This, at first glance, looks like a startling proposition, but let us see if there is not a considerable degree of soundness in it. In his letter, the writer pointed out, he says, that the action of cocaine, when applied to a diseased tissue, is physiological, and not chemical; and that the application produces vaso-motor spasm of the terminal nerve filaments, and thus empties the engorged capillaries of their turgescence, cutting off nerve and blood supply, and starving the new growth. (The Doctor's letter, though written sixty days ago, has never been published in the *Record*, nor noticed in the columns so far as we are aware.)

When we reflect that precisely this same effect is had upon, say uterine fibroids, and similar structures, by ergot, administered hypodermically or otherwise (except, perhaps, it has no analgesiant effect) this theory of Dr. Sampson's takes on the proportions, and assumes the aspect of a strong probability. At any rate, the suggestion does credit to Dr. Sampson, and we claim for him, and for Texas, priority in advancing such hypothesis. So far as we have been able to gather from the literature on the subject, he is the first to offer any rational and scientific explanation of the action of this wonderful drug.

Since the date of the letter above referred to, Dr. Sampson has read a paper before the *Galveston Medical Club*, embodying his views on the action of cocaine, and suggesting wider range of applicability for it; and the paper was contributed to the *Texas Courier-Record*, but owing to the crowded columns for June, only part of the valuable article was published. Dr. S. was warmly congratulated by the Club, and we are informed that a member said that he was the first to take cocaine from the domain of empiricism, and to place it on a clear and scientific basis.

SALVE FOR A SORE HEAD.

The Columbus, Ohio, *Medical Journal* attempts the role of "me too," Platt, to the *N. Y. Medical Record's* Conklin, on the International Medical Congress question—and in an abortive attempt to be smart at our expense, apparently purposely misquotes us—Listen :

"And so there was a kick. The original kick, it would appear, was kicked in Texas, whence, in the vigorous, but slightly *mixed* figure of the *Courier Record*, it (the kick) "rolled into one mighty billow, and at New Orleans inundated, swamped, aye *snowed under* the whole arrangement."

Miss Augusta Evans said (and we agree with her) "It is hard to have to furnish the ideas, and the brains, too, to comprehend them."

Our language was unmistakable to an *ordinary intelligence*, therefore it was purposely misquoted—we will be generous enough to say. We wrote :

"A kick, which, like a pebble thrown into the sea, set in motion a wave of popular indignation, which rolled into one mighty billow," etc., as waves sometimes do.

If there is anything "mixed," it must have been this editor's drinks. However, we are willing to admit he knows more about kicks than we do; they *may* raise billows, and blisters too, for all we know.

This genial (?) and would-be witty contemp(t)orary has a good deal of bile to disgorge on the subject of the action of the A. M. A. at New Orleans with regard to the committee's report, and spurts it out thus: (Quoting from the same article.)

"The committee had made no provision for the eloquent champion of Texas mothers; they had ignored the oleates; * * * * had not given the 'rural deestriets' their *numerical* ratio of officers; whole states were ignored; * * * even Ohio had but fourteen, and these her metropolis had, all but one, * * * and so it was decided to increase the size of the committee, and, otherwise so arrange matters that the ranches of Texas, the prairies of Kansas, the mines of Colorado and

the forests and wheat fields of the great Northwest should all be represented among the officers of this Congress."

Why did not our colleague from Porkumbus finish the list and say, also, the "Hogs of Ohio?"

But, to continue the quotation: "Verily, we trust the original committee, and their rustic accessories, may duly exercise, the former, patience, the latter, humanity, and both, moderation, to the end that the congress may be a success; for unless they do this, we greatly apprehend the Texas kick will overturn the fat in the fire."—*Columbus Medical Journal*.

The eloquent champion of Texas mothers (*proud distinction*) is now provided for, thanks to the discriminating good sense of those "rustic accessories" from the "rural deestriacts." Thanks for the title, too, to our *larded* cotemporary, who speaks so naturally about "fat." Did our readers ever observe how naturally some men incorporate into their social lives, and their conversation, the vulgarisms of their trade or calling? We once asked a shoemaker what had become of his boy, and he said he had "pegged out." A sailor cannot, even in society, avoid nautical phrases, and speaks of one's being "rigged out," etc.; while railroaders express everything in the parlance of the road; how natural then to hear this denizen of the hog-killing State speak of the overthrow of the new code scheme, as "throwing the "fat" in the fire."

He makes a greasy, but spiteful and envious allusion, also, to a distinguished author, teacher, scholar and physician, who has earned laurels for himself in a new field, and added lustre to American medicine. Such reference as "the oleates," intended for Dr. Shoemaker, though malicious, is as complimentary as the reference to ourself, as the "eloquent champion of Texas mothers." We will ever be under obligations to our unctuous colleague; and no doubt, so will Dr. Shoemaker, for the compliment to him; how-be-it expressed in language more oleaginous than elegant, and we only regret that our cotemporary is not identified with some scientific work, or some noble act, that we might return the compliment.

Verily, the new code 'fat' is overturned, if the clean sweep of new code names from the list, at Chicago, can be expressed in

such a greasy way, and we are proud to believe the "champion of Texas mothers," and the "Texas kick", to which our cotemporary so sneeringly alludes, had much to do with it.

HOLD UP OUR HANDS.

We cordially and most earnestly call on the physicians of Texas to aid us in making of this undertaking a grand success. Reflect what credit journalism has already brought to the profession of Texas; how organization has been promoted; how medical matters have taken on a new impulse; how the profession has gained additional prominence in the National Association, and chiefly through the aid voluntarily given a Texas journal by a few. If the older and better known practitioners will but contribute each month, a mite of their experience, observation and reflection, in short articles, to the pages of this Journal, they will render a signal service to the profession at large, and to us individually, who are working in the good cause, *con amore*. If the profession *will but hold up our hands*, the battle will be won, and Texas will have a journal which will be an honor to the State.

We need original matter *now*, for next issue, and *all* the time. *Write now*.

"A MEANINGLESS ACT" AND WHAT CAME OF IT.

Certain Medical Journals, which accused the American Medical Association of doing "a meaningless act" in enlarging the committee of arrangements for the approaching Medical Congress, and instructing them to revise the list of appointments as made by the original committee, must feel very badly to see their charges so thoroughly refuted, as the result of the Chicago meeting shows them to be. These turbulent organs, moreover, have defended the appointment of new code men, and the selection of three hundred and sixty-eight appointees all from the cities of the northeast. They argued that a committee appoint-

ed by an organized body immediately acquired powers higher, and superior to, those of the body appointing, and held up for new code men to the last, in spite of right or reason. The bottom was completely knocked out of their position by the opinion of ex-Speaker Randall, given at request of Drs. Gross and Garnett.

This opinion was read at Chicago, and, by resolution of the committee, was ordered to be published in the Association's Journal.

Mr. Randall sustains the action of the Association at New Orleans, and says the committee, as enlarged, superceeds the original committee.

It is very gratifying that the members of the original committee so promptly accepted the decision and the situation, and that two, at least, of the most prominent members of the original seven attended the Chicago meeting, and were in full accord with the committee, all working harmoniously. It is also gratifying to note the committee at Chicago made little alteration in the programme as mapped out by their predecessors, and that with one exception (a notable one, Dr. Robt. Battey, who was really appointed by the first committee) they appointed *not a single one* of their number to any position; thus giving a striking refutation to the accusations of those Journals that these gentlemen were "sore heads" and "outs," and that their object was to get the "ins;" and that certain gentlemen "desired to gain prominence in connection with the Medical Congress." The most important and only changes made, except the substitution of the names of gentlemen known to be in affiliation with the American Medical Association, for those of new code men wherever they appeared on the list, was the distribution of the offices over a wider area, particularly the chairmen of sections. Instead of five chairmen of sections being appointed from New York, and four from Philadelphia—more than *half* of the entire number of chairmen—the committee at Chicago reduced the number of chairmen in those cities to three each, and gave the others to the following cities, in the following order: Chicago, two; Cincinnati, O., one; St. Louis, one; Louisville, one; New Orleans, one; Rome, Ga., one; Baltimore, one; Boston, one; U. S. Army, one.

When the full report of the committee is published it will be seen that a very fair and general distribution of the appointments has been made, and we venture the assertion that the standard of professional qualifications has not thereby been perceptibly lowered.

Following is a list of the presidents of sections as amended: (Those marked * are the changes from the original list.)

SEC. I. *Medical Education, Legislation and Registration:*

PRESIDENT, * Prof. Chaille, of New Orleans, vice Bowditch, of Boston. Dr. Geo. Cupples, of Texas, is First Vice-President of this Section.

SEC. II. Anatomy. President, Prof. Leidy, of Pa.

SEC. III. Physiology. President, Prof. Dalton, of N. Y.

SEC. IV. Pathology. President, Prof. Delafield, of N. Y.

SEC. V. Prac. Med. President, Prof. DaCosta, of Pa.

SEC. VI. Surgery. President, Prof. Yandell, of Ky.

SEC. VII. Obs. and Gynecology. President, Prof. Battey, of Georgia.

(Dr. Hadra, of Texas, is on this Section.)

SEC. VIII. Ophthalmology. President, * Prof. Williams, of Ohio. (Vice Noyes, of N. Y.)

SEC. IX. Otology. President, Prof. Blake, of Boston.

SEC. X. Dermatology and Syphilis. President, Prof. Hardaway, of Mo.

(Dr. F. E. Daniel, of Tex., Sec'y of this Sec.)

SEC. XI. Laryngology. President, * Prof. McKenzie, of Md. (Vice Lefferts, of N. Y.)

SEC. XII. Pub. and Intern'l Hygiene. President, Prof. Johnson, of Ill.

(Dr. Swearingen, of Texas, is on this Sec.)

SEC. XIII. Collective Investigation, Nomenclature and Vital Statistics. President, Prof. N. S. Davis, of Chicago.

(Dr. H. C. Ghent, of Texas, is on this Sec.)

SEC. XIV. Military and Naval Surgery. President, Surgeon Huntington, U. S. A.

SEC. XV. Practical and Experimental Therapeutics. President, Prof. H. C. Wood, of Phila.

(Dr. Paine, of Galveston, is on this Sec.)

SEC. XVI. Diseases of Children. * President, Prof. L. Lewis Smith, of N. Y. (Vice Jacobi, of N. Y.)
(Dr. Pope, of Texas, is on this Sec.)

This is as it should be. The medical profession of America is more nearly represented than it was before; and we trust now that those gentlemen who were dissatisfied with the action of the association at New Orleans will abide by the decision of their own chosen umpire, Speaker Randall, who is, since the days of Cushing, recognized as the *highest authority* on Parliamentary Law, and that the work of organization will go on smoothly, and that we will have an International Congress in America, of which no American will be ashamed.

P. S. We had just finished the above when we learned from the two New York medical weeklies that a number of the Philadelphia physicians, twenty-eight out of the four hundred, most of whom held prominent appointments, had split off, and refuse to have anything to do with the Congress. Included in this number we regret to see the name of Dr. D. W. Yandell, of Louisville, President of the Section of Surgery, who was present by invitation: We are surprised to see the name of Dr. S. W. Gross there, also, in as much as *he is the one who submitted the question to Speaker Randall for decision*. He now refuses to abide by the decision! How inconsistent! If the umpire had been of the selection of the opposite party or faction, this action would not have been so surprising. It only shows a spirit of rule or ruin, and clearly fixes the blame for turbulence and discord on that party generally known as 'specialists.'

Here it is, and the reason (?) assigned for it.

The *New York Medical Journal* says :

"After hearing a report of the proceedings of the new committee at the meeting held in Chicago last week, and after considering the changes in the organization which were made *including* [the removal of—ED.] *the restrictions of the scope of the membership, by which a large proportion of the profession of the country would be excluded from the Congress*, [italics ours.—ED.] the following preamble and resolutions were unanimously adopted :

Whereas, Certain serious changes have been recently effected in the preliminary organization and rules for the International

Medical Congress of 1887, it has seemed desirable for the members of the General Committee and the officers of the Sections resident in Philadelphia to meet for consultation ; and

Whereas, It has appeared that these changes are inconsistent with the original plan, and detrimental to the interests of the medical profession in America, and of the International Medical Congress ; therefore be it

Resolved, That we, the undersigned, consider that our duty to the profession and to ourselves requires us to decline to hold any office whatsoever in connection with the said Congress as now proposed to be organized :

D. HAYES AGNEW,	S. WEIR MITCHELL,
ROBERTS BARTHOLOW,	WILLIAM F. NORRIS,
JOHN H. BRINTON,	WILLIAM OSLER,
CHARLES H. BURNETT,	JOHN H. PACKARD,
R. A. CLEEMANN,	THEOPHILUS PARVIN,
J. M. DACOSTA,	WILLIAM PEPPER,
LOUIS A. DUHRING,	EDWARD T. REICHART,
WILLIAM H. FORD,	ALBERT H. SMITH,
WILLIAM GOODELL,	ROBERT MEADE SMITH,
SAMUEL W. GROSS,	ALFRED STILLE,
ROBERT B. HARRISS,	GEORGE STRAWBRIDGE,
I. MINIS HAYS,	WILLIAM THOMSON,
WILLIAM W. KEEN,	JAMES TYSON,
JOSEPH LEIDY,	HORATIO C. WOOD,

DAVID W. YANDELL.

It seems these gentlemen are mad because the restriction *was* removed, and persons were appointed from elsewhere in America than Philadelphia, thus reasserting that all the medical talent of America is resident there. They say the action of the new committee "is inconsistent with the original plan." Well, we should say it is ; the "original plan" being to fill all the positions with physicians from Philadelphia and New York, and most of them new code men. Thus, these gentlemen "beg to differ" with the American Medical Association and with the *recognized authority* on Parliamentary Law after having—themselves—submitted the question to his decision. This action will subject those distinguished gentlemen to severe and just

criticism. They have acted with a petulance and want of consistency more becoming a school boy who could not be allowed to have his own way in spite of reason and authority; and we regret to see it, not that the American Medical Association cannot afford to do without them—not that there could be no International Congress without them, but because their example is likely to be followed by other cities, and thus break up the Congress and the American Medical Association as well. We expected those who were thrown out to stay out, but these gentlemen are not new code men; as before said, many of them occupying the highest positions by appointment by the original committee, endorsed by the new committee. We utterly fail to see how the action of the new committee in widening the scope, and taking in a few well-known gentlemen from elsewhere than Philadelphia, can prove “detrimental to the interests of the medical profession of America.” That is a mere pretext; *they* are the “sore heads”—they were not permitted to “run” the Congress their own way—despite the American Association, and even after their umpire *had told them they were wrong!* and they would, therefore, in a spirit of “rule or ruin,” burst up the whole Congress.

We hope the committee will loose no time in filling their places, which can easily be done; but it is a matter very much to be regretted that these gentlemen should have seen proper to take such action. They might have waited till their appointment had been officially announced,—as it is, they are a little previous; and as to Prof. Yandell, he did not have a walk over in getting the appointment. He reminds us something of old Dog Tray—caught in bad company.

AN IMPORTANT TEXAS WORK.

Dr. Geo. Cupples, of San Antonio, as chairman of a special committee on surgery, appointed by the State Medical Association to make a report of “all surgical operations performed in Texas,” is now engaged in collecting detailed reports from the surgeons all over the State, and for that purpose will be pleased to forward to any whose names have been omitted, the neces-

sary blanks and circulars of instructions. We are requested to say such reports should contain full details, such as "number of children in gynecological cases; chemical composition, and number of calculi in Lithotomy cases, subsequent health history, etc."

This work was began several years ago, by Dr. C., under the auspices of the State Association, and up to December 31, 1877, 1837 cases had been collected and recorded. These were comprised in thirteen classes, and his report, as far as completed, shows the ration of recoveries and deaths for each operation, and class of operation, and a general summary, giving the rates of recovery and death in major and minor operations, and in the sum total of operations; the number of cases of secondary hemorrhage, of erysipelas, of gangrene, of pyæmia, and of septicæmia, and, finally, the accidents resulting from the use of anæsthetics. Each one of the surgeons who have furnished reports, seventy in number, has been duly credited with each of his operations.

The committee will complete the work, so well begun, and to that end, surgeons are urged to communicate with the chairman.

This will be an exceedingly valuable and interesting work, and, when finished, we expect to see Texas surgery show up about as good results as that of any other State or country. It will set a praiseworthy example to other States, which, if followed, must result in a collection of statistics of inestimable value. This is doing for civil surgery what the collective investigation of disease is doing for medicine, and is just what the officers of the Bureau of the Surgeon General of the U. S. Army have done for military surgery in the magnificent Medical and Surgical History of the War between the States.

THE NEW LOUISIANA QUARANTINE.

A VISIT OF INSPECTION BY STATE SANITARY OFFICERS.

Our readers will remember that the Louisiana Board of Health have put in operation the plan of quarantine devised, we believe, by Dr. Holt, the president, and recommended by him to

the conference of State health authorities, and by them adopted in June, 1884. This plan, called by Dr. Holt "maritime sanitation," consists of thoroughly disinfecting ship and cargo, at the quarantine station, by an improved process, an interesting description of which we give below, extracted from the *Times Democrat*: It will be remembered, too, that the plan of quarantine contemplated substituting this process for *any detention whatever*, the period of five days being the limit to which any vessel was subject, and those five days being counted from time of departure of vessel from port, were necessarily spent in transit. It will be remembered, also, that the Texas health officer made a vigorous protest against this,—pointing out the danger of practically removing all restrictions from persons who, having been exposed, not only on, and before embarking, but during the voyage, if the ship or cargo be infected,—and even up to, and including the unloading of the cargo for disinfecting, and who, of course, could not be disinfected; and claiming, rightly, that the person so exposed, should be detained not less than five days from the time of last exposure. A case of yellow fever occurring in New Orleans, immediately after this protest, (which protest, it will be remembered, led to sharp correspondence between the health officers of Texas and Louisiana), and which case demonstrated clearly the correctness of Dr. Swearingen's position, caused the rules adopted by the Louisiana Board, on the subject of quarantine, to be modified, we understand, so as to cover the period of incubation by detention, as insisted on by the Texas sanitary officer.

But the improved process of disinfection, and a visit of inspection to the quarantine station below New Orleans, by the New Orleans Board and the sanitary officers of adjoining States is the subject of this article. Drs. Swearingen, of Texas, Thornton, of Memphis, and Fite, of Nashville, and other gentlemen, by invitation of the Louisiana Board of Health, visited New Orleans lately, and made an excursion down the river, on a steam tug, to witness the practical working of the new "maritime sanitation." From the account given of the trip by the *Times Democrat*, it was a trip in which "business and pleasure" were largely combined, and the gentlemen, from all accounts, had a royal time. They had feasting on such things as tender-

loin trout and softshell crabs, champagne and real Havana cigars; and toasting, and a good time generally, barring the "horn-billed bird of the bush," as the facetious quilldriver of the T. D. calls the festive mosquito, which, from his account, made "midnight hideous" and caused even Dr. Swearingen to say "unkind words." At the dinner — dinners are indispensable to a satisfactory "inspection" of a quarantine — toasts were, as usual, the order. Of this the T. D. says.

* * * "closed amidst loud applause." [Stereotyped: newspaper men keep that expression standing.—ED.] "Dr. Swearingen, of Texas, was next called on. With reference to the new system, he said it was a practical application of all known and supposed agents for the destruction of yellow fever poison, and pointed to a higher order of things. If it failed, it would be the most splendid failure in the world's history, and would even command the admiration of all time."

"Dr. Swearingen referred to his strong belief in scientific methods, and, although guarded in his language, expressed such broad scientific views as most favorably impressed all present. His manner, his ease of diction, and his scope of intellect, produced a marked effect, as did also that of Dr. Thornton, of Tennessee."

Texas is proud of her Health Officer, and we appreciate the above handsome compliment to him.

Of the process of disinfection, the *Times Democrat* says:

"Under the old system of fumigation used here, the process was one almost primitive in its simplicity. It consisted merely of burning, in iron pots in the hold of the vessel and in the cabin, of a certain quantity of sulphur, the fumes of which were intended to do the work of destruction to the bacteria of disease. By way of disinfection, the decks, etc., were sprinkled with a solution of carbolic acid and the bilge washed out.

The new process, which is the result of long and severe study by Dr. Holt and his coadjutors of the board, has introduced entirely new features, doing away entirely with the objectionable carbolic acid, and employing instead of the untrustworthy iron sulphur pots, a more reliable mode of fumigation. As a part of the new process, the hot closet referred to was adopted.

When a vessel requiring the services of the quarantine officers arrives at the station, the first thing done is to have brought on deck every article of wearing apparel, bed clothes, table linen, and in fact every piece of textile fabric, rags and upholstery. These are exposed to the air and subjected to a thorough drenching by means of a sprinkling nozzle attached to the hose

of the quarantine boat Laurel. The liquid used is a solution of the bi-chloride of mercury, one part in a thousand, of pure water. This is recognized as a most potent germicide and disinfectant, no other solution possessing the same efficacy being known that would combine the same effectiveness, and at the same time be harmless upon all fabrics.

After all the wearing apparel, etc., has been drenched, as referred to, it is then taken ashore and placed in the hot closet. This box, for it looks like a huge box, has double sides, top and bottom, and between them are several thicknesses of the heaviest felt to prevent radiation of heat. A long steam worm, which can be connected with the tug, completely covers the floor. After all the articles treated to the bi-chloride solution have been inclosed in the hot closet, steam is turned on from the tug, and the temperature inside runs up to between 212 and 270 degrees fahrenheit. This dry heat is kept up for an hour, a heat which is too great for any animal organism to survive in. The articles are then taken out and aired, being now perfectly dry and thoroughly disinfected.

This accomplished, attention is then given to the vessel itself. And here comes in another of the improvements of the present Board of Health. The large steam tug Laurel has fitted up in her stern a large iron furnace, divided into twelve compartments, each nine by twelve inches, in which fit cast iron pans three feet long. In these pans sulphur is placed, and when everything is ready for operation it is fired by placing a red hot iron in the sulphur.

As the furnace is open in the rear, it admits of a free ingress of air over the burning sulphur. From the front of the furnace there extends a large pipe connected with a revolving fan, operated by an independent engine. When the fan is set in motion it draws in a great current over the burning sulphur, which gives off sulphurous acid fumes. These the fan delivers through a discharge pipe through the roof in a volume almost inconceivable in strength. On the roof of the tug, attached to the discharge pipe, are the connections used to conduct the powerful current into the hold of the vessel.

These connections consist of galvanized iron tubing twelve inches in diameter, and from these oiled canvas hose run down to the bottom of the ship. Each compartment of a steamer is charged with the sulphurous fumes which, flowing in, soon fills every interstice between timbers, boxes or bags in the cargo, obliterating all life in a few minutes. So great is the volume of gas introduced, it requires but a few moments to fill the largest compartment. The bilges having been washed by an inflow of clear water, there is then no space left untouched by the gas, and rats, roaches and insects are stifled before they can escape."

SOCIETY NOTES.

THE ELLIS COUNTY MEDICAL SOCIETY has a membership of thirty-five and "it is nothing uncommon to find them all present during the sessions of the society," says the accomplished and progressive Secretary Dr. R. B. White. They meet at Waxahachie monthly, and every physician in that city is a member. Here is an example worthy of imitation. It is one of the results of journalistic influence.

THE AUSTIN CLUB.—It is with much pride and gratification we are able to say the profession of Austin dwell together in brotherly love and friendship. We have a County Medical and Surgical Association, in a prosperous condition, meeting regularly and doing good work; and a Microscopic Association which numbers amongst its members, not only the bulk of the physicians of Austin, but several of the Professors of the University of Texas and a number of prominent laymen who take an interest in scientific matters, and in any kind of enterprise for the good of the city. These two societies have a club room which is now being fitted up for joint use, and which, when finished, will also be the editorial room of this Journal, where our exchanges will be accessible to the members of the club and to visiting brethren. They are designed to constitute the nucleus of a library. There will be a pathological collection also and a cabinet of minerals, and other articles of interest. It is proposed to receive contributions from the physicians of the State of specimens, wet or dry, such as may be in the possession of individual surgeons, and which, being isolated and unseen except by the owners, are valueless, whereas, if donated to the Medical Club at Austin, they would help to make up an attractive and valuable collection, and would be seen and appreciated. Each donor's name will be attached to his contribution, and the specimen will be duly acknowledged and recorded, with donor's name, in a book kept by the secretary. Moreover, valuable pathological and other specimens may be sent at the expense of the club.

What city the size of Austin can make such a showing of zeal and interest in the cause in which we are engaged?

TRANSACTIONS TEXAS STATE MEDICAL ASSOCIATION FOR 1885.—It is a matter of interest to the members of the Texas State Medical Association, as well as the profession at large, to know that the Publishing Committee have made arrangements for bringing out this volume in very superior style. It will be ready by August 10th. There will be seven hundred volumes, all handsomely bound in "cloth-boards", embossed and beveled, with gilt finish, and ornamented with a handsome Texas Star in gilt. The paper is cream tinted and extra heavy. There will be about three hundred pages, and it will contain about fifty papers on various subjects, besides the minutes of the proceedings, and a corrected list of the members, now about five hundred, giving date and place of graduation, a new feature which will make the book a valuable record. It will be as handsome a volume of Transactions as has ever been gotten out by any State Medical Society.

STILL ANOTHER.—The "Comanche County Medical Society" has been organized with Dr. G. W. Tucker President, and Dr. C. F. Paine Secretary.

MELANGE.

CHRISTENED.—Dr. F. E. Daniel, of Austin, Texas, sends us the prospectus of "DANIEL'S TEXAS MEDICAL JOURNAL." To those of our readers who were lovers of the editorial writings of the much lamented Gaillard, we commend Dr. Daniel, as the coming "Mephistopheles of Medical Journalism." At least we will venture to so christen the baby.—*Denver Medical Journal.*

PRECAUTIONS AGAINST CHOLERA.—At the request of the Secretary of Treasury, the Secretary of State has appointed inspectors to be attached to all the Cuban Consulates to inspect vessels arriving from infected parts and departing for America. The rapidity with which the disease is spreading in Spain leaves but little room to doubt that it will reach the United States this season, unless the sanitary officers of the Govern-

ment are unusually active and vigilant. Should America escape a visitation it will certainly be due to the putting in practice of the strictest and most rigid sanitary precautions and the watchfulness of those on the battlements; for the history of the disease (which has been repeated many times) is that when it prevails epidemically in Europe it is always sure to reach America in the course of a year or two. Our people should be on guard and check the first appearance of diarrhoea, and keep everything clean.

The Secretary of Treasury has also instituted a system of marine police to patrol the coast and overhaul all vessels, and ask them when they came and where they go, and all about the condition of the crew, passengers and cargo. If suspected and are inward bound, the boat is sent to quarantine and the Secretary of Treasury notified. This important service is rendered by the Revenue Cutters of the Marine Hospital Service; they are kept going in and out all the time.

Such vigilance, guided and backed by the intelligent officers of the Marine Hospital Service, surely will avail to keep out the dread enemy.

TODGERS REDIVIVUS. — An Austin boarding-house madam mulched us *two dollars* for damages, because one of our little "mitherless bairns" dampened the bed one night. Fact! Thus it seems *petit pois* are reckoned amongst the high priced 'extras' by the Austin Todgerses!

ADVERTISERS' NOTICES.

COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO.—The regular fall session of this, the leading college, not only of the northwest metropolis, but of the whole northwest, begins Sept. 23rd, and closes March 10th, 1886. The course of instruction is graded, and most excellent clinical facilities are offered. The Faculty embraces many of the ablest and most renowned surgeons and clinicians of America, men whose fame is already sounded beyond the bounds of the western world, and who have few equals beyond the waters. Texas furnishes many medi-

cal students. They all want to go where the facilities are best for acquiring a thorough knowledge of the healing art, and at the same time acquire a diploma that has value in the eyes of the medical world. To them we will say your hopes will be realized, and, in after life you will thank us for this advise, if you will matriculate with Prof. Steele, and take a course at the College of Physicians and Surgeons of Chicago. See the announcement in our advertising pages.

THE OLD RELIABLE.—Those who have had the good fortune to receive a copy of the new TEXAS MEDICAL JOURNAL, in its brilliant dress of scarlet, and blazing with that star of empire, which Daniel Webster said “takes its westward way”—(it got as far as Texas and stopped; was adopted, and is now the peculiar and exclusive property of this Journal)—cannot fail to see the advertisement of the Old Reliable House of SHARPE & DOHME, the foremost Pharmacists of Baltimore. It occupies the lower half of our front cover—the post of honor—a worthy companion to our star, which, while it overshadows it, does not eclipse it; and in the world of drugs and chemicals it is itself a star of the first magnitude, unclipped by any in existence. To do business with them is at once profitable and a pleasure, for they are all that one could ask in their business relations. Send your orders, and mention this Journal.

MEDICAL DEPARTMENT TULANE UNIVERSITY OF LOUISIANA.—Our readers are referred to the announcement of the 52nd annual course of instruction in this famous institution, the most famous in the South. A diploma from the old Louisiana University has always been highly prized and is a passport to highest medical circles everywhere. The illustrious names which have adorned the annual catalogues and the illustrious men who have lectured in its halls, have given this school a character second to none in the western world; and although many of those who gave to the school character and dignity have passed away, the school has lost none of its prestige; for their mantles have fallen upon worthy sons of noble sires and on *alumni* of the old school who feel inspired within its sacred walls, and honor bound to keep up its reputation. To this

they bend their energies and give their best time and thoughts. There is not on the western hemisphere a grander clinic than that afforded by the renowned Charity Hospital, with its seven hundred beds ; and nowhere on earth are better facilities afforded for the practical study of the ground work of medicine—*anatomy*—for the law gives the cadavers to the medical college, and there are no restrictions whatever put upon dissecting, and no limit to the material—advantages appreciated by a student who has ever attended lectures north or east where the body-snatcher is relied upon for material, and alcohol and other preservatives are brought into requisition to keep it in such a state as to be fit to use. It will be glad tidings to the profession of Texas, and especially to the students of Texas, who are now casting around to determine where they shall matriculate, to know that *our own* DR. J. F. Y. PAINE, of Galveston, has been elected to the important and difficult chair of *Materia Medica and Therapeutics*. Dr. P. is himself an *alumnus* of the college of the famous class of '60, when, with its Stone, Hunt and Jones, it was in the zenith of its glory, and palmiest days, and is a most accomplished gentleman, of fine address and most impressive manner. He will add lustre to the already brilliant history of this great school.

NEARLY HALF A CENTURY of successful medical teaching! The forty-ninth regular annual session of the Medical Department of the University of Louisville will begin October 12, 1885, and end March, 1886. Physicians having students who contemplate taking a course of instruction this winter are requested to read the announcement in our advertising pages, and to remember that *this is the old Kentucky school* made famous nearly half a century ago by some of the "old masters in medicine" whose prestige still clings to the classic walls. Many of the foremost physicians in America are *alumni* of this college and they are proud, and have a right to be proud of their grand old mother.

THE CORRECT METHOD of teaching medicine is the *union of clinical with didactic teaching*—one could as soon learn geography without maps, as medicine without clinics. The Medical

Department of the University of Nashville, that grand old University, adopt this plan. Moreover, the City Dispensary wherein are filled from 2,000 to 3,000 prescriptions monthly, is located in the building, and one of the professors is there daily to teach the students how to write and how to fill prescriptions. Many students graduate without ever having written a prescription, but not so here. The many alumni in Texas of this school are watching with satisfaction the continued upward and onward progress of this "school of the period." See the announcement of the eleventh session in our advertising pages. Each alumnus no doubt will see that his student friends read it by all means.

BATTLE & COMPANY.—The preparations advertised by this sterling and enterprising house are now as staple in medical practice as quinine, and the practitioner who has not *Bromidia* on his list, is deprived of one the grenadiers in the foremost phalanx in the battle against disease. Few combinations of drugs give so happy results; and the preparation useful in such a wide range of ailments has taken a prominent and permanent position amongst the remedies most relied upon. Indeed the medical profession owe Messrs. Battle & Co. a lasting debt of gratitude for bringing out this elegant pharmaceutical preparation, a debt acknowledged by many of the most illustrious men in American medicine. See the testimonials published under head of *Bromidia*—the hypnotic *par excellence*—which, unlike morphia, leaves no unpleasant sequellæ. Mention this Journal.

THE delay of the first number of this Journal is due to the non-arrival of new type and material from New York. We promised in our prospectus to give our readers fifty pages of reading matter. We have given them sixty-four in the first number, and have issued one thousand five hundred copies of this very handsome edition. Please observe the quality of paper, the type, the press-work and the unusual freedom of the entire book from typographical error or blemish of any kind. If this is not an attractive journal, one cannot be gotten up. Send along your subscriptions and begin with number one.

Von Boeckmann, the Austin printer, is entitled to the credit of the fine appearance of this issue.

MEDICAL & DENTAL DEPARTMENTS
 — OF THE —
 UNIVERSITY OF TENNESSEE.
 NASHVILLE MEDICAL COLLEGE.
 Broad St., between Vine and High.

FACULTY.

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WILLIAM P. JONES, M. D., President of the Faculty.

DEERING J. ROBERTS, M. D., Prof. of Theo. & Prac. of Med. & Clin.

WM. P. JONES, M. D., Prof. of Insanity & Pub. Hygiene. [Med.]

DUNCAN EVE, M. D., Prof. of Surgery and Clinical Surgery.

J. BUNYAN STEPHENS, M. D., Prof. of Obstetrics & Clin. Midwifery.

T. B. BUCHANAN, M. D., Prof. of Gen. Desc. & Surg. Anat. (Emeritus)

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OSCAR COPELAND, M. D., Assistant Demonstrator of Anatomy.

JAMES M. GLENN, D. D. S.; ROBERT BURNS, D. D. S.; SOUTHALL DICKSON, D. D. S., Demonstrators of Operative and Mechanical Dentistry.

The 11th (session) Course of Instruction will begin on Monday, the 5th day of October, 1885, and will continue until the last Tuesday in February, 1886, which is commencement day.

The Preliminary Course will begin on Monday, Sept. 7th, 1885, and will continue four weeks, free to all medical students.

CLINICAL ADVANTAGES.

The union of clinical with didactic teaching is carried out to the fullest possible extent in the curriculum of the Nashville Medical College, now the Medical Department of the University of Tennessee. For this purpose, the City Dispensary, under the charge of the Faculty, has been located in one of the rooms on the ground floor of the College building, by order of the municipal authorities of Nashville. An average of between 2,000 to 3,000 prescriptions have been filed monthly for the indigent poor of this city, since this important change has been made.

During the session, members of the Faculty will be in attendance daily, in order to prescribe for all who may apply, in the presence of the class; thus affording one of the most efficient and instructive out-door clinics in America.

Students desiring further information should address the Dean, and give in their communications their name, town, county and State.

For information, address,

DUNCAN EVE, M. D., Dean of the Faculty.

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Nashville, Tenn.

DANIEL'S
Medical  Journal,

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Vol. I.]

AUGUST, 1885.

[No. 2.

“*Scribimus indocti, doctique!*”

ORIGINAL ARTICLES.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

ELECTRICITY IN UTERINE DISEASES.

By S. F. Starley, M. D., Tyler, Texas.

For Daniel's Medical Journal.

OF all the morbid conditions to which this most valuable therapeutical agent has been applied, there are none, perhaps, in which its beneficial effects are more strikingly displayed than in the class of cases properly included under the general term “uterine disease.” The writer has, for a number of years, given special attention to the use of electricity in the treatment of this, and of other forms of disease, and can testify from actual experience that he has found nothing more helpful in the successful treatment of uterine troubles generally, than the judicious employment of electricity.

In a large proportion of the cases we are called upon to treat, we find, not only that the patient is suffering from some inflam-

matory engorgement of the uterus, but frequently also from hyperplasia and sub-involution of the organ as well. Now, in this state of things, I know of no equally effective means of getting a start towards breaking up the morbid condition, to that of the mild employment of the electrolytic action of the galvanic current, applied once every second or third day for from 10 to 15 minutes. When we remember that this effect of the constant current is to produce a chemical disturbance of the animal tissues through which it passes, the oxygen and acids going towards the positive, and the hydrogen and alkaline constituents toward the negative pole, we see at once that we have thus produced the most favorable condition for the absorption of the hyperplastic material, not only by the breaking up of its elemental combinations, but by the stimulating effect of electricity over the absorbent vessels.

In most cases of uterine diseases, we find the patient suffering from painful neuralgia, and other disturbances of the nervous system; and here we have in electricity, perhaps, the most potent and durable remedy that we can possibly bring to the relief of our patients. Then there is the well known *nerve tire* and physical, as well as mental, exhaustion, that so constantly attends womb troubles of almost every kind. Such cases require tonics, and while our *Materia Medica* supplies us with so great a number of valuable remedies of this class, there are none, perhaps, so prompt in their effects, so general in their applicability, and so encouragingly satisfying to our patients, as Faradization properly and perseveringly applied. It at once imparts to the patient a sense of renewed strength of both body and mind. It restores contractive energy to relaxed muscles and ligaments, and aids no little in the restoration of misplaced organs to their normal position; it stimulates and hastens the circulation, and tends powerfully to promote the normal distribution of blood to the different organs of the body, and especially so of the viscera. Its power to promote healthy nutrition is shown by its well known tendency to increase the growth and strength of muscles and of the general increase of body weight, which takes place in persons who are treated by the method of general Faradization for any considerable length of time.

These well known effects of electricity compel us to place it

in the very front rank of our resources in the treatment of the class of cases we are considering, and whatever other measures of treatment we may find it necessary to employ, be they medicinal or surgical, we must look to electricity for one of our greatest and most reliable aids in the accomplishment of our main object, i. e., the cure of patients who apply to us for treatment in the multifarious forms of uterine disease.

We will not now encroach upon the valuable space given us by enlarging upon our special methods of employing electricity in certain cases, but will merely state that some of our best results have been obtained by methods of application somewhat different from those laid down in standard works on medical and surgical electricity, though, of course, embracing the same principles of action.

Such of these details as seem to us of practical importance, we hope to communicate, at an early day, through the pages of this Journal.

PERSISTENT AND ALARMING HÆMORRHAGE FROM THE BLADDER.

By H. C. Ghent, M. D., Ex-Pres't Tex. Med. Ass'n, Belton Tex.

For Daniel's Texas Medical Journal.

A GRAPHIC report of the following case may not be without some interest to the average medical reader and practitioner :

On the 23rd of May last, assisted by Drs. Frank Allen, W. N. Rogers and Taylor Hudson, I operated for vesico—vaginal fistula. The patient, Miss D. P., age 17 years, was brought to me from an adjoining county, during the spring of 1884, for examination and, perhaps, for treatment. I learned from the mother and the family physician the following brief history : During the summer of 1883 she had an attack of something similar to purpura hæmorrhagica, accompanied, or rather followed, by a protracted fever of supposed malarial origin. During the time there was extensive sloughing of the vagina walls, and some weeks after recovery, it was discovered that there was complete occlusion of a portion of the vaginal tract. In at-

tempting to relieve this condition, by a surgical operation, in order that the pent up menstrual blood might escape, the consulting surgeon, accidentally opened the bladder to a considerable extent, but succeeded in removing the depot of blood and relieving the agonizing pain. Upon examination, I found the vagina almost completely occluded, by a dense, cartilaginous, broad ring or band, situated about equal distance from the os uteri to the ostium vaginae, being able to introduce only a number eight bougie. The fistula was situated just in front of the dense part of the stricture and a little to the right of the median line. I must confess that, considering my inexperience in this special field of practice, coupled with the extensive fibrinous bands almost entirely closing the vagina, and the extensive solution of continuity found in the vesico—vaginal septum—I was reluctant to give much encouragement from the source relief had been asked. I advised the parents of this angelic creature to carry her to Emmet, or Bozeman, or Thomas, or Marcy, or Battery, or Campbell or some other distinguished gynecologist; but the reply was, "Doctor, we are not able financially, and we are willing to risk you in the case." I replied, "I will do, then, the best I can."

I adopted Bozeman's plan for dividing the adventitious tissues, using his knife and his sponge dilators. At three different times, three preliminary operations for dividing the bands were performed, before undertaking to close the fistula. In the second preliminary operation, there occurred an alarming hemorrhage, some eight or ten hours after dividing a portion of the stricture, *there being no hemorrhage at the time.*

The operation for closing the fistula was unattended by hemorrhage or any unusual occurrence or trouble; but it was seemingly impossible to bring the patient under the *surgical* influence of ether, as two hours were consumed in the inhalation of Squibb's solution of ether, through Allis' inhaler, and only a semi-conscious state induced. I may state that the same signal failure attended our efforts on two former occasions in the same subject. But at each time a few inhalations of chloroform soon induced complete anæsthesia.

For the first forty-eight hours after the operation, there was slight hemorrhage from the bladder, but none from the vaginal

surface of wound. Nothing remarkable occurred from the hour of the operation, 2 o'clock p. m., the 23rd, until 10.30 p. m., the 27th. No constitutional disturbance, except a slight elevation of temperature about noon of the day last mentioned. In my absence to the country, Dr. Allen was called at the hour indicated, in consequence of a frightful hemorrhage from the bladder, attended by severe vesical tenesmus. I arrived a few minutes after, and found our patient very much excited and suffering excruciating paroxysmal pain, as clots of blood were forced from the bladder by muscular contraction. To relieve the agony, we at once injected into the cellular tissue of the arm Sul. Morph. gr. $\frac{1}{4}$ and Sul. Atropia gr. 1-96. Also gave quinine grs. 5, by mouth. Washed out bladder with warm water, and left Dr. Allen, about midnight, with patient for balance of the night. At five o'clock a. m., 28th, was summoned, in great haste, in consequence of increased vesical hemorrhage. Found her suffering great pain from vesical tenesmus. Gave sul. Morph. gr. and Sul. Atropia gr. 1-96, by hypodermic needle, and immediately, by same process, Squibb's Fl. Ex. Ergot, M. x l. In thirty minutes, administered, per orem, Fl. Ex. Ergot ζ i. We now attempted to wash out bladder with warm water, (just as warm as the patient would tolerate) but found much difficulty in doing so, for the reason of the rapid formation and expulsion of blood coagula. From 6 p. m., to 11 p. m., used frequent intra-vaginal injections and frequently introduced catheter for the purpose of relieving distended bladder. At 9 a. m., was forced to repeat morphine and atropia by hypodermic syringe.

At 3.30 p. m., fearful increase of hemorrhage, large coagula being frequently passed, but, at this time, without the previous degree of pain. At 3.45 p. m., the hemorrhage continuing with but slight, if any, remissions, washed out bladder with strong solution of tannic acid. At 4 p. m., gave, by the mouth, Gallic acid gr. 5.

At 4.30 p. m., used tannic acid dissolved in ice water. At 5.30 p. m., turned patient in Sims' left lateral position and examined, by means of his speculum, the vaginal aspect of the wound. Found all the stitches in place, the lips in perfect apposition and the wound presenting every appearance of healing

by the first intention. No leakage, and I may remark, en passant, there never was a drop of urine, or blood, that could be *demonstrated*, escaped from the bladder into the vagina, through the closed fistula, from the time the silver wires were twisted till the termination of the case.

At 6.30 p. m., passed small coagula and about one ounce of urine, considerably tinged with blood. No pain and much less hemorrhage since the last injection of tannin.

At 7 p. m., gave grs. 2 crude opium. Pulse 108, temperature about normal; the former much smaller in volume and greatly reduced in force as might be supposed. At 8 p. m., gave gallic acid gr. 5. Large clots now passing at intervals of from ten to thirty minutes. The suffering was so intense, at times, we were compelled to increase the amount of opium. The strong solutions of tannin in ice water doing no good, we concluded to try alum water, but this, too, proved a complete failure. Our patient becoming so much exsanguined and exhausted, we were forced to give brandy, and brandy and sweet milk frequently. We had now tried hot and cold water injections, simple and medicated, in the bladder; cold and hot water in the vagina; ice over the hypogastric, perineal and sacral regions; gallic acid and ergot by the stomach; ergot by hypodermic needle, but all to no purpose. We had a solution of Per. Sul. Ferri, in readiness, but hesitated, for reasons well known to the reader. Up to this time, no injection had given pain.

I had no idea that even a female urethra, of any age, was susceptible of sufficient dilatation as to allow such *enormous* masses of firmly clotted blood to pass unbroken. In order that a catheter might be introduced at all, without using violence, it had to be done *immediately* after the passage of a coagulum, as a delay of a *few moments* rendered its introduction seemingly impracticable, if not impossible.

It was now reaching 2 o'clock a. m., the 20th. My friend, Dr. Allen, had fallen into the arms of "tired nature's sweet restorer, balmy sleep," having been up with the patient all the previous night. No sound disturbed the awful stillness and solemnity of the hour, save an occasional deep, though suppressed sigh, from the grief-stricken mother, or a death-like

moan from the expiring maiden: What an hour! What a responsibility! A precious life suspended upon a few frail threads and these being rapidly broken, one after another! What more shall be done? What more can be done to arrest the further escape of the vital fluid and thereby avert impending death? Thoughts were not *just now* crowding the mind, for this process had been going on for hours. I thought of removing the stitches, and, according to the suggestion of Dr. Emmet, "pushing a portion of a thin handkerchief through the fistula, then, as the ends are held," packing "a sufficient quantity of cotton into the bag thus formed," to make "a mass in shape like a door-knob, which presses against the bleeding surface when traction is made on the portion of the handkerchief outside of the fistula." I thought of attempting to pass, according to the suggestion of the same distinguished author, a suture "from the vagina, through the septum into the bladder, on the finger as a guide, then across to same distance on the other side, and out into the vagina again. In this way, the bleeding vessel, which comes from the neck of the urethra, or from the neck of the bladder, is ligated, as it were, in the fold of tissue, and the bleeding is arrested.

But, if either procedure had been practicable at that hour of the night, I do not believe there was sufficient physical strength remaining to have kept soul and body together during the operation.

I thought of Prof. R. A. F. Penrose's article on post partum hemorrhage and its treatment, published in *Gaillard's Medical Journal* in 1878 or '79, in which he strongly recommended apple vinegar in such cases, and, "thinks I to myself," if acetic acid or vinegar will exercise a controlling influence over that frightful accident or complication in the lying-in chamber, why not over vesical hemorrhage? I knew that vinegar had been used as a styptic or hemostatic locally applied, for a time, on the other side of which the memory of the oldest doctor fails to reach, but I had no knowledge of it ever having been used for the arrest of hemorrhage from this organ. In arresting post partum hemorrhage it does *more* than causing the muscular tissue of the uterus to contract; it causes, by its presence, blood to clot over the mouths of the bleeding orifices, and also

excites to contraction, the muscular walls of the bleeding vessels. Before risking the injection of the iron solution as a dernier resort, I concluded to try what virtue there might be in vinegar. Accordingly, I mixed with Oss of apple vinegar an equal quantity of ice water and had all things in readiness for passing the mixture through the bladder, *just after* the expulsion of a huge coagula.

This took place about 2 a. m., 29th. I at once introduced a soft, double-barreled catheter, (Tiemann's patent) and began the process of running the mixture slowly through the bladder. The contact of the vinegar with the interior of the bladder gave *very great pain*, my patient exclaiming in a faint tone, "Doctor, you are killing me." I persisted, and when I had irrigated the bladder with about twelve ounces of the mixture, the hemorrhage ceased never more to return from that minute until the present time. The young lady is now at home perfectly sound, so far as the bladder or the fistula in the vesico vaginal septum is concerned. Nothing, in a practice of thirty years, ever acted more *magically*.

Being anxious to know whether vinegar had ever been used in the treatment of this accident, I addressed a note to a number of distinguished gynecologists in this country, asking *that* as well as one or two other questions, and among the answers received up to this time, is the following from Dr. T. A. Emmet:

89 MADISON AVENUE, N. Y., June 23, 1885.

DR. H. C. GHENT:

BELTON, TEXAS.

Dear Doctor:—"In all the cases I have known of with hemorrhage, after closing a vesico vaginal fistula, the bleeding has been on the bladder side, and the blood has been passed with the urine. I do not know exactly what injections Dr. Peaslea used, but believe they were with the Per Sul. Iron largely diluted in water. I have never heard of vinegar being used for the purpose of arresting the loss of blood in the bladder."

Dr. Henry F. Campbell, of Georgia, writes me: "I am glad you did not inject Per Sul. Iron, as it would have made a clot as hard as a *brick bat*, which would have become a nucleus of a stone in the bladder and have given you a world of trouble."

I may state, in closing this hastily written report, that at some future time a complete history of this case will be given to the profession.

PERSISTENT SYMPATHETIC VOMITING OF PREGNANCY.

TWO CASES.

One reported by W. T. Baird, M. D., Albany, Texas; and one by R. G. Williams, M. D., Whitney, Texas.

For Daniel's Medical Journal.

CASE NO. 1.

DR. BAIRD, says :

I recently treated a young married lady for obstinate vomiting due to pregnancy; and as the result was so satisfactory,—whereas the usual treatment of these cases is generally so unavailing, and so trying both to patient and physician,—I am induced to give history and treatment of the case.

Mrs. A. R., aged 19, married in September last, and pregnant now three months. She had always been healthy, though of a rather delicate constitution. She commenced vomiting two months ago, (present date, July 5), and continued till she became quite emaciated; then restlessness set in, and day nor night she could not sleep, only for a few minutes at a time. On swallowing anything whatever, either food or drink, vomiting was provoked, and she suffered constantly with a distressing nausea, even while the stomach was empty, accompanied by a most terrible heart-burn constantly; great jactitation and rolling about on the bed and wildly tossing her arms. (These were not symptoms of hysteria—there was no such complication.) Her temperature was normal, and her pulse ranging from 160 to 180 per minute, weak and easily compressed. A large herpetic ulcer occupied each angle of her mouth. The walls of the stomach were so greatly thickened by congestion of its vascular tissue that it presented the appearance of a large pulsating tumor which could be plainly seen beating, as she lay on her back. The abdominal walls were tense and rigid; bladder containing nearly a pint of light colored urine, although she said

she had voided her urine a few minutes previous to my arrival. Uterine hemorrhage had set in the night before, and she was now threatened with abortion. The tongue was coated with a thick yellowish fur, tips and edges intensely red and presented the appearance of a piece of raw beef; surface dry and harsh. The only pain complained of was that in her stomach, which was constant and excessive.

She had been under the treatment of my esteemed colleague Dr. Powell, who had been called away a long distance, hence my services were required. The Doctor had given her carbolic acid, and a cathartic, also some other remedies, and had brought over his electrical apparatus, but I believe did not use it.

Having, from experience in these cases, little faith in medication, by the mouth especially, seeing the stomach is in such condition that all absorption must be arrested, I at once resorted to the use of the electric current. At first I employed a current from the primary, with 1st and 2nd induction coils,—positive in the vagina, electrode insulated to near its tip, which point was brought in contact with the os uteri; then, using my hand for the negative, I passed it gently over the abdominal region and over the spine, for about 20 minutes, with the current as strong as she could bear with comfort. Then, using the same current, I applied the positive with a sponge electrode over the region of the stomach, and the negative on the spine, opposite, also over the right hypochondriac region, for about 10 or 15 minutes. The position of the poles were varied,—at times a current was sent down the spine, negative to os coxycygis and positive to cervical region, for a few minutes.

This treatment, with the omission of application to the os, was instituted twice a day for four days. The first application arrested the uterine hemorrhage while the current was being applied, and it only recurred once, and then only for a few minutes. The jactitation subsided at once and did not recur. The first night, she slept better; second day, her pulse was 140 to 160, other symptoms unchanged. The third day, pulse had fallen to 120 to 140, while the pain in the stomach had become less intense; tongue cleaning off and losing the fiery redness; bowels softer, stomach diminishing in size, urine high colored (but containing no bile) and voided without difficulty. The

fourth day, all symptoms improving; pulse 120. Ate occasionally on the fourth day without experiencing either nausea, retching or vomiting, and although relieved of the distressing symptoms, she was too feeble and too much prostrated from the exhausting effects of emesis, and the privation of food and drink, to sit up in bed, and when raised, experienced vertigo. On the fifth day,—by which time the seances or applications of the electric current had been reduced to one only,—her pulse was fuller and stronger, and she ate well her accustomed food without a return of the nausea and vomiting, and was dismissed feeling, as she said, 'perfectly well,' and being able to sleep as in health. She sat up a few moments on the fifth day. When I called again, on the sixth day from my first visit, I found there had been slight return of the nausea before breakfast, but not afterwards, and at this visit I found her perfectly comfortable and able to eat her three meals a day without discomfort or without a return of the vomiting; meantime the abdomen had softened and the bowels had acted spontaneously, whereas enemas had been used previously; tongue cleaned off and presenting almost a normal healthy appearance. I had no fears for her safety now, and dismissed the case.

CASE NO. 2.

DR. R. G. WILLIAMS, reports :

Mrs. K. M., Colorado, Texas, aged 23, married May 1st, 1884; general health good, usual weight 130 pounds. Early in October of same year, she aborted at sixth week. By the following December, her general health was fully restored, and continued excellent until April 1st, 1885, when she again conceived. Nausea was one of the earliest and most persistent symptom; for the first two weeks in April, vomiting came on only in the afternoons, but by the 15th inst, it was as troublesome in the mornings. About this time, Dr. C. was called in. By May 1st, this vomiting was more or less constant through the night, as well as the day. Dr. T. was now called in some time later, but failing to give the desired relief, her husband desired my services. I reached her bedside on the morning of June 11th.

At this date, she was greatly emaciated, restless, and unable

to sleep more than two out of every twenty-four hours. Bowels costive, moving only by daily enemas; mentally depressed, extremely nervous, complete loss of appetite, and vomiting almost constantly.

Believing the former attendant physicians had about exhausted all medical treatment, I determined to withhold all medicines and treat my case wholly with electricity. For this purpose, I used the Faradic battery, primary, with 1st and 2nd induction coils, positive electrode to cervical vertebra, negative to epigastrium, length of application 20 minutes; then with stronger current passed the current down the spine, labial application, time 5 minutes; then placed positive electrode over coccyx, using negative over lower extremities, 3 minutes. In this way, electricity was used, twice on the 11th, three times each on the 12th and 13th, when my battery failed to perform. No benefit whatever was perceptible until after the 5th application, when my case slept well all night, awakening on the morning of the 14th, calling for food. Food and fluids were now given liberally, and retained.

On this day she determined to return with me to my home for further electrical treatment, and though the distance was 250 miles, the journey was made in twenty-four hours, and without once vomiting.

On the 15th, electrical treatment was again instituted, and continued morning and night with steady improvement, until the 20th, when mastitis supervened.

This was at first treated by the application of the P. A. Harris bandage, but from faulty arrangement, it failed to give the relief expected, and on the morning of the 21st, both glands being greatly enlarged and extremely painful, preventing sleep the previous night, I began the electrical treatment directed especially to the breasts, applying the positive electrode to gland with the negative to upper dorsal vertebra, then passed the current directly through the mamma from side to side.

After the fourth application I heard no further complaint, and ceased all treatment, except general tonic electrical treatment once per day, until the 6th of July, when she returned home.

On the day of her departure from home she weighed 110

pounds; on the day of her return she weighed 123 pounds. All of the other symptoms had proportionately improved. The bowels were moving normally; the appetite was splendid. She rested well each night, and slept an hour or two each day. She was now cheerful and buoyant, and began to show roses on each cheek.

JULY 24.—Have just received a letter from my case, stating that she is doing finely.

HOW TO CURE SOME CASES OF ACUTE ECZEMA.

By Q. C. Smith, M. D., Austin, Texas.

For Daniel's Medical Journal.

BATHE the affected parts for half an hour in Packer's Tar soap suds, *hot* as can be borne, reapplying the soap gently, but thoroughly, with a soft brush or mop, several times during the bathing process; then rinse off the soap with clean water, *hot* as can be borne, dry the parts very gently, then apply to the parts, with a soft mop, the following embrocation:

R	Oleate Copper,	3i,
	Oleate Bismuth,	
	Oil Camphor,	
	Oil Sassafras <i>a a</i> ,	3ii,
	Carbolic Acid, (pure)	3ss,
	Balsam Peru,	3ss,
	Castor Oil qs. ft.,	3iv.

Mix well. S. Apply once or twice a day, as directed.

Should the foregoing embrocation cause severe, continued smarting, it should be further diluted with good, fresh castor oil. For small children it should always be diluted to such a degree as that no smarting will result from its application. In case of severe persistent pruritus the embrocation should be applied, as before directed, twice a day, but usually once a day—at bedtime—is sufficient, provided the parts be well protected from the air and from chapping.

Thorough constitutional treatment should be promptly insti-

tuted and presistently carried out, in every case. As a constitutional remedy, the following formula is a favorite with us :

R	Fl. Ex. Burdock Seed,	ʒii,
	Fowler's Solution,	ʒii,
	Syr. Ipecac,	
	Tinct. Aloes <i>a a</i> ,	ʒss,
	Comp. Syr. Stillingia qs, ft.,	ʒiv.

M. ft. Sol. S. Teaspoonful three times a day, just after meals, to be continued until the patient is cured and one or two weeks longer.

AN EXTRAORDINARY CASE IN PRACTICE.

By R. T. Knox, M. D., Gonzales, Texas.

For Daniel's Medical Journal.

I WAS called to see Mrs. D., some mile or more from Gonzales, on the evening of May 10th, 1885. Found her in labor,—claimed to be within a few days of full time. She was aged about 22 years,—this being her second confinement. She informed me she had worked in her garden in the morning, after which she visited her father's home, some nine miles, where I found her. Had no notion of sickness until after her arrival there some hours. General health said to be good.

On examination, I found the first stage of labor well established, and a substance of indefinite character presenting itself, composed of bones and muscular substance, all flattened or cup shaped; the pains being regular, very soon expelled a dead fœtus, having the appearance of being some 4½ or 5 months formation, and having a dried or emaciated look, with right side of head cupped as though some round substance had long rested upon it. Further search revealed the fact of another child presenting, head first, which was born within the next half hour, fully matured, but vitality very weak, feeble cry, and which, after being placed to the breast, nursed but poorly, and did not improve in any particular, but died on the fourth day after birth. The mother did well in every way; no fever, septic, or

otherwise ; only slight trouble with her breasts. She was up and at her usual duties in due time.

I preserved the dead fœtus, and showed it to several physicians and others. There was one placenta, small, and not of a healthy cast ; the one cord of living child full large, the other the reverse.

I report this case, as it was one new to me in my practice of many years, and at first hard to define what I had found.

The inquiry often occurs to me, why so little or no disturbance in the healthy economy of the mother in such a peculiar condition.

CASE OF ECTROGENESIS.

By W. J. Burt, M. D., Sec. Tex. Med. Ass'n, Austin, Texas.

For Daniel's Texas Medical Journal.

ON the 8th of March, 1885, Mrs. M. was delivered of a male child, weighing about 8½ pounds. Three years previously her first child was born—a healthy well-formed girl. She was a well-developed woman, 21 years of age, with a good family history, so far as I could learn. In this child there was a peculiar want of development, in several particulars, that makes it one of some interest. The child had no ears, and only small fleshy projections, about the size of a grain of corn, on the sides of the head, about the places the ears should have developed. There were no openings in the soft parts—no meatus—and no depressions in the temporal bone corresponding to the bony canal.

The inferior maxillary bone was developed from its articulations to the angles, of proper bony material, but the chin, or that portion, between the angles, was simply a small cartilaginous band, running directly from one side to the opposite, making the chin flat and broad. Underneath the tongue, and attached to it, was a second tongue, shorter and thicker than the first, and partly cleft on its inferior surface. This growth pushed the tongue proper up in the roof of the mouth. The hard palate was cleft, and there was neither uvula nor post-septum nares.

The phalanges and meta-carpus forming each thumb, were small cartilaginous projections growing from the meta-carpocarpal articulations. There were also five fingers to each hand, the fifth ones, quite small, without nails, fleshy and growing at right angles from the metacarpo-phalangeal articulations of the little or fourth fingers.

The child could not nurse, and swallowed with great difficulty, but received enough nourishment to keep it alive to the present date, though now extremely emaciated.

There is no history of anything, *felt, seen or dreamed* about, in any way to account for this curious freak of nature.

CULLINGS FROM CONTEMPORARIES.

INDUCED ABORTION TO RELIEVE VOMITING OF PREGNANCY.

IN view of the fact that a large part of our department of original communications is made up of reports on the use of electricity in vomiting of pregnancy, the following, from the *St. Louis Courier of Medicine*, is extracted as *apropos*, and to give emphasis to the subject. It seems, in the discussion which followed Dr. Scott's report of the case, before the St. Louis Medico-Chirurgical Society, a discussion participated in by Dr. G. A. Moses, Dr. Geo. J. Engelman, Dr. Love, Dr. Scott and Dr. Todd, that the subject of electricity was not mentioned, except incidentally by Dr. Engelman, who, in reporting a case of induced abortion to relieve vomiting—the labor being artificial in all its stages—had used the galvanic current to produce uterine contraction after the *entire contents had been removed*. The articles of Drs. Baird, Williams and Starley are commended to the gentlemen of the St. Louis Medico-Chirurgical Society as well worthy of consideration.

VOMITING OF PREGNANCY—INDUCED ABORTION.

Dr. Scott:—On the first of January last a gentleman came to my office and requested me to prescribe for his wife, stating that

she was suffering from a severe cold. He thought she was bilious, and that she was a little sick at the stomach. I knew her very well and prescribed for her. The next day he asked me to visit his wife as she was no better. She was still suffering with great nausea, and had some fever. Still thinking that she had taken cold, and was bilious, I visited the lady, and after talking with her about her case, I told her she was pregnant. She had been married on the 14th day of November, and this was the 2nd of January. After examining her very carefully and getting the history of her condition I had no hesitancy in pronouncing her pregnant, and the nausea the result of pregnancy. She was a young woman, and was at first disposed to pass this as a joke, not thinking that she was pregnant.

I then began the treatment of her case of nausea resulting from pregnancy. I gave her everything that the art of medicine could suggest, and everything I gave her was rejected without [the least of any of it being retained upon the stomach. Whatever there was in medicine that has been used in such cases or recommended I gave her. Everything that I had read of, or that I had found from my own experience to be beneficial was tried, but I found nothing to be of any service whatever. I used hypodermic injections of morphine, used morphine in the rectum, used it internally, used it in small doses and in large doses; used ipecac in small doses and in large doses, and so I ran through the whole materia medica without producing the least beneficial result upon my patient. I must confess here, that I was beginning to get very much discouraged with the case myself; and upon one occasion her father met me in the parlor and said, "Doctor what is the matter here, and what is going to be the outcome?" I said to him very candidly, "Sir, your daughter is pregnant." "Well, Sir," says he, "What is going to be the outcome?" I said, "I have tried everything I can suggest, and there is but one thing to be done, and that is to produce a miscarriage. That is the only thing that will give her any relief whatever." I might say I had dilated the os, I had touched it with iodine, I had touched it with nitrate of silver, and nothing produced the least beneficial results. I told him that it was the last resort, and that I had been trying everything for her within the last two weeks, hoping that with the

growth of the fetus this nausea would cease. This was one of the most distressing cases I ever saw. I sat at her bedside for twelve and twenty-four hours; and I don't believe that there was an interval of fifteen minutes that there was not vomiting. She vomited whatever I gave her, as a matter of course. The father felt a little hesitancy in submitting to such a proposition, but I told him it was the only resort; but, said I, "If you want a consultation, if you want any one else in this matter, have any one you please to see her. Accordingly Dr. Moses and I saw the case together. At first he didn't agree with me as regards her pregnancy. On making a vaginal examination he said that there was parametritis and some inflammation, and that this was probably the cause of the nausea. But at his next examination he was satisfied that she was certainly pregnant. There was some parametritis, which was evidenced by the fixedness of the uterus. She was just married and had taken a long bridal trip, and submitting for the first time to the approaches of her husband, there necessarily resulted some slight parametritis.

I had known the patient from childhood, and she had perfect health; she was married November 14th; coming back from a long bridal trip with nausea, with constant sick stomach, it was quite natural to suppose her pregnant. Her head was clear; there was no trouble with the lungs; the kidneys were in perfect condition, I examined her urine; her bowels moved regularly. Now the question was, "What could cause this nausea except pregnancy?" And this was precisely my ground for my arriving at the conclusion which I did, and this reasoning convinced Dr. Moses, on our second meeting, of the correctness of my conclusion.

I told Dr. Moses in detail what I had been doing, and then we treated her together for a week or ten days; and we could produce no good result. I told Dr. Moses, when he first came to see her, that an abortion must be produced, that it was the only way in which we could produce any good result. The family were exceedingly uneasy about the lady, and Dr. Boisliniere was also called in consultation. He, however, would not consent to an abortion. He proposed to me to try something else and keep trying. He said he had a good many of these cases when almost on the verge of the grave recover, and suggested some of

the very same things I had used, and many others I had not used. The use of belladonna plaster over her uterus, and belladonna suppositories—the belladonna suppositories I had been using. Nothing at all had any favorable effect, so that Dr. Boisliniere finally reluctantly gave his consent to the abortion. Dr. Moses introduced the sound into the uterus and thought he broke up the membranes, but we waited all that day and all that night, and no results whatever followed even the introduction of the sound. I still adhered to my view of the case that she was pregnant and insisted on it, and insisted that we must do this thing over again, in which Dr. Moses agreed with me. The second day after the first trial, Dr. Moses again introduced the sound, using Sims' speculum. This was done about ten or eleven o'clock. Again there was no sufficient indication of labor, nausea continuing all the time; and about two o'clock in the morning I had the napkins removed, and I found a little stain of blood upon them. I told her mother that she might lie down and rest easily, that it would soon be over. At seven o'clock, on removing the napkins we found the fetus. I don't think she vomited twice afterwards. I afterwards removed the secundines and the patient made a good recovery.

It was on the 26th of January that the abortion was produced. From the very time that the fetus came away her nausea left her. I was satisfied that this was the only thing which would be of any good. This was the third case I have had within eighteen months in which a similar condition of affairs existed, and when I produced an abortion the patients were saved. I felt that I was treading ground that I had gone over before.

DR. FERRAN'S EXPERIMENTS IN COLERA INOCULATION.

DR. BENJAMIN EDSON, in the *New York Record* says: "It is but natural that the public should take a deep interest in the result of the experiments of Dr. Ferran in vaccinating with attenuated cholera virus. Any prophylactic against a disease so dreaded and feared as cholera, will be hailed as a boon to mankind.

"The progress of Dr. F's experiments is noted most flatteringly by the public press, even Medical Journals echo favorable reports in a half hopeful manner. I fear, however, that those longing expectations are only born of hope. It is true that we vaccinate as a preventive in variola, but we have this fundamental principle to start with, that one attack of variola gives, as a rule, exemption against any subsequent attack. If one attack of cholera conferred exemption against a subsequent attack, we could look to protective vaccination with much more confidence. From what I have seen of the disease, and from those who have observed all the epidemics of the disease that have occurred in this country, I find no warrant for belief that one attack of cholera may not be followed by another in the same person. Most authors make no reference to this point. Good-eve, in "Reynolds' System of Medicine," vol. 1, p. 392, states that there are numerous cases on record, of persons who have had cholera more than once.

"Roberts, (part 1, p. 219) says: "One attack does not afford protection against another." So far as I am aware, this is the uniform testimony of all who have expressed their views on this feature of cholera.

"Now, if an unmitigated attack of Asiatic cholera in its worst form confers no exemption from a subsequent attack, I see no reason to hope that vaccination with attenuated virus will confer any possible degree of exemption or protection."

In Alcira, out of a population of 20,000, Dr. Ferran inoculated 9,100, and reinoculated 7,500. There was no distinction as to classes, rich and poor submitting alike to the operation. Out of 320 cases of cholera reported, up to the date this was telegraphed to the *Herald*, 130 died, and 138 recovered, and 52 were under treatment. One hundred and twenty, out of the 130 deaths occurred amongst those who had not been inoculated. Seven deaths occurred in those who had been inoculated, and three deaths occurred in the reinoculated class. That certainly looks like a very large measure of "protection." At any rate, under similar circumstances, we would "inoculate." The *New York Medical Record* says on this point, "Assuming these figures to be correct, approximately, we may take the smaller percentage of cases and deaths among the inoculated to represent the prophyl-

lactic effects of a feeling of security caused by the operation. In other words, inoculation may be interpreted as a kind of *faith preventive*. A factor of importance, also, is probably the inoculation of the more intelligent and careful. Altogether, we can see, as yet, nothing in the least demonstrative of the results of Ferran's inoculation."

SIC TRANSIT—ANOTHER BUBBLE-BURST.

SO it appears that Ferran's boasted cholera prevention is a Shumbug! A writer in the *Chicago Tribune* says that he called on Mr. Ferran, and introduced himself as a pupil of Dr. Koch, but the Spaniard being suspicious, treated him with great discourtesy, snubbed him, insulted him even, by saying "you would steal my secret;" and the usher even opened the door, "intimating," the correspondent says, "that the interview was ended." Not to be baffled in any such way, the pseudo (or real, we don't know which) student got an apron and some other dress, and disguising himself as a tailor, staining his arms, face and neck brown, to complete the disguise, returned, and said he wanted to be vaccinated or inoculated. That was *business*; accordingly, the correspondent says, "He jabbed a sharp bistoury under my skin just above my left elbow, in a business-like manner. Then he took a bit of brownish unguental substance, and inserted it under the integument, covering the wound with a bit of court plaster, the whole proceeding reminding me of a rude way of vaccinating to protect from small-pox. The operation completed, the fellow told me that an eruption would appear at the seat of vaccination, and that violent catharsis ("induced cholera" he call it) would follow." He gave the student, also, three pills, and told him how to take them. The student says he hastened to his hotel, got there in twenty minutes, and locked himself in a room, gouged out the stuff that had been put in his arm, brought it under microscope, and submitted it to chemical analysis, and *mirabile dictu*, what do you suppose it was? Croton oil and elaterium, in vaseline! The most powerful drastic cathartics; the pills, too, being no more

nor less than elaterium and croton oil, and to be taken at intervals of thirty-six hours for five days! The effect can be imagined; a condition very nearly resembling cholera, collapse, cramps and all. The correspondent says, "It is a grand piece of fraud," and closes as follows:

"I wonder at such a stroke of smartness in a Spaniard, and humbly hope he is not an American in disguise. The thing has the flavor of wooden nutmegs decidedly, and at any rate, the man is a genius who can gull thousands, and attract universal attention by taking the name of the cholera microbe in vain, and physicing people so deftly, that they have the redeeming symptoms of a disease that will not be trifled with in any such way."—*Journal A. M. A.*

This may be a *canard*, the work of an ingenious newspaper reporter for a sensation, but it sounds very like true. If this is true, the statistics given of the results of Ferran's inoculation in Alcia have a wonderful significance, if *they* are true. It looks almost incredible that the *effect of the imagination*, conjoined with a violent purging, induced by elaterium under deception, should apparently protect people from an attack of cholera. *Vive la bagatelle.*

THE RACE OF LIFE.

WE take the following from the pages of as handsome and sprightly a new Journal as is gotten up in this Country, the second number of volume one of *The Peoples' Health Journal*, published at Chicago. It is printed on the best quality of extra heavy S. & S. C. paper, royal octavo in size, double column, in clean new long primer type; and is edited by L. D. Rogers, A. M., M. D., and S. Ida Wright Rogers, M. D. We welcome it to our exchange list, and will have something more to say of it, bye and bye.

"A Sporting journal thus describes the race of life: "If one could see a million babies start out on a journey (all scratch the mark of cause) and could follow them through life, this is about what he would see: Nearly 150,000 of them drop out of the

ranks by the end of the first year; while twelve months later the numbers would be further thinned by the deduction of 53,000 more; 28,000 would follow at the end of the thirteenth year. They would throw up the sponge by twos and threes until the forty-fifth year, when it would be found that in the intervening period something like 500,000 had left the track. Sixty years would see 370,000 gray-headed men still cheerfully pegging away. At the end of eighty years the competitors in this great go-as-you-please, would number 97,000, but they would be getting more shaky and 'doty' each lap. At the end of ninety-five seasons, 223 would only be left in the final 'ties,' while the winner would be led to his resting room, a solitary wreck, at the age of one hundred and eight."

"There is something grimly humorous in this quaint array of figures, but they are founded upon statistics carefully compiled. One cannot help but wonder what would be the betting, at the start, about any one of those million babies coming in alone at the one-hundredth lap of the great and myterious track upon which the race of life is run."

NOTHING UNCOMMON.

AN UNPLEASANT ACCOMPLISHMENT.—Under this caption, Francis H. Atkins, S. B., [?] M. D., Los Vegas, Mexico, writes to the *New York Record* of a clothing drummer, who is traveling in that section taking measures for suits, and who has an electrical or some other influence about him which, according to the correspondent's own words, "make many of his customers sick during the process of measuring. The young man boasts of having "flooded" fully one hundred persons in the last two years."

That sort of thing is quite common about here, and most of this class of persons possess the faculty. The power lies in the tongue, and is the expression of what is commonly called "cheek" or "gall," and the effect, of which the writer speaks, is hereabout, called "being bored." We have known some instances where violent nausea has been excited at the first visit

of the "young man," and at a second or third, on the exhibition of the "cheek," brought out strong, it has been known, in some instances, to have excited violent reflex action of the muscles of the lower extremities, with forcible effect on the drummer's posterior aspect, accompanied by a precipitate and undignified exit from the front door. One case is recorded, indeed, of fatal results, to the customer, the "young man" attacked him in an unguarded moment, and when escape was impossible, and talked him to death, and himself hoarse. Fact!

CORRESPONDENCE.

DR. McLAUGHLIN'S CASE OF SEPTIC SALPINGITIS.

Letter from Dr. R. M. Swearingen, State Health Officer.

AUSTIN, TEX., Aug. 1, 1885.

EDITOR DANIEL'S TEXAS MEDICAL JOURNAL:

Dear Sir:—I would respectfully direct your attention to "A Case of Septic Salpingitis Relieved by a New and Seemingly Simple Method" reported for the April number of the *Texas Courier Record of Medicine* by J. W. McLaughlin, M. D., of Austin, Texas.

In order to clearly understand the subject in all its bearings, I will quote the exact language used in the report, or so much thereof as may be necessary.

The Doctor says: "I delivered Mrs. Blank of a living child by means of the forceps. On the second day succeeding her confinement, she had a severe chill, followed by continued fever, sweating and pain, and tenderness of the uterus. * * I regarded the case as one of septic endometritis, caused by the presence in the womb of certain pathogenic bacteria. To destroy these micro-organisms, and control the disease, I used intra-uterine injections of mercuric bichloride, one grain to one pint of warm water, night and morning. The third day after this treatment was instituted, the fever left her; and I regarded my patient convalescent.

"All treatment was discontinued except vaginal washes, and the ordinary means of securing cleanliness. On the eleventh day following her confinement, she had another severe chill--fever rapidly ensued--temperature reaching to $105\frac{1}{2}$. She had profuse sweatings, and complained of much pain and soreness in the region of the left ovary and oviduct. It seemed evident that some of the bacteria, from the first infection, had found a lodging place in her left oviduct--out of reach of germicidal washes--had there developed and multiplied until a septic salpingitis had resulted, and that death would speedily result from septicæmia, unless this local source of infection could be reached, and its cause destroyed. * * * I adopted the following method to reach and destroy the pathogenic bacteria which I believed to be present in her left fallopian tube, and endangering her life. So far as I know, this is a new departure in the treatment of such cases :

"I introduced a rubber catheter into the cavity of her womb ; through this I slowly injected the solution of bi-chloride (1 gr. to 1 pint) until she complained that the uterus felt distended. I then withdrew the catheter, leaving about four ounces of the fluid in her uterine cavity. In the course of fifteen minutes she had violent pains in the pelvic region ; these I controlled by hypodermic injection of sulphate of morphia. The next day she passed from her womb about four ounces of thick pus ; the fever left her in a few days and she made a slow convalescence.

"The theory of the *modus operandi* of the injection is, that when the uterus was filled with fluid, rendered innocuous, and at the same time germicidal, it contracted violently, and forced part of the fluid into, and through, the fallopian tube. In this way the adhesions, or whatever obstructions existed at the mouth of the tube, were broken up, and it is supposed the fluid, a part of it, passed through the tube into the sac, and thus emptied it of its purulent contents, which was discharged per vaginam."

Very few of us have not used the intra-uterine washes ; gynecologists (and there is an army of them now) resort to it frequently.

To meet the popular demand, or if you please, the exigences

of the times, a double current catheter has been invented, to permit the escape of water. This recurrent channel was found to be very necessary, for an accumulation of water in the organ, very often brings on violent contractile pains. The Doctor was, of course, familiar with this phenomenon, and used the single rubber catheter, in order to insure the contractile pains.

According to the programme, the womb had to be temporarily converted into a kind of mitrailleuse, loaded with germicidal shot, and fired into a colony of bacteria, that could not be reached by any other means. The object to be attained was good, the plan of attack ingenious; but could it be successful?

Let us briefly analyze, and see. The pus was confined in the left fallopian tube. The mouth of that tube was closed, and had to be violently opened, before the bi-chloride solution could enter. When this was done, the injected solution came in contact with another fluid, that occupied and filled, to its utmost capacity, the narrow tube. Both fluids could not occupy the same space at the same time, nor could they possibly mix. When the solution was driven in at one end of the tube, the pus, by molecular force, must have been as violently driven out at the other end, or the tube was necessarily ruptured. In either contingency the two fluids would not commingle; then how would it be possible for the one to destroy micro-organisms that existed in the other?

There is one other fact to be considered. The mouth of the left fallopian tube was closed by either thickened walls, or adhesive inflammation, and full of pus.

In physics we are taught that "fluids seek channels which offer the least resistance." The right fallopian tube was in a normal condition, and had an opening or mouth that would not present such barriers to the escape of the solution, as were found to exist at the mouth of the other tube.

The conclusion, then, seems inevitable, that the bi-chloride solution, when pressed by the contracting uterus, would have passed out through the right fallopian tube, where no serious obstructions were met, instead of into the left tube, which was hermetically closed. Nature is very obstinate, and will not violate a fixed law to accommodate a theory.

If the germicidal solution, or any part of it, ever entered the

abdominal cavity, it passed through the right fallopian tube, leaving the bacteria undisturbed.

As before stated, very few of us have not used the intra-uterine washes; probably a fewer number have seen the suffering that sometimes follows. It is safe to assume that those who have been witnesses, are satisfied with one rendition.

When the uterus is undergoing involution, the pain, referred to, is absolutely intolerable, and the subsequent prostration, profound.

Whether the physiological reduction gradually going on in the uterus, is materially interfered with or not, by changes so rapidly precipitated, I cannot say; but I do know, that the cases make slow and imperfect recoveries, and that nervous prostration, and subinvolution very often follow in its wake.

When, in the judgment of a physician, it becomes imperative to invoke an agent so terrible and dangerous, in order to accomplish a special object, the object should be unmistakable, and the manner of its accomplishment, clearly defined. Can this be said of the new plan of treatment for septic salpingitis? Notwithstanding the glow of science, and glitter of technicals given to the report by its accomplished author, if we look at it through the subdued light of every day's experience, an affirmative answer cannot be given.

In closing, Mr. Editor, I beg leave to assure you, and the readers of your Journal, that only a professional interest inspires this letter. The paper criticised has been given the profession by one who justly ranks among the first in our State.

The theory advanced and treatment practiced is not a negative, half-way measure. It is either right or wrong, good or bad. If right and good, we should fall into line; if not, the fact should be demonstrated. Respect. Your Obed't Servant,

R. M. SWEARINGEN.

COCAINE IN MEMBRANOUS CROUP.

[FIRST CASE RECORDED.—ED.]

CLEBURNE, TEX., July 18, 1885.

F. E. DANIEL, M. D.:

Dear Sir:—It is with great pleasure that I report a case of

membranous croup, treated with muriate of cocaine with brilliant success. The cocaine was used in a two per cent solution, applied to the lower portion of the pharynx by means of hair pencil. Then a solution of the same applied to the larynx by means of a downward spray. I will forward to you a full report of the case for publication at some future time. I desire, now, to record the fact that I have used it as above stated, and in this I claim priority—without further comments.

I am Sir, Very Respectfully,
SAM'L A. GREENWELL, M. D.

THE WAY THE DOCTORS DO IN ALABAMA.

CLEBURNE, TEX., July 20, 1885.

Dear Doctor Daniel:—The following was suggested by a merry rhyming letter sent me by Dr. Brigg, the Secretary of the Alabama State Medical Association in 1877, inclosing my credentials as a delegate to the Chicago meeting of the American Medical Association; and, as he was so pleased with its contents, I took care of the original draft for my children to see, after I am dead. The reason that prompts me to copy it for you is based upon the hope that it will not detract from the dignity of your new enterprise, and especially as it exhibits to the profession of this State the familiar courtesies of the profession of Alabama. I also feel sure there are a great number amongst your readers who will enjoy a farcical change from the grave composition embodied in the pages of the *MEDICAL JOURNAL*.

Your Friend, T. C. OSBORN.

For Daniel's Medical Journal.

GREENSBORO, ALA., June 13, 1876.

My Dear Doctor Briggs:—I write in much hurry,
Amidst the excitement and consequent flurry
Of getting off on the six o'clock train,
En route for the Medical Convention again.
But before leaving, I have concluded to say,
That you might look for, as sure as the day,

A note on arriving, all about the affair,
And all other oddities seen around there ;
By telegraph may be, or may be, by letter,
As my pocket may ever suggest as the better,
And cheaper; for, at best, all we can dare know,
In this, as the race—"the cash makes the mare go."

P. S.—June 6.

Dear Doctor :—The lines overhead were written on Sunday,
At night, precluding my departure on Monday ;
But while discussing the form of a beautiful conclusion
To the note, I found it, alas ! a most painful delusion.
Whilst thinking and yawning, the door knob sounded ;
Violent the peals were, and right up I bounded,
And in as great haste as I could to the door,
Ran blindly, and stumbling, fell flat on the floor,
Hitting my nose a great thump on its ridge,
Making millions of stars, each large as a midge.
And when I arose, after "cursing the luck,"
On opening the door wide, I found a big buck
Negro man, who most impatiently stated
That his wife was in labor, and possibly fated
To die in the agony, long before day,
Unless I would make haste and "took it away."
The night was quite dark, and so was the nigger ;
My nose was much swollen, and still growing bigger ;
And the fret from my fall, was cruelly crazing,
Making things that were small, seem hugely amazing.
But as I well knew there was pay in the job,
I hastily saddled my trusty old "Cob,"
And, mounting, paced alongside the man steadily,
Until we arrived there, finding the way readily.
By immediate assistance, in the course of an hour
The accouchement was over, and the man in my power.
Beyond doubt there is, on the earth to be found,
A balm and a solace sweet for each separate wound ;
My fee was ten dollars, which I readily cashed,
Which made me forget that my nose had been mashed.
Home again ; but my light breakfast not over,
When another call came ; so "feeling in clover,"

I strode off erect, forgetting the disaster,
My face wreathed in smiles, my nose in a plaster !
In a very short time, by specious analysis,
I diagnosed readily a case of pseudo paralysis.
The treatment was simple, my duty just clerical,
The work was on credit, and the woman hysterical !
After dinner, feeling dull, the temperature hot,
I doffed my old wrapper, and on the lounge got,
Resolved on the chance of an afternoon nap,
To make up for lost time, if no other mishap
Intervened to conflict with the sweetest of winks ;
Then humming the air of the late "Captain Jinks,"
I lay at full length, with my eyelids fast falling—
Ah ! there is a clatter, some one is calling—
"Doctor ! oh, Doctor !" in tones quite distressing,
Which forced me to growl, and on with my dressing.
On looking around to learn what was the matter—
Thinking on credit and cash, but mostly the latter—
A sable messenger stated, "da sent me to beg
"You would come quick and splinter de leg
"Mr. Singly got broke, by a mighty bad kick
"Ob a mule, and he is now berry sick."
"Mr. Singly ? oh ! ah ! yes," I am not at all miffy ;
And feeling quite surgical, was off in a "jiffy."
Seven miles on the stretch, 'twas done in an hour ;
Then handling the fracture the best in my power,
I adjusted the bones—tibia and fibula broken—
With bandages *en plaster*. And "by the same token,"
So delighted the patient by true deftness and skill,
That he pleasantly smiled when I made out my bill,
And "forked over" the sum in creditable cash—
Thirty-five dollars—all made at one dash !
Other cases came after, but of these I wont speak,
For to do so would encumber my time a whole week.
You know *now* the cause of the ugly embargo,
That prevented my pleasure of inhaling Chicago.
This mischance of going to the convention begets
Many bad feelings, perhaps painful regrets ;
But honestly and candidly, I must frankly confess

That to do the thing over, I would do nothing less
 Than I did. After all, perhaps, *you* in the end
 Will lay no reproaches on me, my dear friend.
 The state of my heart, though, is sad and forlorn,
 But cordial as ever,

Yours Truly,

OSBORN.

P. S.

Convey in your next my regards—say everything nice,
 —To that honorable gentleman, President Bryce;
 And do not forget this, no, not for your life,
 My profoundest esteem to his excellent wife.

SOCIETY NOTES.

Action of the Dallas County Medical Society on the International Congress Question.

THE following has been sent us with the request to publish it. We do so as a duty we, as a Journalist, owe the profession. We cannot say "it affords us pleasure," for it does not. Indeed it pains and mortifies us, very much, to discover that there is a division on this subject, where we believed the utmost unanimity of sentiment prevailed.

DALLAS, TEX., July 29, 1885.

F. E. DANIEL, M. D., AUSTIN, TEXAS.

Dear Sir:—Will you kindly insert the following preamble and resolutions passed by the Dallas County Medical Society, on July 25th, in the columns of your Journal:

WHEREAS, The American Medical Association, at its meeting in Washington, D. C., May, 1884, recognized a general desire of the medical profession of the United States, by adopting a resolution under which a committee was appointed, whose duty it should be to extend an invitation to the International Medical Congress, shortly to assemble at Copenhagen, to hold its next meeting in 1887 at Washington, D. C.; and

WHEREAS, The said committee, by the letter and spirit of this resolution, was fully empowered to act, not only as a committee of invitation, but as an executive committee as well; and

WHEREAS, The said committee, in pursuance of the objects of the above mentioned resolution, and duly exercising the unlimited authority delegated to it, enlarged its membership, and otherwise provided for the successful holding of an International Medical Congress at Washington in 1887, all of which arrangements were considered by us as judicious, and contrary to what has been charged by some, wholly disinterested as to personal or local aggrandizement; and

WHEREAS, The American Medical Association at its last meeting at New Orleans, did, in our judgement, unwisely and untimely, virtually rescind its former action, which reactionary movement has deranged, if not indefinitely suspended, the work of the original committee, which was satisfactorily progressing, and created an indifference to the Congress among the recognized leaders of medical thought and interest throughout the country; and

WHEREAS, There are those who persist in urging the so-called justice of their claims for the organization of the International Medical Congress on a territorial basis, which unfortunate idea has been unwisely further extended by some members of the profession in Texas, in a manner calculated to arouse a sectional prejudice which has little, if any, existence in our State; therefore be it

Resolved, That the Dallas County Medical Society deploras what must be considered the present inter-regnum in the affairs of the contemplated International Medical Congress, brought about, as we believe, by an ill-considered, hasty action of the American Medical Association at the New Orleans meeting before mentioned; that this Society was fully satisfied with the work of the original committee which was composed of able, eminent and conscientious members of the profession; that this Society repudiates any attempt to inject a sectional feeling into a purely professional matter only, and that said attempt, if offered in behalf of the medical profession of Texas, is, in the opinion of this Society, both unauthorized and gratuitous; and that looking beyond a narrow-minded policy of personal ag-

grandizement and sectional interest, we heartily commend the recent action of Philadelphia and New York brethren, as well as those elsewhere, who have retired from the Congress until a more dignified and unselfish view of arrangements can be had; and we pledge them our hearty support and good will, in their efforts to advance the interests of the American Medical Profession in future meetings of the International Medical Congress, where the truly representative abilities of our country shall be enlisted, uncontrolled by geographical lines, or personal preference.

GOODWIN E. PETERS, M. D., Sect'y.

THE PHYSICIANS' MUTUAL BENEFIT ASSOCIATION OF TEXAS.—As inquiries are occasionally made about this organization it is stated for the benefit of all that the Comptroller has decided that this association, being purely benevolent, and having no capital invested, is not subject to the State tax. The membership is now sixty-five, consisting of some of the best known physicians of the States. The only expense attending membership is one dollar a year, payable on joining, and thereafter the first of January each year. In case a member dies, each surviving member will be called on to contribute one dollar to a fund for the deceased member's family. There are no other assessments for any purpose, and no other expense. There are no duties to be performed, except the payment of that one assessment of one dollar for each death. Applications for membership sent when requested, and certificates of membership issued on receipt of application and fee of one dollar.

F. E. DANIEL, M. D., Sec. and Treasurer.

A NOVEL EXPEDIENT.—*The California Medical Journal* tells of a surgeon who, being called to a servant girl who had, in her sleep, swallowed her set of artificial teeth—four canine [?] and two bicuspid, on a vulcanite plate—pushed the plate into the stomach, (not being able to extract it from the oesophagus), and then fed the girl on spool cotton chopped fine, and beat up with white of egg. The plan succeeded, and in due time the foreign body was expelled “without pain or inconvenience,” and was found to be wrapped in the mass of thread and egg [?—so as to round off the corners and prevent injury in its passage. Pretty good yarn.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER,

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

COMMUNISM IN MEDICINE.

In a new country like America, and under a Republican form of government, where the idea of liberty is carried to an extreme limit, it is to be expected that the profession of medicine would be, normally, of a heterogeneous nature. Especially is this true when, in addition to the vain boast that “this is a free country” and every man has a right to do as he pleases,—practice medicine included, without regard to qualification, education, preparation or authorization, (and we may say, also, without regard to consequences,)—we have the deplorable results of competition in medical colleges, manifested in floods of half educated young “doctors” turned loose upon the community, armed with those legal death-warrants, improperly called “di-

plomas." That a most heterogeneous medical profession did exist throughout these United States, and does now exist to a great extent, no one will deny; and what was once proudly called a learned profession, a science, was fast degenerating into a trade,—a promiscuous scramble after the almighty American dollar,—a business, the sole aim of which seemed to be to break down competition by fair means or by foul,—and to fill the pocket.

A few good men, alarmed at the tendency, and the degradation of medicine, made a stand for its salvation, as gallant as stood Leonidas at Thermopylæ, and fought against odds as overwhelming. They rallied a few followers; organization was effected; the subject of a higher education was discussed—agitated,—the profession was aroused to a sense of the danger; steps were taken in some states to restrict the practice under certain penalties; journalism lent its aid, and for a time the downward career of medicine was checked. Then that grand conception originated in the brain of that grand old physician and man N. S. DAVIS,—a National Medical Association! and a new era dawned. These men strove for the elevation and purification of the profession, and advocated higher education, and a higher standard of morals. The Code of Ethics of the American Medical Association was adopted, and became at once the anchor and the compass of Organized National Medicine. Hope dawned that Fair Medicine would once again be installed in her rightful place, the peerless Queen of the Sciences!

But, alas! for the depravity of human nature! A conflict arose in the breast of certain members, a conflict between the moral principle and the greed of gain; and they said in their hearts, "Those restrictions are galling, they interfere, too, with my money making schemes, all is grist that comes to my mill, and a fee from a homœopathic consultation is as good as any fee; we will assert our American independence, and we will do as we please! to the devil with your code, and your fine-spun notions of etiquette and morals; we will consult with whomsoever will bring us a patient and a fee." But for very shame they could not declare their real motive; a pretext was sought, which would justify them, they thought, in the eyes of the world, and enlist sympathy, at the same time, and they said:

“Your code will not let us exercise our calling in the interests of humanity, unless the consultant has a diploma.”

On that pretext they left the ranks of organized, rational medicine, while others never came in to it. They construed the code to accommodate their wishes, and made it a pretext, left the Association and joined hands with the eclectic and the homœopath. Then the doors of the American Medical Association were closed behind them. They have since knocked for admittance, but in no spirit of penitence, but because it seemed *interest* could be best promoted by a nominal connection, even, with the organization. They were not admitted; they had voluntarily withdrawn from fellowship with ethical medicine, and defying the code, had placed themselves in antagonism to its spirit.

The American Medical Association extended an invitation in the name of the profession of America to the International Medical Congress to meet here in 1887. The invitation was accepted; then these gentlemen saw their mistake, and realized the value of membership in the only national medical organization in America. The rest is too well known to repeat here. Those not in affiliation with regular medicine are not to be permitted to take part in the Congress, and behold, these self disfranchised men would prevent its meeting!

Meantime the leaders of general medicine in America, still pacific, and with that patience which says, “If a man have one hundred sheep and one of them be gone astray, is it not better to leave the ninety and the nine and seek the one that is gone astray?” called a council of the faithful and said: “These men, our brothers, use us spitefully; they complain that the code interferes with the dictates of humanity; that they are honor-bound to respond to the cry of distress, even though a homœopath be in the case.” Let us consider together their grievances and see if we cannot reclaim to their allegiance—“those that be gone astray.”

Accordingly a commission was called of wise men, learned, liberal, illustrious men of the nation, to interpret the meaning of the clause in the code to which these gentlemen objected. The matter was well considered, and the following resolution

(among others) was adopted as expressing the true import and meaning of the clause referred to :

“*Resolved*, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give the helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire code.”

Thus is the last plank knocked out of the platform on which the seceders had ostensibly taken their stand; and on this interpretation, which is official, they are, one and all, *honor bound*, in our opinion, if they claim to be honest and consistent in what they have given as the reason for their course, *to return at once to the fold of the Association and to the ranks of legitimate medicine*. They should be *convinced*, and acknowledge their error, or forever *stand convicted* of resorting to the shallowest subterfuge to cover their real and unworthy motive, which seems to be the exercise of privileges whereby money can be made—by practices in violation of the spirit and letter of the code, and inconsistent with the dignity and character of the true physician—the *consultation with quacks and irregulars!*

There is a phase in human nature, which every nation, in every time, has recognized. It is that desire to pull down those who climb higher than we; to deprive ones neighbor of that which one cannot himself have. A phase best expressed by Æsop in the fable of the “Dog in the Manger.” The communistic spirit in France is but in exaggerated and intensified expression of it. It is that spirit which would uproot society; trusting in the confusion to find profit, and having nothing to lose, and all to gain, they would “let slip the dogs of war and cry havoc.” ’Tis the spirit of the *sans culottes* who would destroy the aristocracy because they cannot be aristocrats—level all distinctions, and bring all to their low plane, instead, of by the exercise of virtue, climb to higher spheres.

That spirit has seized upon the profession of medicine in America in certain quarters ; and the effort to break down organized medicine, and to negative the fruits of years of labor of love, in trying to purify, elevate and ennoble the practice, and to restore it to what our fathers made it—a SCIENCE, and an *honorable profession* ; to level all distinctions in medicine, to drag the code of ethics to the guillotine, to raze the very temple of Esculapius and set up one to Mammon in its stead, is but the outgrowth of that revolutionary movement which lead first to the disruption of organized medicine in New York. It aims at the extinction of medicine as a science, and would break down all distinctions and barriers.

The latest phase of it is recognized in the recent movement in the northeast, by men learned, and heretofore considered highly honorable. They were not permitted to conduct the affairs of the International Congress, in the face of authority invoked by themselves, and behold, they will not permit others to do it ; but, rather than see reputable medicine maintain its character and dignity in the eyes of the world, they will break up the whole Congress, and, if possible, prevent its meeting. Is not that the spirit of the mastif who could not eat the corn, yet would not let the ox have it ?

The communist is at work ; the axe has been laid to the tree of medical science, and its temples given to the torch, while its votaries would be chained and dragged to the guillotine in the blind fury of these medical iconoclasts ! It behooves the members of the Hippocratic school to be firm, and to act with discretion. We are on the eve of events which, if unchecked, will bring woful consequences, and leave a chaos where order and peace should reign.

ET TU BRUTE ?

Dr. A. G. Clopton, of Jefferson, Texas, in one of the best extempore efforts we ever had the pleasure of listening to, delivered at the Convention of the Texas State Medical Association at Houston in April, in speaking to his resolution endorsing the

action of the legislative committee, and referring to attacks on that committee from members, said :

“The open enemy, the committee was prepared to confront, but an anonymous attack, from members of the Association, is like the assassin's danger in the hands of a brother. The great Cæsar confronted, in defiance, the conspirators in that last tragic scene, ready to fight for life and ambition; but when he saw the dagger in the uplifted hand of Brutus, whom he loved, more mortified at the treachery of his friend than alarmed at the danger which threatened him, he submitted to die.”

Referring to the letter in our CORRESPONDENCE department conveying the resolutions of the Dallas County Medical Society on the International Congress question, we would not be understood as characterizing such action as “treachery on the part of our friends” by any means; but we cannot resist the impulse to make the comparison to Brutus stabbing Cæsar; for Texas was outspoken on the subject, and her large delegation—the largest of any State present—numbering one hundred and twenty, *voted* to stand by the Association, endorsing its course in asserting the right to supervise the action of a committee of its own appointing, or to dissolve the committee if need be.

We do not know how Dallas was represented in that convention, we do not remember but one delegate present from Dallas, and we *know* the one, to whom we refer, voted with the delegation as above; and we know, too, that he is a member of the Dallas Medical and Surgical Society. We were not aware there was a dissenting voice in Texas, to the action of the American Medical Association, nor to the action of the committee at Chicago, and hence this communication strikes us with surprise, as a blow, coming from an unexpected quarter, even from a brother. It grieves us, too, to see that such sentiment exists, and we much fear that it is of *very recent date*; since the Chicago meeting, in fact, and that the dissatisfaction might be suspected by less liberal persons than we, of springing from motives not unlike those these gentlemen assign to the dissenters at New Orleans, who objected to the appointment of new code men, and men from the northeast exclusively. That is to say—the committee at Chicago, in remembering that Texas is represented in the American Medical Association by a large member-

ship, and is one of the states in the American Union, were guilty, in a small way, of the sin of which the original committee was charged; for it is a singular coincidence that none of the Texas appointees to the International Congress are from the northern or northwestern part of the State.

However, be our own sentiments what they may on this subject, this Journal professes to be the exponent of medical thought and opinion in our own State, and is therefore open, as well to those who differ with us upon subjects on which we feel deeply, as to those who coincide with us. It is, therefore, as before stated, our duty to give all opinions a hearing. Were we to do otherwise, were we to close our columns to such expression of sentiment, as those to which we are now alluding, coming from a source of such eminent respectability — men whose opinions are entitled to deference — we should be recreant to the trust reposed in us, and unworthy the liberal patronage and support accorded us by the Texas profession at large. And right here we wish to say, that however outspoken we may be, the EDITORIAL department is responsible alone for *our* sentiments, *this Journal* is *not* the organ of any ring, clique, combination or sentiment, but it aims to voice the sentiment of the profession at large, and to be an exponent of rational medicine, as exemplified in the practice of its members.

As said, we are pained at this dissent. We have had our 'say' and do not now propose to go into a discussion of the subject anew, further than to say we supposed the support by the highest recognized authority on parliamentary law and usage, given to the American Medical Association in the course it took at New Orleans, would surely make that course of action satisfactory to the entire South and West. It seems Dallas, too, begs leave to differ with Mr. ex-Speaker Randall and N. S. Davis, as well as with the Association.

We can imagine we see the smile of derision and triumph play over the countenance of certain of those we have been giving "fits" to—those whom we must call "the opposition;" but we publish the resolutions, all the same. We are something of a philosopher, and would rather laugh at our own expense than not to laugh at all. We are not going to do like Cæsar, either, give up the fight, and die; when we do, we will die fighting

back; at the same time, having "expended so much gas" on this subject already, as our big contemporary of the *New York Journal* would say, we will do like that little boy did, who is said to have written out his prayer, and tacked it to the footpost of his bed. We will refer these Dallas gentlemen to the editorial in the *Journal of the American Medical Association* for July 25, and say "them's our sentiments." If *that* article does not convince the most ultra conservative man in Texas that the Association is *right*, nothing we could say would be of avail. No, because Dallas has "gone back on us," we will not give up the fight; our cause is just and *must* prevail."

"MEPHISTOPHELES" AND THE NEW YORK MEDICAL JOURNAL.

The above caption is not intended to convey any suggestions of the "Devil and Tom Walker," or to make any parallel. Our esteemed contemporary is shocked because the *Denver Medical Times* has proposed to bestow upon us the *soubriquet* "Mephistopheles of Medical Journalism" and "envies the state of mind that enables us to reproduce the article with apparent satisfaction." The writer "wonders," also, "if Dr. Daniel ever read Faust," and "wonders if the *Denver Medical Times* realized with what sort of character it coupled the name of a man who was utterly free from guile." It is to enable our distinguished contemporary "to catch on to" the Mephistopheles business as applied to Medical Journalism, and to relieve his mind on the subject upon which, he says, he "wonders," by answering the inquiry as to ourself, and by giving the origin and application of the title, that we write this.

We would be doing violence to our very nature, were we to fail, in the beginning of a reply, to tender our most profound acknowledgments to our contemporary for the compliment (?) he pays our reading and general information, by the inquiry if we "ever read Faust?" While it is humiliating, it is due us, in order to be cleared of the intimation that we have not sense enough to see that the remarks of our Denver friend are sus-

ceptible of construction, quite the reverse of complimentary, to confess that we "have read Faust." Moreover, we have, a score of times, seen Von Huffland—the greatest living Mephistopheles—in that role, in the grand opera of Faust, and, also, the celebrated Dumestre; and we are not, therefore, in the state of blissful ignorance of that character the Journal affects to believe, or rather intimates.

The *Texas Courier Record*, of February, 1884, contained the following, which was the origin of the title, as applied to journalism:

"GAILLARD'S MEDICAL JOURNAL.—We have received the January number of this magnificent publication. We most cordially welcome it to our exchanges, for 'Gaillard's Journal' has now a world wide reputation, and is as standard in the world of medical literature as Dunglison's dictionary. To the constellation of lesser lights it is "a star of the first magnitude;" and wherever its light is shed, there is also warmth and comfort. The light, and the warmth, and the comfort may be due partly to the fiery red cover, which is not only pretty, but characteristic, but chiefly to the glow of professional zeal, and the scintillations of an intellect far above the ordinary. They say "black and red are the colors of Satan." We do not know if Dr. Gaillard ever thought of this, but he certainly is a very Mephistopheles in journalism; fascinating, yet to be feared by his enemies, as much as he is admired by his friends. His success in journalism (this being his nineteenth year) has been something of a phenomenon, on which we do not know whether he or his readers are to be most congratulated.—*Texas Courier Record*, Feb. 1884.

Thus our New York brother will see that it *was* intended for compliment, and remembering that Mephistopheles frequently assumed the form of a fascinating young man, (on which occasions he is said to have played the d— with the gentle sex) we are proud to accept the title once born by the illustrious Gaillard, who, during his life, never questioned the propriety of it, in the sense in which it was used. The similarity of the journals in appearance may have suggested the idea, partially.

We regret to see, in the same paragraph from which we take the above, that the *New York Journal* accuses us of "misquoting its

language and perverting its meaning." The spirit of resignation, and the air of injured innocence displayed in saying, "We have grown quite accustomed to it," reminds one of the experience of the eels, and touches us to the extent that we apologize, if we have done our neighbor injustice. We quoted from memory, but our readers, and his, if they desire to test the matter, can satisfy themselves if we are open to the accusation, by referring to the leading editorial of that Journal (*N. Y. Medical Journal*) for May 9, 1885, where they will find on page 526 the substance of our quotations, if not the identical words. We think the writer is ashamed of the harsh and inconsiderate expressions therein used, and would fain believe, and make believe, that we altogether misquoted and misapprehended his language. We hope our big brother will not put a chip on his shoulder and make faces at us; for we want to preserve amicable relations with him, and not being able to take a dare worth a cent, we are not ambitious to emulate the example, or share the fate of the traditional bull, whose pluck, being better than his judgment, led him to dispute the track with the locomotive under headway. *Savey neighbor?*

BIBLIOGRAPHY.

BOOKS AND PAMPHLETS RECEIVED.

Handbook of General Therapeutics: By Prof. H. VonZiemssen, in Seven Volumes. Vol. 1.—Introduction by Prof. Von Ziemssen. Two Chapters. 1st. THE DIETARY OF THE SICK AND DIETETIC METHODS OF TREATMENT, by Prof. J. Bauer; 2nd. THE KOUMISS CURE, by Dr. Strange. Wm. Wood & Co., New York, 1885, 408 pages.

This is the first volume of the first American edition of a translation from the German, by distinguished authors, of Von Ziemssens great work on General and Special Therapeutics, (to appear in seven volumes.) Its advent has been anxiously looked for by the English-speaking portion of the profession since its translation was undertaken.

The scope of the entire work is extensive, and yet the plan has been fully carried out, exhausting the subject. This work, which the author says was originally intended to form a constituent part of his work of Special Therapeutics, is a separate treatise, a companion to, instead of a part of the work on Special Therapeutics. "Each part, written by a German authority, eminent in his own department of practice, forms a treatise, complete in itself, dealing with the rationale and the application of the Therapeutic agents or methods which form the subject matter," says the preface. We have the first volume only. The others are in press, and soon to appear.

The author begins with a discussion of the different kinds of food and their nutritive value, (these tables are alone worth the price of the book), and then proceeds to give the kind and quantity and quality of diet suitable to certain pathological conditions. The preparation and cooking of the several kinds of food is then discussed; alcohol and other stimulants, tea, coffee, etc., are treated of, and their indications and uses in disease. The digestion of foods in health is then considered; and the effects of fever on the digestive process; the influence or effects of certain foods on the febrile state; the diet best suited to the convalescent state; the diet in diseases of the digestive organs themselves; artificial feeding; the dietetic treatment of gout, rheumatism, diabetes, anæmia and hydræmia, and finally of obesity, are all treated in a masterly manner, and with that thorough attention to the minutest detail which is so characteristic of German writers. The author then discusses the subject of vegetarianism; milk and whey cures, and their value, and this volume closes with an elaborate treatise on the Koumiss cure by Dr. Strange.

The reader has here, in this one volume, a repast as varied as it is delicious. Consisting of the most interesting and important subjects which enter into consideration in treating any and all kinds of sickness, served in a most pleasing and acceptable style, and in such form as to be mentally digested with ease and profit. This one volume is a library in itself, at once a work on physiology, pathology, materia medica and Therapeutics, with Mrs. Hale's cookery book thrown in. The work, when completed, certainly will be a library if the whole subject is

treated with the elaborateness which characterizes volume one.

As to the mechanical execution of the work it is only necessary to say it is published by Wm. Wood & Co., who seem to have taken extra pains to have it reflect credit on them. The typography is perfect; the press work, faultless, and the paper, on which it is printed, is the heaviest and best sized and super-calendered paper made. We can commend the book to the practitioners (it is written for "educated and scientific men," says the author) as well worthy of a place on their book-shelf, and of a careful study; it will amply repay many hours of close study, and will certainly be a great help in every day practice.

A Text-Book of Hygiene, a comprehensive treatise on the principles and practice of preventive medicine, from an American standpoint, by Geo. H. Rohe, M. D., Prof. Hygiene, College of Physicians and surgeons, Baltimore, etc. Baltimore, Thomas & Evans, 1885, octavo—cloth, 324 pages—price \$3. We will notice this book at length when we have more carefully examined it.

MELANGE.

THAT MALE UTERUS turns out (as we supposed) to have been a typographical error. We must caution our esteemed contemporary to be more careful with his proof. Such accidents are, though, liable to happen to the most careful. He has our sympathy, and although the following explanation spoils our article in last month's issue, we reproduce it with pleasure, and as a matter of simple justice to our neighbor:

"CORRECTION.—In the July issue of THE JOURNAL, page 277, an absurd typographical error occurs. The error occurs in line 28, where No. 2 should read No. 1. Line 29, male should read *mole*. The phrase corrected should read: 'I detached and removed it, and uterus No. 1 contracted, forcing out my hand with what I took to be a mole. Uterus No. 2 was then well contracted, and both could be felt through the walls of the abdomen, distinctly separated and lying side by side.'"—*Atlanta Med. and Surg. Journal*.

GIVE US YOUR NAMES GENTLEMEN.—It is to be observed that the members of the Dallas County (Tex.) Medical Association who passed the resolutions published in our department of Society Notes, did not sign their names, as have all the dissenters who have preceeded them. This, we regard, as unfortunate. We question the right of even a majority of the members of a society to take such action in the name of the society without affixing the names of all who participated in the movement. Otherwise, a bare quorum could bind the entire association in an act which, perhaps, a majority of members if present would vote down. It is something like the cross-road politician's pronunciamento beginning: "We, the people of Texas." Give us your names gentlemen, for publication, that your Philadelphia friends may duly applaud your pluck, and acknowledge your "sympathy."

FALSE HOPES.—Let not the Communist Medical Journals lay the flattering unction to their souls that the American Medical Association will rescind its action taken at New Orleans, and thus put in a plea of idiocy; were it to do so, it would well deserve some of the bitter denunciation and abuse heaped upon it by those Journals. And there will be a Medical Congress, the howlings organs notwithstanding. It has been said that what America wants is a "National Association of Scientific Medicine," meaning a concern without a code of ethics, we suppose. Very good; let the dissatisfied ones who so pride themselves on their "science," organize such association. It would be like a highly educated woman without virtue, or a beautiful flower without fragrance. The Code of Ethics of American Medicine is its *sine qua non* to respectability, as it is to its integrity and coherence.

ACKNOWLEDGMENT.—The overwhelming favor with which the first number of this Journal has been received everywhere, evidences of which have poured in, in the way of congratulations, wishes for, and prophesies of success, and accompanied in the majority of cases by cash subscriptions, argues well for the future. The demand for "sample copies" has been unprecedented, and our large July edition is exhausted.

We wish to impress upon the profession the importance of subscribing *now* in order to get complete files ; it will be impossible to furnish back numbers. We know the scarcity of money is very general, but surely \$2.00 can be raised ; and once paid, it will not be felt. Send it now—we need it—if you would have us succeed, and receive every month this bright, cheerful and instructive little visitor which, like a child, will steal into your affections if you will give it encouragement.

OUR NEXT NUMBER will be enriched by several valuable contributions by men whose names command respect wherever mentioned. One by Dr. T. C. Osborn, of Cleburne. Dr. Osborn was unanimously elected an honorary member of the Texas Medical Association, at its last meeting, on account of his age and high standing in the profession, his professional services, and his contributions to medical literature, which have been numerous and valuable.

One by Dr. Thos. D. Wooten, of Austin, which was read before the Travis County Medical and Surgical Association and requested for publication, by resolution of the Society, in this Journal. And one, also, by Dr. J. W. McLaughlin, of Austin, on Tubercle. Dr. McLaughlin's report of a case of Septic Salpingitis, published in the *Texas Courier Record*, has been extensively copied by other Journals. We are much gratified to see it reproduced entire in Gaillard's Journal for July.

ADVERTISERS' NOTICES.

THE COMING MECCA FOR TEXAS PILGRIMS.—Texas is no longer a new country with a primitive people. Her population is now largely composed of wealthy and refined people, who are yearly becoming richer in the world's goods. They want to enjoy and let their families enjoy, now, more of the luxuries of civilized life than were possible in the earlier days. At one time the pleasures of a watering place, and the health-giving waters of medicinal springs were inaccessible to many Texans

on account of want of means, want of railroad facilities and distance, Virginia or Saratoga possessing the only attractions. Now that railroads have put Texas within a few hours of the Queen of mineral waters—Waukesha Glenn—Wisconsin, and those waters have become famous, and the people able to indulge in luxuries of the kind, we look to see each summer a large higgiera of Texans to that famous pleasure and health resort. It is doubtless, and will soon be so considered, the natural mecca of Texans. See five pages descriptive of the lovely spot and its health-giving waters and salubrious air—in our advertising pages—and if you want further information on the subject, a letter to the genial and accommodating Col. T. H. Bryant, proprietor at Waukesha, will elicit full and detailed accounts and descriptions, all courteously given. Please name this Journal when you write.

A VALUABLE ACCESSORY JUST FOUND.—Texas physicians all admit that there is a fever frequently met with in this State, as elsewhere, which partakes of the character of malarial remittent fever, yet closely resembles, in some respects, typhoid fever. It seems to be more than one, and less than the other, and is generally called typho-malarial fever. It is admitted, also, that quinine will not, as a rule, abort it. Now, in this disease, some remedy, not yet generally employed, is needed, either to take the place of quinine, or to supplement its action, after it has done its part. Iodide of potassium, aconite, gesemium—everything has been tried; yet the treatment is still unsatisfactory. A remedy has recently been given to the profession by that enterprising house, PEACOCK CHEMICAL COMPANY, of St Lous, which, from the testimonials of able men who have used it, seems to fill the indication, and which will be found very useful in that fever, and in other cases where quinine is either inadmissible or use less. It is the FUCUS MARINA. See advertisement on our rear cover page. In certain large cities this preparation has entirely superceded the syrup and fluid extract of stillingia as an adjunct and menstruum for other alteratives, such as iodide of potassium, in syphilis, and in scrofula especially, and glandular affection, stillingia having been pronounced by competent authority as inert and valueless. Should

you desire further information on the subject of this new and efficient alterative and febrifuge, as well as of Peacock's Bromides, drop a line to that staunch house, and we will guarantee you a full and courteous answer. Name DANIEL'S JOURNAL. We look to see the *fucus marina* become a standard prescription in our so-called typho-malarial fevers.

YOUNG AND VIGOROUS.—The Memphis Hospital Medical College is rapidly growing in popularity, as its unrivaled facilities for teaching, practically, the healing art are made known. The faculty, too, consisting of trained and experienced teachers in every branch of study, has been *greatly strengthened* recently by the addition of Drs. D. D. Saunders, Alx. Erskine, R. B. Maury, and S. H. Brown. As a telling evidence of its popularity the increase in the attendance last session was forty per cent. over the session before, and amongst the students there were many Texans. Our Texas students should read the announcement of this progressive and wide-awake institution, and should correspond with Prof. Sinclair, the courteous and energetic Dean, before deciding where they will attend lectures this fall. Memphis, with facilities equal to Philadelphia, is at our very door, an item worth considering is estimating the *cost* of a medical education. Name this Journal when you write.

ERROR.—In calling attention to the announcement of the Medical Department of the UNIVERSITY OF TENNESSEE in our last issue, we wrote, "Medical Department of the University of Tennessee, Nashville;" unfortunately the word "Tennessee" was omitted, and the omission not noticed by us in the proof reading, thus making us pay a compliment to the University of Nashville (if there is one), which was intended for that energetic and thorough-going institution of learning above mentioned, the Medical department of the UNIVERSITY OF TENNESSEE. Prof. Deering J. Roberts, M. D., is Dean of the faculty. We tender our apologies and regrets.

THE N. Y. POLYCLINIC.—See card of this famous post graduate school of medicine. (It has no connection with a school of that name, however.) The regular winter session ended May

30, the summer session begun June 1st and will end in September; then comes the next winter course. There are embraced in this course 12 gynæcological clinics, 6 of diseases of children, 8 of surgery, 6 of dermatology, 6 of throat, nose and ear, 6 of diseases of the chest, general medicine and diagnosis, 6 of diseases of the eye,—a total of fifty each week. In addition to these, obstetrical cases are given to the class in turn, and also a course in urinary analysis. The Pathological Laboratory will be open all summer. Physicians visiting New York should not fail to call on the urbane Prof. Wyeth, at 216 East 34th Street. Write for catalogue. Mention this Journal.

SURGEONS' ATTENTION.—Wm. Snowden, 7 S. 11th St., Phila., has an advertisement in this Journal, in which every surgeon who would give his patients *the very best chance*, are interested. It is Surgeons' Pure Iron Dyed Silk for sutures. Great superiority is claimed for this article, in that it is unirritating, antiseptic, and on account of its color, can be easily seen and removed. All sizes are made, from No. 1 to No. 12 for eye operations, Nos. 13 and 14 for ligatures, tumors and ordinary surgical operations. In ordering, name this Journal, please.

NEUROLOGY AND ELECTRO-THERAPEUTICS.—Physicians who are interested in the above branches of study would do well to read the NEW YORK POST GRADUATE SCHOOL'S advertisement in our advertising pages. Dr. Dana writes us that the facilities of the school for practical instruction in these studies are unsurpassed on the Western Continent, and that they have the largest nervous clinic in the city, and the largest classes in attendance. Last session (just closed) amongst the cases of disease presented at the clinics, there were forty of epilepsy, twenty of chorea, thirty odd of neurasthenia and cerebral congestion, eight of locomotor-ataxia, fourteen of different types of sclerosis, besides many illustrations of the various forms of atrophy, myelitis, neuritis, etc. Whatever may be said of Dr. Wm. A. Hammond he certainly is a great teacher, and his name and fame attract many rare and obscure cases of nervous disorder. Here, gentlemen, is a good place to learn to diagnose and treat those cases, which usually so annoy the general practitioner.

DANIEL'S
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[No. 3.

“*Scribimus indocti, doctique!*”

ORIGINAL ARTICLES.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

A CASE OF LUPUS EXEDENS, OR EPITHELIOMA OF THE FACE.

By T. C. Osborn, M. D., Honorary Member Texas State Medical Association, Cleburne, Texas.

Read before Johnson County Medical Society, and by Society resolution contributed to Daniel's Texas Medical Journal.

THERE came to me for treatment on the 1st of March, 1874, Miss Fannie Tarbutton, aged 13 years, fair complexion light hair and blue eyes, a sallow and badly grown girl, from Delhi, Louisiana.

She was accompanied by her father and step-mother, who gave me a complete history of the case, and urged me to receive her as a house patient, adding their honest convictions that she could hardly survive the summer season, unless I could give her a better course of treatment than she had been subjected to during the past three years, by other physicians.

Owing to the frightful ravages of the disease, and the extremely offensive odor of the ulcerated surface, I hesitated about adopting her as a patient in my family, until my youngest daughter, who was of the same age, solicited so strongly for the sufferer, urging that she would act in the capacity of her nurse, and carry out my directions implicitly, if I would let her remain in her care. To oblige my daughter, whose sympathies were so strongly elicited in favor of the poor little sufferer, I reluctantly consented to accept the patient, with the understanding that I would do everything in my power for her relief, if not the cure of the repulsive disease. I had in the meantime become convinced that the parents were only too willing to put the child as far away from themselves as possible, under the plea of my skill, as the offensive odor was too disagreeable for the recently initiated olfactorics of the sensitive step-mother to allow the haunting presence of the afflicted girl to remain any longer under her own inspection.

The patient was a native of Georgia, but had resided in the paludal regions of Louisiana for seven years, during which time she had repeatedly suffered from protracted spells of intermittent fever, and, in the summer of 1871, after an unusually severe attack, which left her utterly prostrated, she was seized with an eczematous eruption of the face and eyes, which terminated in a pimple of lupus on the left side of the nose, which extended rapidly over the nose, cheeks and upper lip, denuding the surface frightfully in its march, and creating almost insupportable pain, and profuse suppuration. And, as she was the cook and washerwoman of the family, it can be easily conceived, that the disease was not likely to be arrested as long as she remained at home. The whole face was much swollen during these many months, and at the time of coming to me the nose and upper lip had sloughed away entirely, leaving only the exposed nasal apertures for breathing purposes, and the bare gum and teeth for mastication. One of the front teeth had been removed on account of its looseness, and several other upper teeth were quite loose in the sockets from extension of the ulceration along the border of the gum. Through the opening made by the lost tooth, she was enabled to take all her food and drink by using a tube which had to be well inserted into

the mouth for that purpose. The ulceration included both cheeks, from the mouth upward to the orbits of the eyes, involving only the skin and subcellular tissue, but had destroyed the cartillages of the nose entirely. The lower eyelids were edematous, and the conjunctivæ had a fiery appearance, and were at all times quite painful.

Her general health was not at all good. Once every month there was a regular return of intermittent fever, which, in the April after her admission, was accompanied with pelvic fulness and pains indicative of a menstrual effort; and this molumen returned with great regularity as long as she remained under my care, but without the menstrual flow accompanying it.

I found habitual constipation, and of course a very poor appetite. Her voice was harsh, as if the larynx was edematous, and her thirst for cold water was incessant.

Such is a brief mention of the case as it presented itself to my observation, and for which, as it turned out, I was asked to exert, gratuitously, all the skill I possessed, in its cure. It was a gloomy outlook; the hopeful side of it being a probable recovery, with the inevitably repulsive face upon which the girl herself, as well as the world, would have to behold, with all the repugnance that such a disfigured picture would entail upon the feelings of the observers. On the other hand was death from a horrible standpoint, due to a disease almost regarded as an *opprobrium medicarum*, whilst the patient held her life in such high estimation as to plead piteously for the one chance out of a hundred, even if this disfiguration robbed her of all but the bare sympathies of a loveless solitude.

I began the treatment at once, by cleansing thoroughly the ulcerated surface, with a deoderizing wash of bromo-chloralum, ordering a tepid bath in which was diffused a supply of ley water for cleansing the entire surface, including the scalp, from which I clipped the beautiful suit of golden hair; and then covering the cancerous part with an unguent composed as follows, viz :

R	Cera flava,	℥ij,
	Spermacetti,	℥j,
	Melt together and add,	
	Oil sweet almonds, }	
	Oil of turpentine, }	ca ʒss.

M. ft. unguentum. To be spread upon thin muslin and applied two or three times a day.

The application of this ointment was followed immediately by a decided improvement in the appearance of the ulcer, and in relieving the burning pains of the diseased surface. This was followed by two or three doses of mercurial aperients, which acted happily to the great relief of the digestive and nutritive functions; and then I put her upon what I had much reason to believe was perhaps the only remedy likely to subdue the violence of the corroding nature of the epitheliomatous eruption, —*arsenic*. Of this, four drops of Fowler's solution was given, in a $\frac{1}{4}$ tumblerfull of water, just after each regular meal, prospectively to be continued for months, if necessary.

On the third day after this treatment was adopted, all the odor had disappeared, and for the suppuration but one application of the ointment daily was necessary. In fact, the healing process went on so vigorously that by the middle of April every part had healed beautifully, except a spot no larger than a dime, which was left on the face near the right angle of the mouth, and which lingered obstinately for several days, and then abhorrently repullulated in spite of everything, until nearly the whole surface of the original seat of the cancer was again invaded. And although I was quite prepared to expect this explosion from former experiences, it was, nevertheless, very perplexing to my buoyant anticipations, for I had gotten to be almost of the mind of Socrates while dreamily dying from the effect of the hemlock, when he exclaimed to his friend who had, on account of his great love for the philosopher, insisted on remaining with him in prison until the death penalty had been executed: "Crito," said he, while drifting into death, and seeing the end near at hand, had just memory enough left him to say how surprised and glad he was to find his death so painless, "We owe a cock to Esculapius; discharge the debt, and by no means omit it." I, too, thought of the obligations we were under to the discoverer of the curative virtues of arsenic, and would willingly subscribe to the building of a magnificent temple to his memory, for the inestimable boon he had conveyed to suffering humanity.

Here, however, I had all my work to do over again; and, to

"make assurance doubly sure," I added to the treatment, as an application, a paste of iodide of arsenic, with just enough water to hold it in mass, and spread upon the ulcer. This was very painful for one hour, after which time the pain subsided never to return again, and twenty-four hours later the healing process began afresh, the restoration being almost as rapid as had been the respread of the ulceration.

Empirics get great credit for curing cases of chronic diseases with agents which they falsely claim as unknown to the profession, whilst in reality they are using well-known remedies, and deserve credit *only* for persevering industry with which they work, ignorant, and therefore unconscious of the danger which such agents might induce.

If there is one disease more than any other which requires constant and persistent energy in its management, that disease is, beyond doubt, the one we are now discussing; and it is a frequent reply with me, when asked for the explanation of my success in the treatment of epithelioma, "it is work, sir, work, and hard work at that."

This first repullulation occurred, as did all the subsequent backsets, just at the time of the menstrual effort, which was preceded by and accompanied with high fever of a quotidian type,, and, of course, all other treatment, except gentle applications to the ulcer, was temporarily omitted. As soon, however, as the exascertations of fever was controlled by quinia, the arsenic was again repeated, but in smaller doses, say three drops of the solution freely diluted with water, and, during the remaining existence of the disease, was continued intermittingly, for I had every assurance that the arsenical saturation of the system was complete, and that as the saturation declined, which is invariably the case in young subjects, it was only necessary to resort to the solution for three days, and omit it for the same length of time, to keep up the desired effect.

I will here digress a little from the task of reporting this case, and assert as a discovery of my own, from much experience with the medicine, that, in young subjects, arsenic may be pushed very freely without much apprehension of its toxicological effects, whilst in people above fifty years of age, the impressions made by this powerful agent, unless it is watched closely, will

soon exhibit its virulence more or less permanently on the nervous, and end-osteal systems, by manifestations of pain, and disability of locomotion. This is an important matter to the physician, to the end that he can, by due vigilance be enabled to increase or diminish the amount of the medicine, or, as is my custom after indications of saturation are evident, to give for three days, and omit for the same length of time; because, on closely watching in all my cases, I have found that the effects of arsenic on the human system are full in three days administration, and begin to decline after the third day of omission.

But to return from this impressive digression, which I conceived to be of too important a nature to pass without an appropriate notice, I will resume the original thread of my subject.

Within ten days after the regular treatment was resumed, the ulceration had again healed to a small place no larger than two lines in dimensions, and the little patient was gaining rapidly in flesh and spirits, which continued steadily until the middle of May; at which time there was another effort at repullulation, but much less marked than before. By the middle of June the parts had healed up to a very small point on the opposite cheek, and again began to spread, but very feebly. At the next menses, the face was healed over all but a small pimple-like spot in the same place as last mentioned. The fever had also become less severe, and more easily under control of quinia. And by the first of August the recovery was as perfect as my most sanguine wishes could have anticipated. At this time I began giving her tincture of chloride of iron, in twenty drop doses, three times a day continuously, with the Fowler's solution at such times as she had to take that medicine, but omitted at no time for the next two months, under the hope that, by its use, nature would be assisted in the elimination of the menstrual flow, which I had every reason to believe could not be many periods longer delayed. But up to the time of her departure in November, for her home in Louisiana, this hope was not realized.

I heard frequently from her afterwards, and every report assured me that her recovery from her terrible affliction was as perfect as could be wished; and in passing her residence on the

first day of January, 1880, I had a momentary inspection of her face, which had the appearance of being in good condition, and perfectly recovered.

There is but little question now amongst medical scientists, that lupus exedens is a true epithelioma; and in Gross' Surgery the author asserts unequivocally that the two apparent diseases are really typical instances of an epitheliomatous nature; or, in other and better language, lupus exedens is typical epithelioma.

The first case of this disease which came under my treatment was a perfect specimen of the olden time *noli me tangere*, seated in the septum of the nose, and although its progress was cut short in ten days, it left quite a chasm permanently as an evidence of its violent character. At that time Dr. J. C. Simons, of this city, then a resident of Greensboro, Alabama, was associated with me in its treatment, and, through him, I became familiarly acquainted with the caustic influence of the muriate of antimony, ordinarily called butter of antimony, upon which we relied as a local application in the case, and with the happiest results, when used in connection with Fowlers' Solution internally, which I was then administering to the lady patient in ten drop doses three times a day, but who had taken hardly half an ounce of the medicine before swelling and pains in the feet set in; and although this lady lived twenty years longer, she complained, to the last, of her feet, and inability of walking with steadiness. She was above fifty years of age at the time of the attack of the *noli me tangere*, from which age I had subsequent reason to infer that the arsenic had been the cause of the local distress. Afterwards I treated quite a number of elderly patients for different forms of epithelioma of the face, and although I had become somewhat more cautious in the use of arsenic, now and then a case would go hobblingly along from its toxicological effects the rest of their lives; but in no case was there ever a return of the disease for which they were treated. In one case, I remember, where the disease was ulcerating at the inner canthus of the right eye of an old man, the internal rectus muscle was so deeply involved in the disease as to permit the globe of the eye to turn helplessly to the outer angle of the orbit, so that the pupil was completely hidden away, but when the disease had perfectly recovered, the muscle

regained its controlling power, and the functions of the eye became restored without any additional assistance on my part.

Since my removal to this city, I have seen only three cases of epithelioma, two of them being situated on the cheeks of men of 65 and 70 years of age respectively, and who had been afflicted with intestinal dyspepsia for several years before the outbreak of the cancerous trouble. To these patients I could offer no hope of cure, unless digestion and nutrition could be, in the first place, re-established. ; but in the meantime, I filled the cancerous cavities with saccharated pepsine, which, in a short time, removed the sloughy coating, arrested the profuse suppuration, and established healthy granulations in a very hopeful manner. I cannot too highly commend to your attention the use of pepsine in chronic ulcerations, which when aided by the arsenic internally, will, I believe, invariably re-establish healthy granulations, irrespectively of the character of the disease that produced the forbidding sulcus.

The third case was a boy of 12 years of age, thin, sallow, and morose from malarial infection, and upon whose nose appeared at last a warty excrescence which continued growing, with a larger and larger bleeding surface, until the parents became frightened, and brought him to Dr. Alexander, of this city, for treatment. The Doctor requested my association with him in the case, and under the influence of iron and arsenic, and iodide of arsenic, as an application to the bleeding tumor, the lad rapidly regained a healthful appearance, and the excrescence was, in one month, healed so perfectly as to leave hardly a scar on the spot where the tumor was situated.

Upon looking over my experience in this department of the surgical field, I am as pleasantly refreshed with the success of arsenic and its various salts, in the cure of epithelioma, as was said to be the devotees of Mahomet, whilst quaffing the water in which the body of the prophet had just been bathed. For, out of fifty-two cases placed under treatment with the medicine, there was not a single failure to record, and many of the patients are still living as monuments of the effective agency of this inestimable boon.

GONORRHŒAL OPHTHALMIA.

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Read before Travis County Medical Society, and by resolution of that Society contributed to Daniel's Medical Journal.

GONORRHŒAL OPHTHALMIA is the most virulent, dangerous and destructive disease of the eye. It is caused by gonorrhœal matter coming in contact with the conjunctiva. This disease, so dangerous to vision, is very instructive in its relation to the specific nature of gonorrhœa. Catarrh is one of the most frequent maladies, and when inoculated on the conjunctiva, merely produces, at most, a slight and transitory catarrh. So in trachoma, inoculation only gives rise to trachoma; so it is when a gonorrhœal pus-cell is applied to the conjunctiva, it excites the well-known and dangerous gonorrhœal ophthalmia.

The course of the disease is somewhat characteristic of the specific nature of its origin. There is a stage of inoculation varying from a few hours to a few days; during this period the gonorrhœal germs did not exist in sufficient quantity to be pathological, until, by sufficient multiplication to set up inflammation, with its specific metamorphic change upon the cells of the mucous membrane. What the precise nature of this poison or contagion is, I believe the present knowledge of the subject does not definitely enable me to state. Nor is it the province of this paper to enter into a discussion upon this line of the subject. It is in the highest degree probable, that there is, in gonorrhœal pus, a specific contagious element, gonococcus, or some fungoid specific germ that, not only sets up, but maintains this contagious inflammation. The infectious property, belonging specifically to gonorrhœal pus, when brought in contact with the conjunctiva, consist not only in producing the tissue changes incident to the ordinary process of inflammation, such as, first, local hyperæmia with its consequent manifestations of heat, redness, etc.; second, tissue-metamorphosis, etc., but has, in addition, the inherent quality of intensifying, rendering greater activity to the process; especially does it stimulate to great activity in metamorphic tissue change. As shown by the excess

sive suppurative action attendant upon the disease, I believe the present accepted idea of the change, wrought upon the tissues by inflammation, is that the change consists in reducing them to the embryonic state. The normal tissues are normally composed of cells and intermediate substance. By inflammatory changes these are converted into ameoboid cells. The subdivided ameoboid cells are called pus-corpuscles. It is accordingly the tissue itself formed into pus-corpuscles. Suppuration presupposes loss of tissue. Pus, indeed, is the product of the splitting up, or proliferation, of infiltrated cells. Suppuration is, therefore, a transformation, or the metamorphosis of tissue. Suppuration and tissue genesis may coexist. A moderate production of normal pus on the surface of an ulcer, offers no impediment to recovery. When, however, the suppuration is too profuse, it not only prevents tissue genesis, but it disintegrates newly formed tissue. I have thought it necessary thus to epitomize some of the phenomena attendant upon ordinary inflammation and suppuration, in order to a better understanding of the manner of the destructive suppurative action attendant upon gonorrhœal inflammation; and the more fully convey the idea that an atom of gonorrhœal pus has the specific effect of inciting a virulent form of suppurative inflammation destructive in itself. But that in addition, it possesses the inherent property of imparting its infection to each atom of pus metamorphosis by that inflammatory action, and that each pus cell is barbed by an infectious germ, that acts as a local irritant, and reinoculates the tissues by contact, and has in fact, a direct dissolving and disintegrating effect upon the cornea and other tissues of the eye.

It is mentioned by very high and creditable authority that the inoculation of the conjunctiva with ordinary pus will produce an inflammation closely allied, if not identical, with gonorrhœal inflammation. I believe this to be a mistake; ordinary pus may produce an inflammatory action in the conjunctiva. It utterly fails to produce gonorrhœal inflammation. I have had frequent occasion to perform surgical operations in, and about the eyes, and have seen the conjunctiva covered in pus for several days without developing an inflammation at all allied in virulency with gonorrhœal ophthalmia, which is always due to

inoculation, and traceable to the source of gonorrhœal infection. It has a period of inoculation, but much shorter than in the urethra. This may depend upon the fact that the conjunctiva affords a better culture for the infection, the muco-purulent discharge is increased with greater rapidity and in greater quantities. The morbid process is more destructive to the tissues of the eye than to those of the urethra. This may be due in part to the want of a free escape of the pus. The germs of conjunctiva being retained, and have the opportunity of more rapid propagation. Whereas in the urethra they are constantly being disturbed, and the discharge continually washed out by the frequent passage of urine. The eye, being more sensitive, more blood is invited to feed the inflammatory action. At any rate, a very high and active grade of inflammation rapidly ensues after inoculation. In a few hours a muco-purulent discharge sets in. The ocular portion of the conjunctiva becomes infiltrated with serum. This thickening rapidly increases, and forms chemosis, which is a very marked symptom in gonorrhœal cases. At the same time the lids become red and swollen; the patient can separate them only to a limited extent. Chemosis is formed at the margin of the cornea by reason of the anatomical relations of the conjunctiva. The conjunctiva is intimately and very closely connected with the cornea, and almost lost, as it spreads out on its surface. Over the sclerotic coat it is loosely attached by intervening connective tissue. The palpebral conjunctiva is thicker in substance, and its connection with the lid renders the part susceptible of edematous swelling.

The reflected portion of the conjunctiva intervening between the lids and the eye-ball is very loosely connected. Under gonorrhœal inflammation this anatomical relation of the conjunctiva has a very important effect upon the production of chemosis—a pathological condition about which a great deal has been said and written, and much recommended to be done, by oculists and surgeons, for the relief.

It is the result of infiltration, and is developed in this wise. The specific gonorrhœal pus, having come in contact with the conjunctiva, finds a fertile field for its implantation, and prolific reproduction; acting as a powerful irritant, it invites the nutrient blood to the parts, and all the conditions seem to exist to

favor the active morbid changes that so rapidly follow. The specific virulent inflammation infiltrates the tissues; serum and plasma are thrown out into the meshes of the conjunctiva, and the connective tissue, filling the loose subcellular spaces beneath the reflected conjunctiva, it insinuates itself into the interspaces between the schlerotic and conjunctiva, until the margin of the cornea is reached. Here the exudation stops; there being no connective tissue or cellular spaces to be occupied. The conjunctiva, however, being forced forward by the accumulating exudation from beneath and behind, this membrane is forced to lap, or fold over and upon the margin of the cornea. This fold of the conjunctiva, in its altered condition, is what oculists talk and write so much about—the “choking of the corneal circulation;” and which causes ulceration, sloughing and destruction of the cornea, resulting in total blindness.

It is very apparent in this folding of the conjunctiva, its vessels and capillaries are bent on themselves, their calibre lessens, and their carrying capacity reduced. Is it conclusive to suppose that this state of the restricted circulation to the cornea, necessitates its destruction without very material aid from some other destructive force? How frequently do surgeons in operating upon the eye, cut away or disturb a large portion of the ocular conjunctiva without destruction of the cornea? And again, do surgeons not frequently sever with Beer's cataract knife, one half of the circumference of the corneal vascular connection with both the schlerotic and conjunctiva, without its destruction?

The chemosis is *not* the essential cause of the corneal destruction. The conjunctival vessels do *not* afford the only source of vascular supply. Vessels pass from the schlerotic to the cornea. The schlerotic is not non-vascular tissue. The cause of the corneal destruction lies behind chemosis, with its mechanical effects upon the circulation. It consists of, and is due in part to, the metamorphic action of inflammation upon the tissues. It is also largely due to the local effect of the products of this inflammation, the contact of gonorrhœal pus, not only as an excitant to continued inflammatory action, but, also, by its corroding, desolving and disintegrating effects upon the tissues with which

it comes in direct contact. How often do you witness its corroding and scalding effects upon the cheek of the infected? If it has this effect upon the skin, what must its ravages be upon the delicate tissues of the eye, its chosen seat of metamorphic aggression? Every physician and surgeon is familiar with the ravages made upon the tissues by ordinary pus, how it burrows and bores its way through the tissues, even to the bones. This being the effect of ordinary pus, how much more destructive must gonorrhœal pus be, when every leucocyte is poisoned with infection?

When we take into account the pathological condition that obtains in an eye infected with gonorrhœal inflammation, and the favorable circumstances, and vantage ground occupied by the pus, we can better appreciate its evil effects. The infected eye is rendered exceedingly irritable, and sensitive to light, which is attended with an involuntary effort to keep the lid hermetically closed. The lids are tipped with cartilage, and bordered with the orbicular muscle, the stimulated muscular fiber of which, causes a complete closure, even to an overlapping of the edges of the lids. This condition affords a secure lodgement and retention of the pus. So completely are secretions incarcerated and pent up within the lids, that I have seen the fluid spurt out forcibly upon their separation.

At a very early period of my professional life, some 32 years ago, I was called to the country, in Kentucky, to see a little infant but a few days old, whose eyes were infected with this disease. The mother informed me that the child had not opened its eyes for three days. The orbital shape showed out prominently through the lids. After cleansing and bathing the lids in warm water, I separated them, and to my horror and great astonishment, the substance of each ball was extruded in one disorganized, purulent mass. At this impressible period of my professional life, this incident produced a vivid and lasting impression on my mind. With my then crude knowledge of pathology, I could not but believe the destruction of the eyes in this case, held some connection with the disorganizing effect of the pent up pus. The many years of experience and observation since that time, has not lead me to relinquish this impression, nor modify the therapeutic indications suggested by it.

The pus may not only be pent up and occupy the entire palpebral cavity, but the activity of the pathological changes are favored by the contact of diseased surfaces; and in case of chemosis, this morbid effect is reinforced by the conjunctiva being doubled upon itself, and folded over, like a belt, upon the cornea; in some instances covering the entire cornea, and extending to, and even between the lids, affording an additional lodgement, and retention of corroding pus, directly in contact with the cornea. It is precisely here, on the margin and surfaces of the cornea beneath this fold, that the destructive corneal changes take place. By securely opening the lids with a speculum, and raising this fold from the cornea, you may first observe these changes. The margin of the cornea may be ulcerated, or may have assumed a hazy, softened, washed-leather appearance, which may be due, in part, to the changes incident to inflammation; but frequently, more largely due to the softening, dissolving and disintegrating effect of the pus retained too long in contact with the cornea.

You will often find the destructive changes have been too rapid to be the result, solely, of the ulcerative process. The residue of the corneal destruction will be seen mixed with the pus, or attached, and coming away in shreds, tow-like in character, showing the process has been a rapid one for corneal ulceration.

I am well apprised of the fact that the destructive changes above referred to, are ascribed to the choking of the conjunctiva vessels, cutting off the nutrition to the cornea, and that it sloughs like a part that had been constricted as by a ligature. This view has been held by high authority; but I think Whorton Jones has fully demonstrated the infeasibility of the argument, and exposed the absurdity and falsity of the therapeutics based upon this chemosis idea. The indication for treatment in gonorrhœal ophthalmia has been pretty well outlined already in the previous pages. If there is one therapeutic indication more rational and more effective than all others combined, it is this: to cleanse and disinfect the involved parts. In fact, without it, all other agencies will prove futile and abortive as to curative results. This cleansing and disinfecting of the parts, to be effective, must be thorough, complete and continued, embrac-

ing the entire palpebral cavity, and the conjunctiva in all its folds and reflections. To accomplish this, with the swollen and sensitive state of the eye, will require a great deal of patience and perseverance, by both physician and patient. This cleansing of the eye can only be accomplished by the aid of a spring speculum to hold the lids well apart, and by the use of a smoothly working syringe, with an even, well-rounded nozzle, and by carrying it then well up behind the lids, and throwing a well-directed stream to all parts of the conjunctival cavity. To aid in cleansing the eye, some surgeons have recently suggested, and very wisely too, that the speculum, itself, be made a further means of irrigation, by having it made of silver, and hollow, perforated with numerous holes, and attached by a tube to an irrigating bottle to contain the necessary fluid to cleanse and disinfect the eye. This may be brought to bear with well regulated force, by elevating the bottle. The surgeon, however, would find it necessary to supplement such a speculum by the use of the syringe, or by a nozzle throwing a more direct stream connected with the same tube, and both, that the chemosis fold of the conjunctiva, overlapping the cornea, might be raised from the surface of the cornea, and thoroughly washed out. If the swelling is great, and the difficulty of opening the lids is considerable, canthoplasty should be performed early in the disease, to relieve tension; but more particularly to give space and opportunity for more thoroughly washing out the eye. This operation should not be deferred on account of inflicting pain or deformity, when found at all necessary; as any deformity resulting, can be corrected by an after operation. This washing process, to be effective, must be used as often as the pus accumulates, if it be every half hour, or every hour of the twenty-four of the day. The menstruum to cleanse the eye may be any mild detergent wash, the quantity, rather than the strength, should accomplish the work. The bi-chlorate of soda will be found a most excellent one, of the strength of about a drachm to a pint of luke-warm water, or a weak solution of liquid chlorinated soda; lime water or salt water answer well; or a very weak solution of the vaunted corrosive mercury may be used. The tissues of the eye will be found very sensitive to the action of corrosive mercury. Carbolic acid, well diluted, alone, or, in

combination with some other agent, will be found useful. To check excessive suppuration, and tissue change, nothing will be found so beneficial as a weak solution of nitrate of silver. The strength of the solution should not exceed a grain to the ounce of pure water, and this strength may be found too severe. To be effective, it must be used immediately after the thorough cleansing, and before the speculum is removed; and it should be poured into the eye in sufficient quantity to reach the entire surface involved, before the solution is decomposed; pour at least a drachm into the eye, and if this quantity is whitened by too much precipitation, let it run out, and pour it in again. This application may be made from two to four times during the twenty-four hours; the solution should be used weak, but in quantity; and the eye-ball should be moved about so as to insure contact with the entire mucous surface. A few drops of such a solution, dropped into the eye, is so promptly decomposed, by the secretions of the eye, that it amounts to a piddling business, and is too homœopathic to be effective.

In the acute stage, to subdue the rapid tissue change, small cloths, large enough to more than cover the involved parts, should be kept constantly applied, taken out of ice-cold water, and changed every few minutes, or as often as rendered necessary by the heat. Should the chemosis be found prominent, and folding over the cornea, it should be raised, cleansed, and the nitrate of silver solution be made to reach the entire super-imposed surfaces. Should ulceration appear at the margin of the cornea, it should be carefully and delicately touched by a small silver probe, tipped with nitrate of silver. This application should be made with great care, so as not to involve more than the ulcerated surface, and not be made oftener than every second day, and to be omitted when the ulceration ceases to extend. The treatment, thus far proposed, is essentially local, for the reason I understand gonorrhœal ophthalmia to be essentially and specifically a local disease, and to be combated as such. I think it hardly worth taxing your time in suggesting such other general indications of treatment arising from such other accidental, or constitutional derangements and peculiarities that may exist in each individual case. If the patient's bowels have been well relieved, a narcotic at bed-time is requisite; to

be effective, one should be chosen that does not constipate the bowels; ʒss to ʒi tincture of hyoseymus, in camphor mixture, may prove beneficial; otherwise opium or morphia may have to be resorted to. It is not easy to lay down dietetic rules suited to all cases. The diet should be such as is calculated to keep the patient's vital powers to the level of ordinary health. As much plain, good, nutritious food should be taken as the stomach can safely digest, and just such an amount of stimulus as will aid digestion, and maintain vigor of the circulation; quinine is often useful in proper doses. In other words the destructive processes of ulceration and sloughing going on in the eye, should be combated and guarded against as we would the same process in any other part of the body.

The more rational views entertained of inflammation as applied to both external and internal organs have worked a great change in the treatment of all inflammatory diseases, except that of the eye. From old prejudices, or from some inexplicable reason, not even to this late day, are these rational views and reformatory measures accepted as applied to this organ of sight. The value and importance of this organ, to human prosperity and happiness, may have conspired to bring down the potent agencies that belong to a barbaric period in medicine. Any one, who may choose to satisfy himself, need not read many even of modern authors on this disease, to catch up the old exploded antiphlogistic ideas of treatment and regimen in fighting and battling with this disease. Go back to thirty years ago, and read authors of that day and time touching this disease, or purulent ophthalmia, in any form, and it is truly appalling to contemplate the irrational, heroic treatment then in vogue; and yet scarcely an eye was saved from the ravages of this disease. Bloodletting, tartar-emetic, mercury and starvation were practiced to the greatest degree. One author speaks of the only eye that he knew saved from this disease was a young lady, who had been bled 70 oz. in three days; she had been mercurialized and tortured at the same time. Modern medicine wonders that she lived at all, with or without eyes.

In this day and time, blood letting is about played out. But the old antiphlogistic theory of inflammation with storm in the eye, to be combated by mercury, tartar-emetic and low diet, is not

a thing of the past in the treatment of diseases of the eye, and especially in gonorrhœal ophthalmia. Every large community, where the infection is ripe, will confront you with evidences to the contrary, with several vacant, stareless eyes, monumental to this barbaric treatment.

I have no knowledge of any therapeutic property possessed by mercury, no influence exerted by it upon the human economy, whether in a pathological, or physiological state, that establishes an indication, or that warrants the specific action of mercury as a remedial measure in the treatment of gonorrhœal ophthalmia. I am not unaware of the fact that it has been, and is now, asserted and maintained that it is indicated as a curative measure, in relief of chemosis, in that it prevents plastic exudation, and promotes its absorption when exudated; that it aids in opening up the constricted circulation to the cornea. This is hardly tenable, since the present accepted view of inflammation is, that the exudation of plasma is often conservative, and is not one of the destructive elements of inflammation. That mercury has the property to reach around through the circulation to the constricted conjunctival vessels, and by some occult force, open up blood-vessels, mechanically obstructed, making a nutritious pathway to the cornea, is too theoretical and far-fetched to receive favor or credence. It is further claimed and stated that mercury is indicated in this disease, as a defibrinizer of the blood, as though fibrin was fuel to the fire of inflammation! This proposition need hardly be discussed, since it is physiologically established that fibrin, as such, does not exist in the blood. Well has it been stated "so true is it that the vulgar errors of to-day are but solemn dicta of our fore-fathers."

ETIOLOGY OF TUBERCULAR DISEASES.

By J. W. McLaughlin, M. D., President Texas Microscopic Association, Austin, Texas.

For Daniel's Texas Medical Journal.

PERHAPS no subject, within the range of medicine, has excited more discussion, developed more conflicting opinions, or, until within a very recent time, has so successfully

cluded the investigations of science, as that which heads this article.

The extensive prevalence of phthisis in all parts of the world, and its remarkable fatality, which (according to Hirsch) comprises two-sevenths of the deaths which occur from all causes, should impress every physician with the importance of keeping his knowledge of this disease abreast of that of his age.

Phthisis was clearly described by the physicians of antiquity. Hippocrates ascribed it to suppuration of the lungs and pleura. Sylvius recognized nodes in the lungs which, he thought, were enlarged pulmonary glands. Mangetus first compared these nodes to millet seed in size, and found them in the liver, spleen and kidneys of the phthisical, as well as in their lungs. Matthew Baille first differentiated these tubercles from glands,—he also taught that the softening and breaking down of these tubercles produced cavities. Bayle announced that phthisis was a distinctly specific or infectious disease, frequently associated with pulmonary inflammations, catarrhs, hæmoptysis, etc., but was never produced by them. Next came Laeneck's thesis concerning the gray granulations and their change into yellow tubercles. His teachings greatly simplified the whole subject; he recognized but one phthisis—a "phthisis tuberculosa"—and regarded tubercle, whether infiltrated or in isolated bodies, whether gray or yellow, as being the same substance. The views of Laeneck, through the teachings of Andral, Louis, Rokitsansky, and others, became very popular. A few pathologists objected to them because they assumed that all cheesy masses found in the lungs, or other portions of the body, were the result of tuberculosis—in fact, were cheesy tubercles. These causes for disbelief in Laeneck's theory resulted in the doctrine promulgated by Virchow, that no process was to be called tubercular unless gray milliary tubercles were found. According to this theory, the most important form of this disease—viz: phthisis—is almost entirely removed from the domain of tuberculosis.

The next theory was announced by Buhl, that acute disseminated milliary tuberculosis was a "resorption disease," which always originated from a cheesy mass, usually a cheesy lymphatic gland, located in some portions of the body. The tuber-

cles, he states, are found in greatest numbers around this focus, as though it were the point of inoculation, and the tubercles the result of resorption. In this way, milliary tuberculosis lost somewhat its character of a primary lesion, and seemed rather the result of resorption, and dependent upon some anterior condition.

The subject was now taken up by the experimental pathologists. Villeman and Klebs revived the old doctrine of Baille regarding the infectious nature of tuberculosis. They established this claim by inoculation experiments. In many hundreds of cases they transmitted tuberculosis to the lower animals by inoculating them with tuberculous matter.

These experiments have been confirmed by many others. Frankle and Conheim insist that the manner and matter of inoculation make no difference in certain animals. In fact, inoculation in the rabbit and guinea pig is unnecessary; that the formation of a focus of suppuration is all that is required to render these animals tuberculous. This unexpected result of inoculation experiments relegated the whole subject to its original condition, where it remained until the discoveries of Koch have made us masters of the situation.

In connection with this subject, I must call your attention to an important fact regarding the behavior of phthisis. I refer to the similarity between the predisposition of certain animals for tuberculosis, and its almost exclusive occurrence in a certain group of persons—the scrofulous.

Inflammation in this constitutional disease runs a chronic course; whilst its products disappear slowly, or remain stationary, and undergo degenerative changes of a cheesy nature, thereby furnishing a nidus for the growth of the tubercle bacilli.

I shall next invite your attention to the histology of tubercle. When seen under the microscope in its fresh state, a gray milliary tubercle is a little circular nodule composed of cell elements, derived mainly from the white blood cells, in part from the endothelium of the vessels and the connective tissue cells. These are held together by a net-work of fibrillar connective tissue. In the center of each tubercle or nodule we usually find one or more large multi-nuclear or "giant cells." Outside of these are seen smaller elements, round or fusiform in shape,

known as "epithelioid cells," whilst near the periphery of the tubercle are seen small round or "lymphoid cells." A tubercle is essentially a non-vascular growth, as new formed vessels are not found in it. In consequence of this, its center soon becomes necrotic or caseous.

Tubercles may be deposited singly, in groups, or as infiltrations. In whatever form deposited, they possess the same life-history and undergo the degenerative changes above described.

Pathologists do not agree as regards the significance of the different cells found in tubercles. Some of them claim that the large "giant" and "epithelioid" cells are distinctive of tubercle, and speak of them as "tubercle cells"—in fact, base the diagnosis of tuberculosis upon their presence.

Unfortunately for this assumption, these giant and epithelioid cells are not confined to tubercles. They are formed in the early stages of reparative inflammations, and are the cells from which granulative tissue is formed, so that the distinguishing features of tubercle do not reside in its anatomical elements.

The life history of tubercle is what distinguishes it from other neoplasms, viz: a definite nodule of a certain size, which contains no new formed vessels, and which, at a certain stage of its growth ceases to progress, and undergoes necrotic or degenerative changes of a cheesy character, beginning in its centre.

This brief history of the most prominent discoveries and theories regarding the nature of tuberculosis from the time of Hippocrates, to the discoveries of Koch would seem to establish the following propositions:

1. Tuberculosis is an infectious disease.
2. It can be transmitted by inoculation.
3. In certain animals, notably the guinea pig and the rabbit, there exists a predisposition whereby tuberculosis is readily contracted.
4. Tuberculosis occurs almost exclusively in a certain group of persons, who possess a scrofulous diathesis.
5. The anatomical features of tuberculosis is the nodule or tubercle; a growth of definite and specific constitution, which does not differ in its cellular elements from other tissue formations.

It is, therefore, clearly seen that the infectious cause of phthisis remained undiscovered until the 24th day of March, 1882, when Dr. Robert Koch read a paper on the "Etiology of Tubercular Diseases," before the Physiological Society of Berlin, in which he claimed that this infection (hitherto unknown) was a micro-organism; a "rod-shaped Bacterium," which he called the "Baccillus Tuberculosis." He subjected the tuberculous lungs of a great many men and animals to microscopic examination, and found the nodules infested with this bacillus which he differentiated from the surrounding tissue by means of a special dye, or analine staining fluid. It was, he says, "impressive in the highest degree, to find in the center of the tubercle cells the organism which had created it." Transferring directly by inoculation the diseased matter, from diseased animals to healthy ones, he, in every instance, reproduced the disease.

To meet the objection that it was not the bacillus itself, but some virus in which it was imbedded in the diseased organ, that was the real contagium, he cultivated his bacilli artificially for long periods of time, and through many successive generations. With a speck of matter, for example, from a tuberculous lung, he infected a substance prepared, after much trial to himself, with the view of affording nourishment to the bacilli. Here he permitted it to grow, and multiply. From this generation, he took a minute sample, and infected therewith fresh nutritive matter, thus producing another brood. Generation after generation of bacilli were produced in this way. At the end of these experiments, which embraced, sometimes, successive cultivations extending over eighteen months, these purified bacilli were introduced by inoculation into the bodies of healthy animals of various kinds. In every instance, such inoculations were followed by the reproduction and spread of the bacilli, and the generation of the original disease. For obvious reasons, these inoculation experiments have been confined to the lower animals.

An interesting case of such inoculation in the human subject is reported in the *New York Medical Record*, for February 14th, of the last year. The subject of this report was a young woman 21 years of age, employed as a cook in the family of a cer-

tain Prof. H. She was a strong, healthy girl, who had never had a suspicion of any scrofulous or tuberculous affection, and who gave an unexceptionable family history, free from the slightest taint of tuberculosis. Prof. H. died, in July of last year, of pulmonary phthisis, after an illness of only five or six months duration. Towards the close of his life, the sputum was so loaded with the bacilli of tuberculosis, as to constitute almost a pure culture of these organisms in pus. A few days before her master's death, the cook broke a glass which the master had used to expectorate in, and ran a small sliver into her left hand, inflicting a puncture wound on the palmar surface of the first phalanx of the middle finger. Fourteen days later she presented herself at Professor Studsgard's clinic, with what seemed to be a commencing felon. At the end of some weeks, a little nodule, scarcely half so large as a pea, was felt in the subcutaneous connective tissue. During the following week, this remained stationary in size, but became somewhat tender, as was surrounded by an edematous area. The nodule was now excised, and found to consist of granular matter lying between the sheath of the tendon, and the skin. The wound healed by the first intention. At the beginning of October, the patient again presented herself, complaining of pain on flexing the finger. The subcutaneous connective tissue on the palmar surface of the hand, as well as that of the finger, was swollen, but no distinct nodule or tumor could be discovered. A month later, however, a distinct thickening of the sheath of the tendon was to be felt. Two cubital and two axillary glands were also enlarged. Prof. Studsgard disarticulated the middle finger at the metacarpo-phalangeal joint and dissected away the tendon with its thickened sheath, as far as the middle of the palm. The swollen glands at the elbow and in the axilla were also removed. Examination showed the sheath of the tendon filled with pale granulations. No pus or cheesy matter was to be seen, nor was there any disease of the bones or joints of the amputated finger. The granulations, hardened in alcohol, and stained with picro carmine, when placed under the microscope, were seen to be composed of tubercles, presenting the central caseous degeneration, and containing numerous large and several beautiful giant cells. Tubercles were also found in the en-

larged glands. In every section, either of the sheath of the tendon, or of the lymphatic glands, numerous tubercle bacilli were seen, lying either in the giant cells, or at the edges of the microscopical points of the necrobiosis.

Since Dr. Koch first announced his famous discovery, Doctor Formad, of Philadelphia, has repeatedly and emphatically declared that he is able to produce tuberculosis in rabbits, and other animals, by injecting into the abdominal cavity finely powdered inorganic material, such as glass, and ultra-marine blue. His method consisted in first making an incision through the integument over the belly; then plunging a canula and trocar into the cavity of the abdomen, and finally injecting the sterilized material through the canula with a syringe. He says that about one-third of the animals so operated upon, died during the first week, from septicæmia, and that a certain number of the survivors suffered an acute inflammation, attended with the formation of pus, and its subsequent discharge through the walls of the abdomen.

Experiments of this sort, in order to be trustworthy, should be performed with sufficient care to prevent all other organisms than those intended, from gaining an entrance into the body. This care does not appear to have been taken by Dr. Formad in his inoculations. They were made in his laboratory where these and similar experiments had previously been made upon animals. In such an atmosphere we could certainly expect the presence of many kinds of bacteria—those of tuberculosis included. His operations were not made in such a manner as to exclude the bacilli tuberculosi, if in the atmosphere, or attached to his instruments. A more important objection attaches to the imperfectly closed condition in which he left the wound through the integument. Is it surprising under these circumstances that one-third of those acted on died from septicæmia? A large number had acute inflammation, followed by formation of pus, and its discharge through the walls of the abdomen; or that others developed tuberculosis? Dr. Sternberg has repeated the experiments of Dr. Formad with such precautions as would exclude the introduction of tubercle bacilli. He says, "I was particularly desirous that the experiments should be made in a way which would be satisfactory to my friend, Dr. Formad.

I accordingly invited him to assist in making the experiment, and he kindly came from Philadelphia on the the day appointed for the purpose. The powdered glass, used for the experiment, was prepared by Dr. Formad. The amount, used in each case, considerably exceeded a drachm. In all, fifteen rabbits were operated upon. These rabbits were kept in the country, several miles from Baltimore, in a vacant loft, which had not been previously used for any similar purpose. The inflammation, which resulted from the injection, was usually mild in type, and with two or three exceptions, the animals did well, and remained in good health until they were killed. The experiments were made under the most perfect antiseptic precautions. The substances injected into the abdominal cavities of the animals were thoroughly sterilized, and all necessary precautions used in the manner of their introduction. The animals were killed at various times after being inoculated, some as late as three months. In not a single instance was tubercle, or anything resembling it, found in the tissues of such animals." In conclusion, Dr. Sternberg says: "It is unnecessary to say that this experiment gives no support whatever to the claim that tuberculosis may be induced by injecting into the abdominal cavity of rabbits, finely powdered inorganic particles, or to the view that the tubercle bacillus induces tuberculosis by acting simply as a mechanical irritant."

It may, therefore, be accepted as an established fact that tuberculosis is an infective disease, induced by the presence of a specific bacillus. In the light of this knowledge, the various theories which have been advanced with regard to the causation of tuberculosis becomes in some respects irrelevant. Clinical experiment would seem to indicate that the tubercle bacillus is not an ordinary bacterium, such as may enter and effect any organism without distinction. It would seem, rather, as if infection occurred only where a definite predisposition exists, or where a considerable quantity of the virus is introduced. Koch finds that the bacilli grow very slowly, and can be bred only between the temperatures of 86o F. and 105o F.; that after inoculation they proceed to develop and multiply only when they reach a spot where they are not subject to much mechanical disturbance or displacement. From this, we may understand how it happens that many persons, though again and again ex-

posed to the invasion of the tubercle bacilli, remain uninfected. It is, moreover, conceivable that individuals, in whose tissues inflammatory changes have occurred, especially those characteristic of scrofula, are those who are most disposed to tuberculous infection.

It is of special interest to note that the bacillus has been found in the sputa of phthisical patients, as the bacilli produce spores within its body which possess resisting powers to the temperature changes and desiccation, not possessed by the bacillus itself; the sputa containing such spores may be a frequent means of conveying the disease.

This special bacillus is found, not only in general miliary tuberculosis, but in caseous pneumonia, and caseous bronchitis, intestinal and glandular tuberculosis of various animals; in the so-called scrofulous hyperplasia of lymphatic glands, etc., and, also, in the pearly disease of cattle.

It would be interesting to know whether the bacillus is constant in the milk of cows so affected. If so, this may eventually prove to be a frequent cause of tuberculosis infection.

When the bacilli of tuberculosis are found in the sputum of a person, it is positive evidence that this person has phthisis. Many cases of tuberculosis can be positively diagnosed by this means, when other methods are insufficient to render the diagnosis positive.

The method of staining the bacilli of tuberculosis, which I have adopted, is the one now employed by Koch.

It is prepared as follows :

R	Aniline Water (sat. sol),	c. c.	100
	Alcoholic Solution Fuchsin,	c. c.	11
	Absolute Alcohol,	c. c.	10
	Mix.		

The aniline water is made by thoroughly shaking a few drops of aniline oil in distilled water until no more oil will dissolve, and then filtering it through a moistened filter.

Select from the sputum, to be examined, one of the small, white bodies often found in such sputa; if these are not present, then select its firmest portion, and crush a small quantity of this between microscopic cover glasses—rubbing them together until the substance is evenly and thinly spread over the surfa-

ces—they are then to be dried by passing them through the flame of a Bunsen burner, or alcohol lamp. After this, float them, sputum side downward, on the staining fluid, in a shallow vessel, (a watch crystal answers the purpose very well); let them remain at least twelve hours in this stain. They can be stained more quickly, in twenty or thirty minutes, by heating the stain whilst the cover glasses float on its surface, but such specimens lose their color in a short time, and are not fit for permanent preservation. After removal from the staining fluid, immerse the glasses for one second in a solution of nitric acid, one part of acid, two parts of distilled water, then in distilled water, and lastly wash, by passing the glasses to and fro in 60 per cent. alcohol, until all appreciable stain is removed. Lay the specimens aside, protected from the dust, to dry, or they can be dried by passing them a few times through the flame of your alcohol lamp. They are then ready for mounting, which should be done in Canada balsam, softened by the addition of benzole or chloroform, so that it will readily drop from the end of a glass rod. Place a small drop of the balsam on the center of the sputum side of the cover glass, and carefully press it down on your slide so that no air bubbles will be entangled. Under the microscope the bacilli will be seen as delicate red rods, exceedingly small in size.

The bacilli of tuberculosis and those of leprosy are the only ones which will retain this dye stain after immersion in nitric acid, and subsequent washing in alcohol.

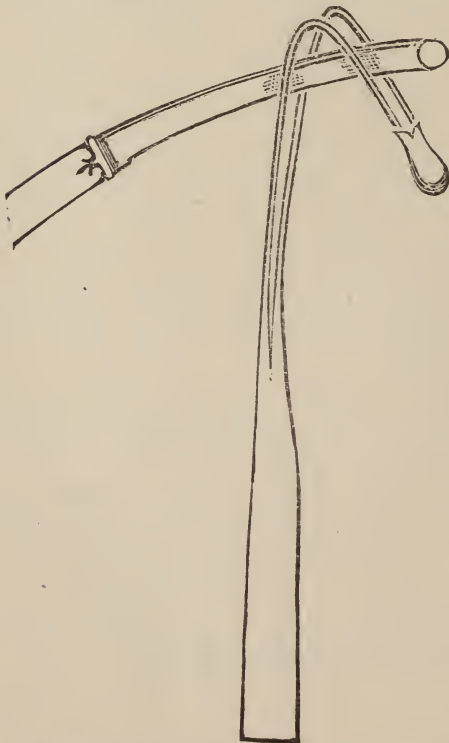
The histological microscopic stand, Abbe's condenser, modified, and the one-sixth object glass, as manufactured by J. Grunow, of New York City, comprises the instrument which I use in examining the bacilli for purpose of diagnosis; and I find this power, with the light given by the Abbe's condenser, amply sufficient for this purpose.

NEW OPERATION AND INSTRUMENT FOR FISTULA IN ANO.

By J. A. Gibson, M. D., Foster, Texas.

For Daniel's Texas Medical Journal.

ON the 30th of March last, assisted by Dr. K. L. Harris, I operated in the following manner, for complete fistula in ano: I took a small silver wire, and doubling it about the middle, introduced it into the bowel through the fistula; brought out the end, and putting both ends together, and making traction, I cut down by the side of the wire. This was



accomplished with less pain, I think, than would have been inflicted by operating in the usual way with a grooved director—straight,—brought forcibly out the rectum by the point of the finger.

A better plan still, in my judgment, would be to dilate the sphincter well, first; then with the wire in situ, cut from the inner opening, outward, putting a probe pointed bistoury between the wires as suggested by Dr. Q.C. Smith, of Austin, i.e., the wire should be doubled twice.

Probably a still better plan would be to use an instrument similar to the one shown in the accompanying cut. Dilate the sphincter well,—introduce the probe point of the instrument into the inner opening, bringing it out at the outer opening, if

the fistula be complete ; then pass the blade of a probe pointed knife between the wires, cutting edge downward, as shown in the cut, and cut downward and outward, dividing the whole intervening tissues at one sweep. The advantages of such an instrument over a straight, grooved director which is introduced from without, into the gut, through perhaps a tortuous opening, and then forcibly pulled out at the anus, must be obvious. In case of incomplete fistula, where it opens only inwardly, such an instrument would be very serviceable.

A LONG CORD.

By R. G. Williams, M. D., Whitney, Texas.

For Daniel's Texas Medical Journal.

MRS. D. J. T. was delivered, August 7th, 1885, of a healthy female child, after an unusually easy and short labor. Afterbirth immediately followed expulsion of child. The cord was thrice around the child's neck, and tied in a knot midway its length. This cord, seemingly of great length, was carefully measured, and found to be from its severed end to its insertion fifty-eight inches. Two inches was left on child, giving sixty inches as entire length.

STATE MEDICAL EXAMINER K. OF H.: Dr. Jas. D. Osborn, of Cleburne, Texas, was reelected State Medical Examiner K. of H., by a large majority, at the recent meeting of the Supreme Lodge of Knights of Honor. Dr. Osborn, who is also chairman of State Finance Committee of the International Medical Congress, informs us he will soon send us the names of the committee, for publication, as soon as he completes his list of appointments—a member for each of the 226 counties.

☞ THE PROMPT REMITTANCE OF SUBSCRIPTIONS is absolutely necessary to enable us to maintain this work, so acceptably begun, and so full of promise. ☞

DANIEL'S
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Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

PRINCIPLE vs. POLICY.

CONSISTENCY vs. EXPEDIENCY.

It does seem strange, that the profession of America, composed, as it is, of men of high intelligence, should be so divided upon a subject which, looked at dispassionately, is susceptible of but one construction. All this great fuss has been raised on the unwarranted assumption that "certain disappointed members dragged the code into the discussion of the International Congress question, at New Orleans." There never was a greater mistake.

The facts, as observed by one who took an active part in the discussion, are as follows:

The committee of eight, we'll say, believed they were em-

powered by the resolutions under which they were acting, to do as they did, organize the Congress; and that too, without further consulting the Association. At least they took that course, and instead of submitting to the Association an outline of what they proposed to do, they made the appointments and announced the organization of the Congress in the Journal of the Association, giving it, thereby, the appearance of being official, and done by the consent of the Association. This the Association construed into a breach of authority, and a downright discourtesy. The Association did not put the construction upon the resolution that the committee did, but regarded the committee as one of arrangements only; and when it transpired that they had assumed, and exercised plenary powers, and an entire independence of the source whence any power, whatsoever, was derived, there was left but one of two alternatives: to acquiesce and approve, or to protest.

Thus it will be seen, it was, primarily, a question of jurisdiction; the Association denying that the resolutions were intended to give authority for more than preliminary arrangements. That the committee should, without further and more definite instructions, make any appointments in the organization of the Congress was the grounds of complaint; and it was a secondary objection that they appointed themselves and their friends, including aliens, and excluding representatives from three-fourths of the profession of America.

Now, when the Association found itself in such an anomalous position, its orders and intentions misunderstood, and a privilege never intended to be conveyed, not only usurped, but abused, and the Association thereby placed in an attitude of honoring, above all others, the men who had voluntarily withdrawn from fellowship with them, and had placed themselves in open hostility to the Association, what was expected of it? What should the Association have done?

It was clearly on the defensive, and its dignity and honor were challenged.

Should the American Medical Association quietly submit to what the most indifferent observer must have recognized as an unwarranted assumption of power, and a flagrant abuse of it? Condon such a breach of authority, of trust, of precedent;

and, as we said, when urging the Association to assert its rights, "forever let go out of its hands the exercise of one of its highest and most responsible prerogatives—thus establishing a precedent which, justifying all future arrangement committees in ignoring authority, would prove destructive, not only of the honor and dignity of the Association, but of its very existence?" Should the Association, we say, condon the offense, and endorse the action of the committee, or should it do as it did; *protest* in respectful but unmistakable language, and insist upon its supremacy? Had the Association done otherwise than protest against, *not* the appointment of New Code men (primarily), but against the assumption of authority to make any appointments, however acceptable, or otherwise, it certainly would have deserved to be "written down an ass."

The fact that the committee, in the excess of its arrog—*zeal*, we will say, had been so lost to every sense of delicacy, of propriety, and of justice, as to, first, *appropriate to themselves* as many offices as they could absorb, and then give the balance to a few selected friends, instead of considering the large number of medical men in the several States, whose reputation and ability entitled them to recognition, was a *secondary* offense; but, including as it did, the appointment of aliens to the highest, and favorites to *all* the positions, it was *so* offensive as to acquire undue prominence; and the real cause of the difference between the committee and the Association was forgotten; and the gentlemen who felt, and saw that a high-handed outrage had been unblushingly attempted on the entire membership, and who had the courage to denounce it, are now charged with dragging the code question into the discussion, as "a pretext to get themselves into office." When the "new" committee got the opportunity to appropriate the offices, how many did they take? Their modesty and consideration for others, and for decency, presents a strong contrast to the unblushing greed of those who made haste to provide for themselves first, and who, like the kettle, now call the pot "smut."

There is another strange phase of this affair. It is a singular fact that words, by long misuseage, and, often perversion of meaning, come to acquire a signification just the opposite of the meaning, or idea originally intended to be conveyed. This had

its origin, no doubt, in what is called "irony." To illustrate: A very homely woman is quite often spoken of now-a-days as "a beauty," (meaning, "she's a fright.") One says in derision, "You are a pretty fellow;" (meaning anything else.) The "leading lights of American medicine," and some of the leading (and misleading) Journals speak in all seriousness of that strange quintessence of egotism, vanity, self-conceit and presumption which prompted the "original committee" to give four appointments to one man—take sixteen out of the twenty-four principal appointments to their own immaculate selves, and to give the other four hundred odd minor places to the northeast corner of American medicine, as "the liberal policy!" "*That broad and liberal policy adopted by the original committee!*" Surely, they do so in a "Pickwickian sense," or in some other sense; or, is it so absurd as to come within the scope of our illustration? To less bigoted minds it appears a most narrow-minded and intensely selfish course, not policy, for there was no "policy" in anything so revolting to a refined sense of justice and fairness.

But, it is asked, "was it *wise* for the American Medical Association to do as it did?" "Was it expedient?" Ah, that is quite a different matter. Perhaps, if it could have been foreseen that these gentlemen were going to act so like that western fellow's chicken that ran in the fire, "without the exercise of any intellectual power," rashly, inconsiderately, and without a reason, (for we submit, they have *never* given an intelligent reason for refusing to participate in the organization of the Congress). If we say, all this fuss and confusion, and illfeeling, and outright misrepresentation; all this accusation and recrimination could have been foreseen, and that it would, ultimately, lead to a crippling of the committee in its work, and, perhaps, to mar- rying the success of the Congress,—the more conservative of the members would, perhaps, have counseled an opposite course; would have said, "better let Billing's committee have it their own way; better swallow the affront and the new-code men, at one gulp, than to make anybody mad." But, no process of reasoning could have foreseen that men, known to be intelligent, and occupying exalted positions, would act more like a disappointed, pouting child, than like rational beings. And, perhaps,

it is best that it could not be foreseen ; otherwise the Association *might* have been bullied, brow-beat and *Billings-ed* into submission. For our part, we rejoice that it could not be foreseen ; and we commend the members who had the manliness to speak out in resentment of the imposition !

It is possible, perhaps, to anticipate any reasonable, rational act ; but, who, we say, could have foreseen the dog-in-the-manger spirit that has actuated some twenty-eight out of the four hundred physicians in Philadelphia, and a smaller percentage in three or four other cities, to endeavor, because thwarted in a monstrous attempt to constitute themselves and the new code men of New York *the* medical profession of America, and to ignore the rest of mankind, to resort to *such* means to obstruct the organization of the Congress? Who could have foreseen that the chairman of the immortal committee of eight, after having professed to be satisfied with Speaker Randall's decision that the action of the Association was legal, and after meeting with, and working with, the committee at Chicago, should, within forty-eight hours, go back on them, and join the disgruntled ?

The *right* to do as it did is, we believe, now generally conceded to the Association; hence the question is resolved into one of expediency, "Was it wise? Was it expedient?" But, it will be answered, they did give a reason. They are not willing to admit that it was sympathy with the new code-men; for many of these protestants claim to be "staunch supporters of the code."(?) They claim that the committee, as at present organized, "are not representative men;"—that they are "men of whom we know nothing or too much;"—"men who should not be endorsed," etc.; and lastly, that the new committee are not competent to organize the Congress. The former allegations are made only in spite, and are unworthy of notice. Time will prove the fallacy of the last.

The fact is, most of them are down on Dr. Shoemaker. They say he is unpopular. His election on the committee, by his State delegation, and his election by the committee, as their Secretary, establish the reverse as true. The secret of their opposition to him, in addition to his success in Philadelphia, despite the small persecution of certain of the mutual admiration clique,

springs out of his manly exposition of the Copenhagen racket. That's what's the matter with Shoemaker; but as Father Davis says, "they have not the manliness to acknowledge it."

But enough has been said on this subject. We see by the leading organ of the opposition, the "News," that the decliners have realized the absurdity and the seriousness of the situation, and are now showing some concern as to *how* things can be adjusted! We will surely meet them half way, and in a liberal spirit, entertain any reasonable proposition looking to their participation in the Congress—both they and their new code friends—any proposition that does not compromise the dignity of the Association. While we are not willing to admit, by any means, that the presence or co-operation of those gentlemen, who have "declined," is essential to the holding of a successful Congress, we will admit that it is desirable, and would add eclat to the occasion. An old Ducky, being caught between the lines of battle at Manassas, exclaimed: "My God! White folks killin' each other like nothin'—why don't they stop and argify?" We are in favor of ceasing hostilities, and of letting reason resume sway; and no doubt some basis of settlement may be suggested—alike acceptable and honorable to all. There can be no doubt that the reputable profession of America are entitled to participation in the Congress, whether they be members of the Association or not, but it is absurd to expect the American Medical Association to appoint to the highest offices those who have openly repudiated its Code of Ethics. The good old minister said he was willing to receive repentant sinners back into the fellowship of the church, but he be blessed if he favored making deacons of them. So we would consent to new-code men participating in the Congress, but not as delegates from, nor *quassi* representatives of the American Medical Association, so long as they are unrepentant sinners.

Be the fault whose it may whereby the present unfortunate state of affairs has been brought about, (neither party will acknowledge it,) let the quarrel stop, and let an endeavor be made to harmonize all conflicting interests. It is preposterous, however, to ask or expect the Association to rescind its action; it cannot recede with honor from the position taken. Right is one thing, expediency is quite another. Who will then be the

peace-maker? Who the good Samaritan? Who the Moses to guide these medical children out of the wilderness of wind and words, and the mire of misunderstanding and misrepresentation, and guide them to the promised land of the International Congress, and make things "as serene as a mother-in-law's life?"

We have already, in our last issue indicated the right course: What are called new-code men are those who left the organization of rational medicine, on a misinterpretation of the code. Now that it has been demonstrated to the world *to have been* a misinterpretation, and those gentlemen officially assured of it by the Association, the doors are once more open to them to return to the fold—and they should do so without hesitation. Thus all differences would be settled; and then the American Medical Association could, consistently and with honor, and without stultifying itself, appoint them to high offices in the Congress. We would then, perhaps, be willing to "make deacons of some of them."

FINISH THE GOOD WORK.

A Plan Suggested to Regulate the Practice.

It will be observed that one of the avowed objects of this Journal is to lend its aid to completing the organization of the regular medical profession of Texas. Until some two years ago, in consequence of the rapidity with which the State is being filled, the influx of physicians, amongst others, into the State, as well as for the want of railroad communication, there was a sad lack of organization amongst medical men throughout Texas. Under the influence of Journalism, organization was stimulated; many counties organizing into strong societies, sending delegates to swell the roll of the State Association, till now, Texas has a State Association second to few, in point of members, as well as material.

A good work has thus been begun, and it must be completed. We urge upon the members of the regular (Hippocratic) pro-

profession to organize! Wherever there are as many as half a dozen physicians, within a radius of ten miles, a nucleus of organization should be formed; and every legitimate effort made to bring into the pale of the influence of the State Association every reputable practitioner in that section. In no other way will it ever be possible to discriminate between the reputable and the disreputable — to distinguish the “sheep from the goats” as it were.

The profession should be convinced by this time that no aid can ever be expected from the Legislature towards “regulating the practice,” unless a different method is adopted of asking it, and the regular profession of the State must itself regulate the practice. It can be done by inducing every physician, who has claims to respectability, to identify himself with a society, and thus with the State Society, which now, with an actual membership of five hundred, made up mostly of delegates from town and county societies on a basis of one delegate for every ten members, may be said to fairly represent the general profession of the State.

The day has come when public opinion demands that every practitioner should take his proper stand—show his hand. Those who are not for us, are against us. Thus, those who *cannot join* a County or State Society, would be branded, as it were; but the status of those who *can* do so but *will not*, is, and will ever be, equivocal—neither the profession nor the public knowing to which side they belong. Draw the line, and ask every one who is entitled to do so, to step over on the side of legitimate medicine.

The first step in the work of regulating the practice, is registration. We must have all reputable physicians registered, somehow and somewhere; and then the day may come when, not to be so registered—not to be a member of the organized branch of the profession—will be sufficient to mark a man as being unworthy of confidence, because ineligible to membership, or to registration. Thus will the profession have “become a law unto itself,” as the good ministers say, and unto the people too; and thus will the practice be “regulated” in a very efficient manner. The line will be drawn between those who are, and those who are not, in affiliation with regular med-

icine ; the unworthy will be as effectually pointed out as if they had been rejected by an examining board, and *then* if people *will* employ them, they do so with their eyes open, and have no one to blame but themselves.

But that is not all ; nor is the above the only way in which the object of regulating the practice can be accomplished. When fully organized into town, county and district associations, and these are represented in the State Association, the profession can wield a powerful influence. It will then have an organized head, and its ramifications will extend in the remotest districts.

At a general convention, in addition to appointing a legislative committee to draft such a bill as is needed, let there be appointed a committee of two, three, or half a dozen, in every Senatorial district, whose duty it shall be to personally see and convince the representative of each county of the necessity of such legislation, to the end that such representative, when he goes to the legislative halls, will be thoroughly and correctly informed, not only of the numerous instances of malpractice by which lives are destroyed, but of all the facts bearing upon the subject of medical legislation ; and also informed that the profession of Texas, four thousand strong, organized, now speak as one man, and demand respectful attention. Thus, when the Legislature shall have assembled, the members will be prepared to vote intelligently, and not be subject to being influenced by every idle story, hatched up by interested persons ; nor carried away by spurious sympathy by those who claim to be persecuted for opinion's sake.

QUARANTINE ON THE RIO GRANDE.

“In time of peace prepare for war,” is the motto of modern sanitarians. Yellow fever being present in Vera Cruz and other Mexican cities, and free and unrestrained intercourse being daily between that country and Texas, in violation of quarantine proclamation No. 1, of March 20, by the Texas Health authorities, the Governor has issued a second proclamation, es-

tablishing rigid quarantine all along the Rio Grande, taking effect August 13. The State Health Officer has instituted a system of railroad inspection of all incoming trains from Mexico, and has also established Inspectors at all the gates of commerce and travel on the border—El Paso, Laredo and Brownsville. Passengers on trains coming east from the Rio Grande will be required to show passports from the officers at El Paso and Laredo that they have not within a period of twenty days, been in Vera Cruz, or any other place infected with yellow fever. The penalty for violation of this proclamation will be fine and imprisonment. Health Officer Swearingen, ever on the alert, paid a visit to Matamoras on 20th August last.

THE DESTRUCTION OF SHENANEGAN.

(After Byron: "The Destruction of Sennacherib.")

The Chairman came forward so gallant and bold,
 And his shirt-front was gleaming with diamonds and gold;
 The smile on the faces was fearful to see,
 As he read the report of that deep commit-tee.

The appointments they made were like the sands on the shore;—
 They gave all to their friends—and would gladly give more,—
 Ignoring the members from the west and the south,
 Which brought forth destruction from Shoemaker's mouth.

He told of the bargains with new-coders made—
 The plans and manœuvres that Jacobi laid
 To capture the Congress in this mighty nation,
 By an extra-sharp game on the *As-so-ci-ation*!

Then the fire from their eyes, like a sword from its sheath,
 Flashed forth in its vengeance; and gnashing their teeth,
 They glared like a demon on the men from the South,
 And the impotent froth-foam rose white on the mouth.

But the Angel of Justice spread his wings on the blast,
 And whispered "no go," to those men as he passed.
 Then the thought of the schemers was like the poison in the cup;
 Because thus defeated they'd "bust the thing up!"

And the Doctors of Delphia are loud in their wail,
 Because right, and justice, and *ethics* prevail.
 Thus the game of Shenanegan the profession soon saw
 Would never "hold water," in the eyes of the law.

CULLINGS FROM CONTEMPORARIES.

GUNSHOT WOUND OF INTESTINES—LAPAROTOMY,—RECOVERY.

Prof. J. B. Hamilton, Surgeon General M. H. S., gives, in the *Jour. Am. Med. Ass.*, the details of a case of pistol shot wound of the abdomen (colored man, aged 19), where the bullet, a 32 calibre, passed through several coils of the small intestine and into the ascending colon; wounding, also, the omentum in several places. Dr. H. opened the abdomen, and sewed up, with fine carbolized catgut, eleven wounds in the small intestine and two in the ascending colon, besides ligating and removing a wounded mass of the omentum; dressed the wound according to the latest antiseptic practice, and gave opium freely. The progress of the case was characterized by much tympanitis, an exhausting diarrhoea, and great tenesmus. The bullet passed from the bowels at stool, on the thirteenth day. The tenesmus was due to a large pelvic hæmatoma, supposed to have been caused by continued oozing from some minute wound overlooked or not ligated. The hæmatoma was punctured through the rectum, and discharged first, a pint and a half of thin, offensive blood, and on another occasion, during an attempt to break down and discharge the blood clot, another gush came of about the same amount. Becoming anxious, the surgeon plugged the rectum with lint above, and ice below the puncture, and prevented further hemorrhage. The patient recovered, and was dismissed August 8, twenty-eight days after the receipt of the injury.

There can be no doubt that this man would have died a violent death of peritonitis and septicæmia within the first week under the old let-alone policy.

This, we believe, constitutes the second case on record of successful laparotomy for wounded intestines—at least in this country, and in man—Dr. Bull's case being the first (*New York Medical Journal*, Feb. 24, 1885).

Prof. Charles Parke, of Chicago, made several successful laparotomies for gunshot wound of the intestines of dogs—but men

are not dogs—most of them. We saw one, Dr. Parke exhibited at the Washington meeting, on which he had operated for such wounds. He was exceedingly lively, but entirely dumb—couldn't bark.

EPISIOTOMY.

Apropos of Dr. Morris' paper, "Incision of Sphincter Vaginæ in Certain Cases," which was published in our July number, and of which Dr. Bibb writes, in the present issue, we extract from a paper in the *New York Medical Journal* of August 15, by Dr. Reynold W. Wilcox, the following interesting facts.

"The operation of Episiotomy [nicking the parts, at the vaginal outlet, which are put upon the stretch during the second stage of labor—ED.] does not seem to have received, at the hands of English and American writers on the subject of obstetrics, the attention to which its merits entitle it. In the majority of obstetrical treatises, the subject is dismissed in a few lines, or no allusion is made to it. If, on the contrary, it has attracted the attention of the author, it is often superficially discussed, or his erroneous preconceived ideas are apparent in his treatment of this subject. To one who has seen this operation as one of frequent, even daily, occurrence in the lying-in wards of Vienna, this appears incomprehensible. It is the writer's intention to briefly point out its advantages and results, and, if possible, to deduce some impartial conclusions.

"Episiotomy is no new operation, nor is it an abandoned one recently resurrected, but one, although influenced by the fluctuations of obstetrical opinions, which has been in uninterrupted use for more than a century. If we read aright, the name was suggested by Ould, in his "Treatise on Midwifery," in 1742. (Parvin, in *Trans. Am. Gyn. Soc.*, 1882, vol. vii., p. 151), although Michaels was the first to perform it in 1799."

Then follows a long and exhaustive paper on the subject, treating of laceration perineæ and its causes, etc., which we have not space more than to alluded to.

TRAUMATIC TETANUS—RECOVERY.

We see reported in the *New York Medical Record*, by Dr. J. G. Starr, of Illinois, a case of traumatic tetanus successfully treated by bromide potassium, chloral hydrate and fluid extract physostigmus. Morphine was given also, and the wound, after being freely incised, was cauterized with nitrate silver and nitric acid, and poulticed. We are reminded here of the successful treatment of traumatic tetanus by the lamented Hodgens, by large doses of Fowler's solution. It was so successful that it came to be known as Hodgens' treatment.

WELL WORTH KNOWING AND REMEMBERING.

There are few drugs more frequently prescribed in combination now a-days than bromide potassium and chloral hydrate. In fact, there is no better hypnotic to be found than equal parts of those two salts in solution. They constitute, with a little extract cannabis and extract hyoscyamus, the very popular bromidia. It is not generally known that it is dangerous to prescribe them in a solution which contains any alcohol whatever. If put up in a mixture containing even a few drachms of paregoric, the chloral hydrate is converted into the alcoholate, which is harsher and stronger, and which separates and floats on top; and unless very particular instructions are given to shake the vial, there is danger in a patient getting a fatal dose. There is quite a long article on the subject in the *Polyclinic*.

SOCIETY NOTES.

TRANSACTIONS TEXAS STATE MEDICAL ASSOCIATION.—Messrs. Lambert & Draughn, the gentlemen printers, to whom was awarded the contract for printing the Transactions of the Texas State Medical Association for 1885, have finished the task, and the Secretary will now, in a few days, mail them to members. We unhesitatingly pronounce it by far the handsomest and most

creditable volume of transactions ever gotten out for the Association. In our next issue we hope to be able to give a synopsis of its contents.

At the last regular meeting of the Travis County (Tex.) Medical Association—it being the occasion of the semi-annual election of officers—the following were elected: President, Dr. F. E. Daniel, of Austin; Vice-President, Dr. Dean, of Hornby; Secretary, Dr. Ralph Steiner; Treasurer, Dr. T. J. Bennett. This active Association is doing good work and extending its membership. Dr. G. W. Christian, a prominent physician of Burnet, Burnet county, was admitted to membership. It is proposed to create a district Association, embracing Travis, Burnet, Mason and one or two other adjoining counties, shortly.

PHYSICIANS' MUTUAL BENEFIT ASSOCIATION OF TEXAS.—Dr. W. A. Morris, of Austin, has been elected President of this Association. Dr. Morris is, perhaps, the oldest active practitioner in Texas, having been steadily engaged in practice over half a century. This Association is simply an agreement between the members that, when one dies, all the others will contribute one dollar each to a fund for the deceased member's family, to be sent to the Secretary. No other expense except an annual fee of one dollar for stationery, postage, etc., and to pay the Secretary for his trouble. Send for blank applications to this office.

MELANGE.

THE FIRST FRUITS.—Dr. W. A. Morris' paper on "Incision of the Sphincter Vaginæ," which appeared in our July number, is attracting considerable attention. A singular coincident occurred in connection with it. Dr. R. H. L. Bibb, of Saltillo, Mexico, formerly of Austin, writes to Dr. Morris that he was called in consultation in a wealthy Mexican family, to a case of labor in a primipara. He had just received that number of

DANIEL'S MEDICAL JOURNAL, and took it with him; and, during his ride, read the paper referred to. Arriving, he found a case urgently requiring episiotomy, to prevent laceration; and without a moment's hesitation, he incised the sphincter. The child was expelled with considerable force, and all went well; no laceration of the perineum resulting.

THE DENGUE is prevailing in Austin; most of the Doctors have had it, and are now sympathizing with their patients.

AN OFF-SET.—The declination of the famous 28 was calculated to make an impression that they represented the sentiment of the profession of Pennsylvania. This has been effectively negated by the signature of some four hundred Pennsylvania physicians to a document endorsing the action of the Association, and sustaining the code. The list embraces fourteen Ex-Presidents of the State Medical Association, and amongst the whole are the names of such men as Pancoast, Hewson, Lawrence Trumbull, Atkinson, Dungleison, Sutton, Leffmann, Formad, etc., all quite as "eminent" as any of the light brigade of decliners.

GALVESTON is to have waterworks.

A WISE PRECAUTION.—Mr. Samson: "I really must get my life insured, I am not feeling very well. I think I will call on Dr. Gilbert and get some medicine, and to-morrow I will get insured." Mrs. Samson: "Don't you think, Tommy dear, it would be safer to get insured first?"—*Puck*.

THE NEW STATE HOUSE.—We learn from the *Sanitary News*, of Chicago, that the contract for the iron, for this building seven million pounds, and to cost \$300,000, has been awarded to a firm in Antwerp, through their Boston agent, and that there is any amount of "virtuous indignation aroused among the iron manufacturers of America" in consequence. The foreigners simply outbid them, it being, the contractor says, a question of dollars and cents. The Pulman Car-wheel Works, of Chicago, furnished the iron for the first floor and basement columns, now in place. The Diebold Lock Company will furnish the vault

work. J. C. McFarland the galvanized iron work and slating, and Eaton & Prince the elevators. Carnegie Bros. & Co., of Pittsburg, got the contract for the iron for the railroad from Burnet to the granite quarries. These contracts, given out in Chicago last week, aggregate \$1,000,000. The railroad to the quarries is to be built at once, and, as soon as it is finished, work on the Capitol will be resumed. It is to be completed by January 1, 1891—four years and four months from the present time.

INOCULATION AGAINST YELLOW FEVER SUCCESSFUL.—Domingo Friere writes from Rio Janiero to the Editor of the *Sanitary News*, Chicago, that the fever did not assume the proportion of former years because of his successful inoculation of all classes, ages and nationalities with his "attenuated culture." He says he inoculated four thousand, not one of whom had the fever, and that it was often done in the houses where deaths had just occurred. He says, "This preventive measure has succeeded in a marvelous way, the disease being extinguished in its home."

HAS anybody any recollection of a so-called International Congress having been held in America in 1876? It seems to have gone out of the memory of the oldest inhabitant.

A SUGGESTION FOR THE COLUMBUS (O.) MEDICAL JOURNAL.—

Ding Dong Dire; the Fat's in the Fire!
What did the trick? The little Texas Kick.

HE HIT IT.—In filing out a "birth certificate," in a case where the father's name was a little doubtful, a Chicago physician, with a readiness equal to any emergency, promptly filed the blank with "E Pluribus Unum."—*Exchange*.

DEATH OF TWO YOUNG LADIES BY A DRUGGIST'S MISTAKE.—Mr. Am. Ende, Hoboken's popular druggist, a man of learning and skill, made a fatal mistake on a prescription which the Doctor brought himself. The Doctor was engaged to a young lady—Miss Gretchen—the daughter of a well-to-do man

in New York, and visiting her, found her and her sister ill. He prescribed quinine, and brought the medicine himself, and administered it with his own hand. Shortly afterwards, the youngest lady was found in a comatose state, and soon died. Miss Gretchen soon followed, despite efforts of several physicians. Mr. Ende called, and, taking up the powders, was horrified to find he had put up morphine instead of quinine as ordered. His anguish of mind is said to have been pitiable. He went to his house and attempted to take his own life by atropia, but the physicians saved him, and he is under arrest. The father of the young ladies sent messages of sympathy to Mr. Ende, and has had prescriptions filled at his shop since, says the *N. Y. Medical Journal*. Much sympathy is felt for the bereaved parents and, also, for the unfortunate druggist, whose mind is in a state bordering on madness. The law of New York makes it criminal, with a penalty, if, by ignorance or carelessness of the druggist in dispensing medicine, a person loses his life. This was not ignorance, but it certainly was carelessness. It is to be hoped that in this case, justice will be largely tempered with mercy. Mr. Ende was so popular with the physicians, on account of his skill and learning, as well as for his reputation for being a conscientious and pains-taking prescriptionist, that although his place is in Hoboken, they bring and send him prescriptions from New York and even Brooklyn. He says he cannot account for the mistake except that his attention was distracted by persons in the shop, who persisted in conversing with him while he was busy. The frequent occurrence of mistaking morphine for quinine, it would seem, would suggest the necessity of having morphine colored some strong color which should be characteristic of that drug alone. This item of news appears in the *New York Journals* of the 5th.

THE VERY LATEST.—As we go to press we are distressed to learn, and to announce, that Dr. Jones, of Jonesville, has “declined.” That settles it; the Congress has gone up.

A GOOD PUN AND A NEAT COMPLIMENT.—Dr. Thos. F. Wood, editor of that excellent *Journal* (*N. C. Medical Journal*), in an

editorial, makes a comparison between the British Medical Association and the American Medical Association, and between the Journals of the two great societies, he says: "The editor has all the qualities of an earnest heart." For fear that somebody may fail to see the point, we will venture to give them a hint by saying that Mr. Ernest Hart, editor *British Journal*, is said to be ambitious to go to Parliament. Dr. Wood would hardly attribute the "qualities" of a politician to our Dr. Davis.

POISON IN ICE CREAM.—In San Antonio, Texas, recently, quite a number of persons were poisoned by eating ice cream flavored with vanilla extract. It is not known how it occurred. The symptoms were those of strychnine and narcotic combined, with a little tartarized antimony thrown in, to-wit: convulsions, opisthotonos, frontal pains, stupor, together with violent emesis and catharsis. All recovered.

QUARANTINE APPOINTMENTS.—Dr. John McKnight has been appointed, by the State Health Officer, Sanitary Inspector at Laredo; and Dr. McKinney, at El Paso. State Health Officer Swearingen visited those gates of Mexican commerce and travel the latter part of August, to give instruction to the Quarantine officers, and to inspect the Stations.

THE OX AND THE FLY.—There is one very important point in connection with this declining business that these gentlemen seem not to have duly considered. It is this: they are not of so much consequence in the estimation of others, as they are in their own, and that of their special (and specialist) friends. Their assumption that there can be no Congress without *them*, and that the whole of Europe will stay away on their account, reminds one of the story of the fly on the ox's horn—"If I am too heavy Mr. Ox," etc.

NIPPED IN THE BUD.—Had we less regard for veracity, we might exclaim, in the first flush of disappointment, "'Twere ever thus from childhood's hour, I've seen my fondest hopes decay," etc. Were we to so exclaim now, we would be guilty of that

for which Ananias is said to have suffered; for amongst our "fondest hopes"—indeed, we may say, "chief amongst ten thousand" fond hopes, and "altogether lovely"—was the desire to make this journal a success. In our pardonable pride and gratification, we point to the complimentary and cordial greeting extended us by our colleagues, (see last page in this book), as evidence of success, so far: and, although a little irrelevant just now, we tender our most grateful acknowledgments. Thus our hopes, instead of decaying, have been stimulated. This aroused our ambition to be the first to give a report of the now famous Committee's meeting held in N. Y., on the 3rd. We held our pages open for the report. We had a friend present who was to send it: we thought we would strike it just right. He wrote; but "phancy our pheelings," when we read, "Dear Doctor:—I hasten to write that you may not keep your Journal waiting. *I was pledged to secrecy.* No reports will be furnished for publication until the proceedings appear in the Association Journal." Well, now, that is paralyzing. If the Association organ has a corner on all such, we will quit.

ADVERTISERS' NOTICES.

DR. H. T. BRUCE, of Waverly, Ala., says: I have tested PAPHINE; it acts charmingly as an anodyne. One of the patients could not tolerate Morphine, owing to the nausea and vomiting it occasioned. In this patient pain was allayed and tranquil sleep produced and no evil effects followed. I noticed that its effects were quicker than was usual from opium. So far I am much pleased and deem it an indispensable remedy.

BLENNORRHOAGIA AND DYSPEPSIA.—There are no two diseases in the whole catalogue of human ills that give the general practitioner of medicine so much trouble—and we may say the sufferers too—as those named above; nor that are so stubborn and unyielding often, even to skillful treatment. We believe most physicians will admit the correctness of our postulate,

and those physicians will hail with pleasure, any remedy or combination of remedies likely to aid them in the treatment. Warner's PIL DIGESTIVA AND PIL BLENNORRHAGICA, both elegant pharmaceutical preparations in gelatine, are recommended and used by leading specialists. See our advertising department, first page after reading matter, in this issue.

 Please mention this JOURNAL..

IT WOULD BE SUPERFLUOUS for us to add anything in praise of LISTERINE at this late day; its fame as a deodorizer, disinfectant and anti-septic being co-extensive with the practice of anti-septic surgery; or, to call attention to the advertisement of Lambert & Co.—“Listerine and Lithiated Hydrangea”—they are not only well known, but with his customary sagacity and appreciativeness of Journal advertising, Mr. Lambert has secured our *front page*, where one cannot help seeing it on opening the book; and as “seeing is believing,” one is bound to have faith in two preparations whose names are as household words to all progressive practitioners.

Mention this Journal in ordering.

THE THERMOMETER WE LONG HAVE SOUGHT, and mourned because there was no such made, is now in our possession, with the compliments of the manufacturer and patentee, Mr. John Barry, 62 Fulton street, New York. He guarantees every thermometer accurate, and in good order, being thoroughly seasoned before being put together; and, moreover, he sells them at \$1.25; *less than half the price* of an inferior article. It is a beauty—something pleasing to possess as well as satisfactory to use; and safety is insured by the instrument being enclosed in a solid nickel tube. We are satisfied, Doctor, if you order one of Barry's you will throw away your crook-neck and all other thermometers, and thank us for directing your attention to Barry's advertisement in this issue of the Journal.

Be sure to mention us.

TO PHYSICIANS PRESCRIBING

PIL: BLENNORRHAGIC.[WARNER & CO.]
COMPOSITION.

R Terebinth Alba	1½ grs.	Camph. Monobrom	¾ gr.
Ext. Humuli	¾ gr.	Res. Podophyl.	⅓ gr.

Dose : 1 to 2 pills.

As Prepared By **WM. R. WARNER & CO.,** Chemists, Philadelphia.

This combination has not heretofore been published. It has been extensively used in the practice of physicians of this city and with the most satisfactory results.

It is the remedy *par excellence* for Chronic *Blennorrhœa*, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

It is also almost equally serviceable as a remedy for cystitis and inflammation of whatever kind affecting the urinary or sexual organs.

These pills have been used successfully in the treatment of Chronic Gastritis; in fact they are indicated wherever inflammation of the mucous membrane of internal organs exists.

A Valuable Aid to Digestion.

PIL: DIGESTIVA.

(WARNER & CO.)

R Pepsin Conc't	1 gr.	Gingerine	1-16 gr.
Pv. Nuc. Vom	¼ gr.	Sulphur	⅓ gr.

In each Pill.

This combination is very useful in relieving various forms of *Dyspepsia* and *Indigestion*, and will afford a permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least an hour before eating; the first mentioned time is the most desirable as the effects are more decided, owing to the longer period for action, and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill, *Pil : Digestiva* is unequalled, and may be taken in doses of a single pill either before or after eating.

The many flattering testimonials which have been received from the Medical Profession respecting the efficacy of these pills and their very extensive use is ample evidence of their superior properties in cases where such a medicine is indicated, and warrants us in offering them with the full assurance that there need be no fear of disappointment in results.

WM. R. WARNER & CO.,

Manufacturers of Soluble Coated Pills in all their Variety,

PHILADELPHIA AND NEW YORK.

Sent by Mail on receipt of price, and Supplied by all the Leading Druggists of Texas.

SUPPLEMENT.

Vol. 1.] AUSTIN, TEXAS, SEPTEMBER, 10, 1885. [No. 3.

EDITORIAL.

THE NEWS FROM THE COMMITTEE MEETING.

We are, indeed, the first to give the profession any report whatever of the action of the International Congress Committee, in New York on the 3d. After writing the closing paragraph of this issue, expressing disappointment in not getting a report, and after the journal was sent to the bindery, we received a letter from one of the physicians who was present, giving us the following items, which we hasten to lay before our readers, knowing the feverish anxiety on the subject:

First and most glorious of all,—our own—the noble old Roman, N. S. Davis, was made SECRETARY GENERAL of the Congress!! has accepted and gone actively to work!! The attendance was as large as at Chicago,—and the meeting was harmonious, twenty-seven committee-men being present, representing the whole *extent* of the American Union in length and breadth, including COLE, of California, (the President of the Committee;) Battey, of Georgia; Sim, of Tennessee; Wathen, of Kentucky; Gordon, of Maine; and ———, of Nebraska: (literally “from Maine to California.”) The qualifications for membership in the Congress were made more liberal; and *thirty days grace were given those who had resigned, to come back*,—except Chairmen of Sections, who are out to stay. All the vacant chairman-ships were filled. Amongst the new chairmen are W. H. Pancoast, Anatomy; A. W. Calhoun, of Georgia, Ophthalmology; — Robinson (A. R. or Beverly?) on Dermatology; Briggs, of Nashville, on Surgery (vice Yandell, “declined”); and Edmund S. F. Arnold, of New York, was made Treasurer of the Congress.

The Association Journal of the 12th will contain the complete list, and further particulars; meantime we are enabled to give our readers the above, which is enough to relieve the suspense, and to assure them of the success of our cause.

We might make several apt quotations—such as “Truth

crushed to earth," you know, but space is space just now, and we desist. It will be observed that the South has come in for more honors. If one does not stand up for his rights in this world, he will very often not get those rights. Suppose the South had not said anything against the appointments as first proposed? She would have been entirely slighted. We opine the indignation will be great amongst European physicians when they come to realize, which they must do shortly, that they have been "played for suckers," and made to believe there was no respectable medical talent in America outside of twenty-eight Philadelphians. A Congress with Flint, Davis, Pancoast, Campbell, and Batty and others whose names are of world-wide familiarity, can be nothing short of a grand success;—at least we will "stand pat" on that hand. We will here record the prediction, however, that not one of those who have bitten off their noses, will come back. Well, then, let them go. Shake, Brother Shoemaker.

DROPPED FROM THE ROLL.

The efficient and courteous Secretary of the Texas State Medical Association, Dr. W. J. Burt—(by the by, the Doctor is now down and suffering with the prevailing fever—dengue; he and his young son, Eugene, both being stricken down the same day) informs us that about sixty names of members of the State Association have been dropped from the roll for non payment of dues. Those who do not receive a copy of the Transactions will thus know why. Dr. Burt requests us to say, however, under the Constitution and By-Laws, those members can be reinstated upon the payment of arrears.

Volume 1, number 1, of DANIEL'S MEDICAL JOURNAL, is at hand. It is edited and published by Dr. F. E. Daniel, of Austin, Texas, and late of the *Texas Courier-Record of Medicine*. To say that it is a beauty is putting it mildly: it is a daisy—a jewel. We never saw a more handsomely gotten up periodical than this. Doctor Daniel's salutatory is an exceedingly fine literary effort. There can be no doubt that the Doctor's soul is in the work, and that it will "march on" to success. The JOURNAL is in a high degree sprightly, interesting and practical. Subscription price, \$2 per annum; single copies, 25 cents.—*Medical World*.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.



Vol. I.]

OCTOBER, 1885.

[No. 4.

"Scribimus indocti, doctique!"

ORIGINAL ARTICLES.

 CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL. 

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

MEDICAL ETIQUETTE.

By C. C. Francis, M. D., Cleburne, Texas.

Read before the Johnson County Medical Association. For Daniel's Medical Journal.

IN presenting to the Johnson County Medical Association an essay upon certain rules and regulations governing the relations that exist between medical men, and the professional duties that are due from one member to another under all circumstances, which is a question of difficult solution, it is not my intention to submit a code of laws applicable to the government of the profession, but merely to offer a few thoughts upon some of the rules that may be conducive to a more perfect understanding and good will that should at all times pervade the daily intercourse of the busy practitioner with his medical brethren.

After many years of observation and experience I have se-

rious doubts as to the successful establishment and adaptation of any code of medical ethics that will place the brethren in the profession upon a perfectly satisfactory and harmonious basis.

There exists no standard work on the subject that I am aware of—the only rules are those emanating from the American Medical Association, and such as are published through the medical press. The rules established and formulated by the American Medical Association must of necessity take a wide range; consequently they cannot be framed so as to meet the requirements suitable for all localities. I hold that these laws are established upon correct principles, and are wholesome as general laws governing the medical profession, that they should be adopted and strictly adhered to by our County Medical Societies; in addition to which each county association should engraft thereon such other rules and regulations as would have a tendency to develop a more perfect understanding as to what constitutes true manhood and professional courtesy; that when they are established and adopted, they should be printed, and each member furnished with a copy.

Much of the ill feeling existing among the members of the profession is the result of a misconception of what constitutes medical etiquette. Correct and incorrect opinions are entertained and acted upon—the one taking a correct and the other, honestly, an incorrect view. Under these circumstances it would be difficult to come to a satisfactory understanding. One presumed professional discourtesy from slight causes may lead to others, and ultimately result in an estrangement between personal and professional friends that would never have existed, had a thorough and complete code of laws been agreed upon and understood.

Much of the misunderstanding that is engendered among the medical profession may be attributed, in a great measure, to the want of a knowledge on the part of the people in regard to the relation one medical man sustains to another, as well as the relation he sustains to the patient, and the community generally.

The physician has rights, and is entitled to due respect in the line of his profession; likewise the patron and patient have

certain rights which should be conceded. These several rights should be defined and incorporated in the laws regulating the profession; the same should be published, so as to be read and understood by the people as well as the profession. When we have once instructed them as to their rights, and the respect they are due the profession, we will, in a great measure, have throttled one of the prime causes underlying nine-tenths of all the hatred and bickerings that have ever existed among medical men.

Here it is that the unprincipled charlatan, either by direct thrusts or the more potent agent, insinuation, stabs his professional brother in the "dark." He makes it a point never to agree when called in consultation. Should the course of treatment be correct, the mode of administration must be changed; pills must be substituted for powders, or vice versa, powders for pills. If aconite is being administered, gelsemium or veratrum would meet the indications more satisfactorily; syrup of tolu is wonderfully healing and stimulating to bronchial mucous membranes, and will greatly add to the efficiency of the expectorant prescribed; a runner must be sent post haste to the drug store to make the impression more profound. If the patient recovers, his timely assistance and scientific knowledge saved him. If he dies; it was the result of his valuable aid not being demanded sooner; he could see just where his professional brother made the fatal mistake, which could have been obviated at the proper time.

Another ingenious and oft practiced method of those who hope to rise upon the downfall of others, is very frequently resorted to by this class of men. Well, Dr. A., what do you think of Dr. B., who has just settled in our town? With a knowing look and half sarcastic smile, he replies: W-e-l-l, I d-o-n't k-n-o-w. I should think he is rather young yet, to be skillful. He'll do very well for simple diseases, such as chills and fever. I don't think it would be safe to risk him in a bad case; he may make a good doctor when he gets age and experience. Well, there is old Dr. C., who has settled in our midst, what sort of a doctor is he? Oh, well, you can see for yourself—probably he's been a good doctor in his day—he's a regular old fogey—hasn't kept up with the profession. I'd be afraid to

risk him. These and other similar remarks, together with direct and indirect insinuations resorted to by this class of medical men, are readily caught on to by the ignorant masses, and especially by some knowing old woman, of which nearly every neighborhood is the happy possessor. They "roll it as a sweet morsel under their tongues;" no opportunity is lost, not only to perpetuate what Dr. A. has said about Drs. B. and C., but exaggerated statements are made. The bold, embrazoned, unprincipled Dr. A. stands before the community as a man of great sagacity and wonderful medical attainments, while the quiet, honest, conscientious, worthy physician, is sacrificed upon the altar of justice, at the hands of an ignorant and misguided community.

But thanks for the old adage, "Truth is mighty and will prevail," "murder will out." The misguided will live to see their errors, the unprincipled man his own downfall, and the meritorious will occupy a position worthy of his honesty and attainments.

Medical etiquette has for its object the establishment of a system of laws by which medical men may know and understand the duties they owe to each other, and when strictly adhered to, as they should be, could not do otherwise than produce harmony, and good feeling, binding them happily together in the prosecution of a noble and glorious work.

Whenever we lose sight of an honest, upright and straightforward course, either for pecuniary gain or to establish a reputation for skill and ability, we transcend the rules of propriety, and subject ourselves to a just censure from all honorable men. The feeling of an ambition to excel is commendable, but the successful and thoroughly educated medical man should not boast of his attainments; let him be content to know and feel that he is able to cope with the best minds in the profession, ever ready to extend aid to those in search of knowledge.

Our profession, like all others, is made up of men whose intellect, learning and wisdom are reckoned by the extremes. The weak, as well as the strong, should at all times stand upon the watch tower, ever ready to cement the ties that should bind us together as a noble brotherhood, standing between life and death.

There is no calling more honorable, no profession more laborious, and none that requires as much patience and good will amongst its members, as that of the medical profession.

We should never let such trifles as a medical man, moving into our town, or some adjacent neighborhood, (although it may limit our practice) influence us in our friendly feelings toward him. If he merits a practice, let him have it. If not, the people must be the judge, and not the professional man's business to censure.

Quacks and charlatans should receive no mercy or recognition at the hands of the profession—likewise Homœopathy. The Allopath (so called) and Homœopathy are as distinct as day and night, consequently it is useless to attempt to make *something* recognize *nothing* as a science worthy of the confidence of an intelligent people.

On the other hand we should be true to each other, and especially ever ready and willing to aid and sustain the honorable young men of the profession.

If we expect them to grow up as respected members, they must be dealt with justly, encouraged and sustained by those who have grown old and experienced; ever remembering that we too were once young, and had to commence at the foot of the ladder.

I fear, of late, that we have lost much of that true and exalted impulse that encouraged and fostered the profession in the search of knowledge during the days of its infancy.

That the profession, at a very remote age in its history, were closely allied, and harmoniously linked together, we have only to refer to writings of that venerable teacher, and one of the fathers of medicine, Hippocrates; here we will find that no narrow-minded or exclusive selfishness controlled our ancient brethren; but a line of generous conduct and morality was enjoined on all alike.

In order to refresh our minds I will close this short and imperfect essay by quoting the Hippocratic oath:

[Oath omitted for want of space.—ED.]

THE PROPER MISSION OF THE OBSTETRIC FORCEPS.

By S. F. Starley, M. D., of Tyler, Texas, Ex-President Texas State Medical Association.

For Daniel's Texas Medical Journal.

IT would seem that in this day of progress where so many sources of scientific knowledge are open to the student and practitioner of the obstetric art, a proper knowledge of the various indications for the use of the forceps would be indelibly fixed in the mind of every man who takes upon himself the responsible duties of the accoucheur. But unfortunately for humanity such is not the case. If we inquire of medical practitioners in general, especially in the country and smaller towns, we shall find that there are few, very few, who are in the habit of using the instrument at all. And why is this? It is because there is a widespread, but groundless, prejudice amongst the laity that instrumental interference with the process of labor is fraught with danger to the mother and child; while too many physicians are ready to chime in with the ignorant old women and contend that nature should take its course in nearly every case. While the parturient woman is permitted to suffer on through untold agonies until her stock of vital force is exhausted, her blood poisoned with the effete material that is being carried into the vital fluid in great excess in consequence of the prolonged and fruitless effort that she is compelled to make for her delivery, her nervous energies become exhausted, and a feverish state of the system sets in, from which she is fortunate if she escapes without serious or permanent injury.

The indications for delivery with the forceps are more numerous than would be inferred from a perusal of the works of most authors on this subject. Prof. Maughs, certainly one of the ablest obstetric teachers in the United States, gives the following as the most common of the conditions requiring their employment:

“1st. Prolapse of the cord. 2nd. Hemorrhage. 3rd. Convulsions. 4th. Large head. 5th. Contracted pelvis. 6th. Unfavorable positions. 7th. Rigidity of os uteri. 8th. Rigidity

of perineum. 9th. Feeble or ineffectual uterine contractions."

These certainly constitute the more frequent indications, and some one of them is generally found to be the cause of delay and danger to both mother and child, and in each of them, and the complications growing out of them, the forceps is the safest and most speedy means of relief at our command.

Prof. Maughs, speaking of rigidity of the perineum, and the delay and danger so frequently consequent upon that cause, says: "Of course, if delay occurs, here the forceps should be used—not after waiting until the head has rested immovable upon the perineum for six hours, as taught by Denman. Wait not six hours, nor one hour, but resort to the forceps as soon as it is manifest the head is not advancing, or, if advancing, doing so so slowly that it is evident the woman and child might suffer from unnecessary delay. Experience has taught what *a priori* might be inferred—that delays, at this point, are extremely dangerous to mother and child; dangerous to the mother because of the exceeding sensitiveness of the parts upon which the pressure is exercised; dangerous to the child because at this time it is mostly out of the womb, which is correspondingly contracted, interrupting the placental circulation. And to permit the occurrence of unnecessary delay here, would also be the less excusable, as the meekest tyro can apply the forceps at this point without difficulty or danger; and yet under the waiting-on-the-resources-of-nature doctrine, thousands of women have been permitted to endure the tortures of this condition for many weary hours, until their offspring had perished and their own lives endangered or sacrificed, when they could have been safely delivered in ten minutes. *O, tempora; O, mores!* Is the wail of the helpless woman of no moment? Of all our race are her sufferings alone to be disregarded, because, forsooth, there is some physiology in her sufferings?"

Then, speaking of feeble uterine contractions, the same learned teacher continues: "This is, perhaps, of all others, the most frequent cause of delay in labor, protracted second stage of labor through which the unfortunate, unaided woman drags through weary hours or days in fruitless effort to deliver herself, until the child is dead, and the mother in a hardly less unfortunate condition. In these cases the forceps reaches its

highest triumph, and to withhold it, is a sin against God and humanity."

"When the gross clouds of ignorance, that have heretofore darkened our art, shall have given away to a knowledge of the mechanism of labor, the dangers of delay, and the ready and safe means of relief by making the forceps, a blessing, instead of a mockery to perturient women, such cases, with their dire consequences, will be unknown."

Speaking of its benefits and dangers, he says: "As it is the most conservative of obstetrical operations, always intended to benefit the mother and child, if this be living at the time, its dangers might almost be left out of the question, as its use necessarily involves absolutely no danger at all, except in the hands of the rash and ignorant, and such should never be at the bedside of the lying-in woman, and should they unfortunately get there, are as likely to do mischief without, as with the forceps." "Consequently as we are not talking to or writing for either the rash or ignorant, but to an educated profession where all are alike conscientious, and more or less skilled in the use of forceps, we may, as before stated, readily leave out its supposed or possible dangers—dangers far more *in posse* than *in esse*. And yet this is a very talisman for the trusting owls who have heretofore sat for hours by the bedside of a delicate, sensitive, helpless, suffering woman, in the the agonies of an unavailing labor, without giving her the unspeakable benefits of a speedy, safe and easy delivery by the forceps. Such a one may possibly console himself with the so oft repeated caveat for ignorance that "meddlesome midwifery is bad." So it is, but the indecision and hesitancy of fools is worse.

"But has it come to this, that the accoucheur is the only one of our divine profession who utterly ignores our lofty mission which is to save life and alleviate human suffering? And is her life and that of her unborn child of such non-importance that we are to turn a deaf ear to her prayer for help?" "The opponents of the early and frequent use of the forceps, refer with seeming triumph to the fact that in British midwifery practice one woman in every twenty deliveries with the forceps died; of course they did. They died, not because they were delivered with the forceps, but as we shall incontestably show,

because they were not delivered earlier; they died because, through a slavish adherence to the authority of those whose ignorance and want of skill,—Denman & Co. should have prevented their ever being consulted, their labor was allowed to linger on until fatal inflammations were lighted up. They died because their blood was poisoned by the absorption of decomposed secretions from the heated inflamed genital tract; they died because their exhausted vital forces were no longer able to bear up under the long continued depression of an unavailing labor. They died because of shock to heart and brain, caused by withholding the relief that should have been extended to a very dog!

“These opponents, with like seeming triumph, refer to the fact that one in every four or five of the children so delivered also perish. Of course they too perished, not because they were delivered with the forceps, but because the accursed doctrine of Denman withheld the life saving forceps until the children were already dead, or in a dying condition. Had the forceps been used as it should have been, hours before, the children and mothers might all have lived. The death of all these mothers and children is justly chargable, not to the forceps, but to its being withheld until too late. The cry of “meddlesome midwifery is bad” has been repeated from the days of Denman and Blundell to this, by every ignoramus who has sat for hours by the side of a helpless woman permitting her to suffer in unavailing labor until her offspring was dead, and herself but little better. They died because the attending physician, through a criminal ignorance, was unable to give the necessary assistance, or, through blind adherence to an age of ignorance, he feared to do so, and remained trusting in the resources of nature long after these had shown themselves inadequate to safe delivery, then the long deferred assistance came too late. Thanks to the march of science, as we predicted twelve years ago, the days of this ignorance have been fully numbered.” (?)

“Perhaps the most triumphant vindication and argument for the frequent and early use of the forceps, and their utter harmlessness in skillful hands, is given in the practice of Dr. Hamilton, of Falkirk, who, though utterly ignorant of the mechanism of natural labor, upon a knowledge of which all truly

scientific operations must be based, and with quite an imperfect instrument compared to Hodge's forceps (Zegler's straight forceps), and with this applied as it never should be, with blades antero-posteriorly, delivered one hundred and ninety children with only two deaths, or a little over one per cent. None of the mothers were lost. We hold it as a rule of practice to use the forceps in any case, in every case, when in the second stage of labor the head fails to advance during the pains, or advancing, does so so slowly that the labor threatens to be prolonged, to the injury of mother and child, without waiting for this injury to occur. More than this, we carry the war into Africa by freely declaring and teaching that the physician who permits his patient to linger unnecessarily in the second stage of labor when he could prevent it by the timely use of the forceps, is reprehensible in that he thereby endangers the well-being of those entrusted to his care. I use the forceps in every three or four cases, and have never regretted having used it even in a single case, but have often regretted that I had not used it earlier." "I have applied the forceps some twenty times at the superior strait. In two of these cases the head was not engaged or fixed in the inlet or brim, and had to be held down by an assistant. One of the children in these twenty cases was known to be dead before the forceps were applied, and one was lost by delay in delivering the shoulders after the head was delivered. In some eight of these cases the os was not dilated more than two inches. None of the children perished because of the forceps delivery. All the mothers did well. I have never delivered a woman with the forceps who died from, by, or in connection with her accouchment, and consequently have most certainly killed none with the instrument."

The above quotations are given from one of the ablest and most experienced obstetric teachers, as a fair specimen of modern teaching on that subject in our best medical schools. And yet, strange to say, we find men eager to take upon themselves the duties of accoucheur who utterly ignore all this, and blindly refuse their suffering patients the best, the safest and most easily applied means of relief that the inventive genius of man has bequeathed to suffering woman.

I hold that it is the duty of every one whose education embraces a thorough knowledge of these subjects to come out boldly and speak and act for the good of humanity. I hold that the obstetric forceps, in the hands of a well educated physician, is a perfectly safe and harmless instrument, and that its more frequent use would lead to a corresponding reduction of the sufferings and dangers of childbirth, and rescue thousands of the fairest and most interesting of our race from disease and suffering incident to protracted and difficult labors. Who can doubt that nine-tenths of the cases of uterine and vesical diseases in child-bearing women have been brought on by unnecessarily protracted labors? We all know the dangers incident to prolonged and intense muscular effort—how it loads the blood with effete material, exhausts the vital powers, and deranges every physiological function of the whole system.

And yet, how many delicate women are permitted to labor for hours, and sometimes for days, enduring the strain upon their muscular and nervous systems of the most intense effort, and at the same time enduring the agonies of pain the like of which is never experienced in any other condition of human existence. Is it any wonder, then, that disease and, in many cases, death should follow in the wake of such suffering when protracted beyond the limits of nature's power of endurance? And this point may be, and often is, reached while the *do-nothing* practitioner is endeavoring to console his patient with promises of speedy delivery. And I do not hesitate to say that in a large majority of such cases, the labor might and should have been terminated with the forceps in time to have prevented all danger and useless suffering.

Such is the mission of an instrument that is at once a pain-saving, a life-saving and a health-preserving means in the hands of the conscientious and skillful accoucheur. I commend it to the careful study and more frequent use of my professional brethren, whose duties so often bring them in contact with cases requiring its employment.

Induce your neighbor to subscribe for DANIEL'S TEXAS MEDICAL JOURNAL. \$2.00 per annum, in advance.

A RUN OF BAD CASES.

ECLAMPSIA AND PLACENTA-PRÆVIA.

By Drs. Irion and Cochran, Montgomery, Texas.

For Daniels' Texas Medical Journal.

WE would like to know if there are among the many readers of your Journal any other two M. D.'s as unfortunate as we have been lately, not as to results, but in meeting with such a number of bad cases in such a short time? Within the last four months we have had three cases of puerperal eclampsia, and three of placenta prævia.

As there has been much discussion in the profession as to the use of the lancet in puerperal convulsions, we will give our plan of treatment, and let the result speak for itself. Right here we will say that, so as far bleeding for convulsions is concerned, the senior member of this firm has broken the point of his lancet, and the junior member never had one.

Case 1. Dr. I. was called to Mrs. A., white, primipara, age 20 years. He found her in a terrific convulsion, during which the child was born. The first thing done was to give hypodermically one half grain morphia sulph., then took away the placenta, and administered per os:

Tinc. Aconite	m. v.
Fl. Ext. Gelsem	ʒss.
Chloral Hyd.	gr. xxx.

The patient being in an unconscious condition, he had to introduce a spoon between the teeth and hold the nose until the medicine was swallowed. This treatment controlled the spasms for about eight hours, when a slight recurrence of them took place, but was promptly relieved by a repetition of the first prescription, with a complete recovery, the child and mother both doing well.

Case 2. Mrs. B., mulatto, primipara, aged 16 1-2 years. Dr. C. was called, and found the patient blind, unconscious, and having had two convulsions. The same general plan of treatment as in case No. 1, with the addition of ergot to bring on la-

bor. In about two hours spasms returned, but were promptly relieved as before. In about twelve hours more both Drs. I. and C. were called, and found labor commencing. By means of Puzo's plan of treatment with injections of hot water to neck of the womb, labor was hurried through to a successful termination, and patient was thought to be all right, but owing to the ignorance and negligence of attendants, we learned, she afterwards died.

Case 3. Mrs. T., white, primipara, age 19 years. Dr. I. was called, and found she had been having convulsions for twelve hours, with no sign of labor. The same treatment as in the other two cases, controlling the spasms, until, in about twelve hours, labor commenced, and progressed slowly, and when the head was pressing upon the perinæum, spasms came on again. The former treatment was continued, with chloroform to anæsthesia and labor still continuing slowly, upon Dr. C.'s arrival, forceps were applied and child delivered. Unfortunately, however, in the expulsion of the child's head, the mother's perinæum was badly ruptured. As soon as the placenta, clots of blood, etc., were cleared away, the rent in the perinæum was closed with four interrupted sutures, silk being used, as we had no silver wire. The mother and child are both doing well.

We give the three cases mentioned to show our faith in aconite, gelsemium and chloral hydrate to control spasms, in preference to the use of the lancet. Our treatment in the three cases of placenta prævia mentioned, was Miller's modification of Puzo's plan, which consists in artificial dilatation, ergot, hot injections to neck of womb to induce labor, and the tampon to arrest hemorrhage, and irritate the mouth of the womb. As soon as possible we ruptured the membranes, and left the rest to nature. All three cases made a good recovery.

We report these cases to show our success with the plans of treatment adopted, and in hopes they may be of assistance to some brother M. D. in times of trouble. By reporting unusual cases and courses of treatment we may mutually assist each other in the noble work of relieving suffering humanity and preserving life.

MALARIAL HÆMATURIA.

By S. Leard Keown, M. D., Kemp, Texas.

For Daniel's Texas Medical Journal.

THE occurrence of three fatal cases of malarial hæmaturia within a small radius near this place—and I am pained to state that one had for its subject one of our most estimable and useful physicians, Dr. Peacock, of Prairieville—reminds us of the importance of a thorough understanding of the pathology and treatment of this, the most dreaded of malarial diseases.

The effects of the poison, malaria, upon the vaso-motor centers is paralysis, causing relaxation of the blood vessels and allowing exudation of blood through their walls. The mischief done is more conspicuously seen upon the mucous surfaces, because these are vascular parts with the vessels sparingly supported by substantial tissues. No matter whether the kidneys, stomach, bowels or skin be most involved, the indications for treatment are the same, which are to increase arterial tension, overcome relaxation of the vessels, and check the waste of blood, which is not only being rapidly lost, but its presence everywhere outside of the vessels, seriously interferes with the performance of the functions of organs, and almost totally suspends nutrition and elimination.

Prof. Henry Orendorf, professor of therapeutics in the Kentucky School of Medicine, taught in his lectures and clinics the use of strychnia in this disorder. The same author states, in the Louisville Medical News of August 26, 1882: "This drug (strychnia), standing at the head of vaso-motor stimulants, is especially useful in low vascular tension. It should be administered in full doses, that the relaxed vessels may be made so tense as to prevent exudation. By full doses is meant the amount required to produce the desired effect i. e., to stop leakage. Theaefore, if one thirtieth of a grain does not suffice, push it to one-twentieth, to one-fifteenth, and even to one-tenth of a grain, repeating sufficiently often to secure and keep secured the physiological action of the drug."

The pathological condition being so plain, and the mode of action of strychnia so clear, that my confidence was readily given to the plan of treatment which has been verified in three cases. The symptoms in these cases showed well marked appearances of the malady, with vomiting of "coffee-ground" material, and the passage of blood in the urine and feces. To allay vomiting, and check the discharges from the bowels, opium was given. Calomel in moderate doses was used to assist the eliminative organs. Strychnia was freely used hypodermically, as much of the time as could be allotted to the patient, watching its effects closely and pushing its use to a point barely within the range of its tonic effect. During my absence *fld. ext. ergot* in *f 3 ss* doses every two hours, was administered as a safe auxiliary to the effects of strychnia. These three cases thus treated all recovered.

The next case coming under my care was a lady seven months advanced in pregnancy, which prevented the use of strychnia or ergot, till premature labor ensued, when it was too late to benefit the patient, as she died within two hours after delivery.

Trusting to the cinchona alkaloids in this malarial disorder, is a measure which greatly hazards the well-doing of the patient, notwithstanding the high authority to the contrary. The following quotations made by Bartholow substantiate this assertion: "Quinine in large doses depresses the heart, arrests it in the diastole without impairing its contractibility, and lower the arterial tension." (Chisom, Briquet.) "Quinine acts on the cardiac motor ganglia, and hence occurs the feebleness of the heart's movements, and in part the general lowering of the vascular tension." (Lewizky.) "Besides these effects, it unquestionably depresses the vaso-motor system, after a short period of preliminary stimulation, probably." (Jerusalimsky, Lewizky, Briquet.) It is clear, then, that the administration of the cinchona alkaloids would increase the vascular expansion already existing. In addition to strychnia being a vaso-motor stimulant, and thereby narrowing the calibre of the blood vessels, it ranks in the third place among the anti-malarial remedies, the first and second places being occupied by quinine and arsenic respectively.

EMMET'S OPERATION FOLLOWED BY PREGNANCY IN LESS THAN THREE MONTHS.

By George W. Christian, M. D., Burnet, Texas.

For Daniel's Texas Medical Journal.

MRS. L. BARR, aged 28, mother of three children, the youngest 4 years, had been in bad health since birth of last child; was having histero-epilepsy, which was attributed to uterine disease, as she had all rational symptoms. Digital and bi-manual examination disclosed a bi-lateral laceration of half an inch or more, with subinvolution, retroflexion and eversion. After proper preparatory treatment for about six weeks, I did trachelorrhaphy on August 7, 1884. On the next day she had a chill, which was followed by high fever; it proved, however, to be a purely remittent form of fever, and no cellular or peritoneal inflammation followed. She continued quite ill for seven days, and the stitches were not removed until the eighth day. Union was perfect. The womb measured half an inch less in depth than on day of operation.

Reposition, and a Smith-Hodge pessary was introduced. A few days after her getting up, her health rapidly improved. Convulsions ceased, and she continued in good health. After conception, three months, pessary was removed. On July 21, 1885, delivered her of a son. The labor was quite an easy one. Could not detect that the womb had ever been subjected to an operation. No laceration occurred either of cervix or perineum at this labor.

CULLINGS FROM CONTEMPORARIES.

PROLONGED ANÆSTHESIA FROM COCAINE.

ANOTHER very important discovery in the use of that wonderful drug, cocaine, has just been made. Dr. J. Leonard Corning (*N. Y. Medical Journal*) says he was reflecting on the fact that anæsthesia produced by injecting cocaine hypo-

dermically, is of short duration, and soon passes off, and that therefore, in order to keep it up sufficiently long in certain cases, repeated injections have to be made, thus running the risk of too profound constitutional effects, as well as necessitating the use of a considerable amount of the precious drug. He argued that the reason the anæsthesia passes off, is because the cocaine gets into the circulation, and is not only diluted, weakened, but is washed away, as evidenced by the production of the constitutional effects. He therefore concluded if he could prevent the cocaine from being thus carried away, he not only could economize in the use of the drug, but could prolong the effects of the dose. Accordingly he tried a number of experiments to test his theory. A friend placed himself at the Doctor's disposal for the purpose. Five drops of a four per cent solution were injected in the forearm, below the insertion of the biceps and over the course of the external cutaneous nerve. When anæsthesia was produced, the Doctor passed an Esmarch's tourniquet tightly around the arm above the elbow, thus arresting the circulation. (The radial pulse was obliterated.) The anæsthesia continued, over a considerable area, for forty minutes, when he removed the tourniquet, not, however, because the anæsthesia showed the slightest diminution, for on investigation it proved to be as profound as ever, but on account of the unnecessary tightness of the tourniquet, which caused the gentleman experimented upon considerable inconvenience. In a few minutes after removing the bandage, the anæsthesia began to decline, and was soon entirely lost.

He then exsanguinated the forearm, and applied tourniquet above the elbow, and injected ten drops of the solution. It produced anæsthesia *only at the point where it was introduced*, and was not absorbed—the little blister-like elevations caused by the injection persisting till he, by massage, brought about a kind of mechanical distribution, whereon anæsthesia was induced and persisted till tourniquet was removed at end of forty minutes, during all of which time, and up to taking off the tourniquet, it was profound.

His third experiment consisted in injecting five drops in the neighborhood of the external cutaneous nerve of the forearm as in first experiment, and five or six minutes afterwards, instead

of applying the tourniquet immediately, as before, he first exsanguinated the forearm by means of the rubber bandage of Es-march, "taking care not to compress the tissues immediately above the point of injection." He then applied the tourniquet. The area of anæsthesia was much larger in this instance—following the direction of the nerve some three inches, the greatest width of the zone or area being a little less than an inch, and persisting up to the time of removal of the tourniquet which was this time allowed to remain one hour.

The Doctor summarizes his experiments thus: No. 1 shows that arrest of circulation, after induction of anæsthesia, will prolong it; No. 2 shows that if injection is made after arrest of circulation, the anæsthesia is not diffused; No. 3 proves that if injection is made a few minutes before exsanguination and arrest of circulation, a sufficient amount of saturation of tissue is obtained to expose a large number of nerve filaments to the influence of the anæsthetic.

The advantages are obvious. There is no danger of over dose and alarming constitutional effects. It saves the drug, and relieves the trouble of repeated injections, and prolongs the anæsthesia a sufficient length of time to perform almost any operation. In operations on the extremities it may ultimately obviate the necessity of use of general anæsthetics, while for neuralgias and other disorders of the peripheral nervous system it is indeed a specific for the arrest of pain.

THE OPERATIVE TREATMENT OF ACUTE INTESTINAL OBSTRUCTION,

FREDERICK TREVES, F. R. C. S., Hunterian Professor at the Royal College of Surgeons of England, etc., has an elaborate paper on this important subject in the *N. Y. Medical Record* of August 15.

Intestinal obstruction is a vague expression, and may have different meanings to different minds—and may embrace a wide range of cases totally dissimilar as to causation, and alike only as to pathological results. He says the operative treatment of

intestinal obstruction should be considered under three heads : 1, The treatment of acute obstruction; 2, The treatment of chronic obstruction, and 3, The treatment of chronic cases that have become acute; but for want of space and time, he limits this paper to discussion of the treatment of the acute form, "since it presents the most urgent claims to the surgeon's attention." After discussing the various forms of acute obstruction, and the various plans adopted for treatment; and after cautioning against "masking the symptoms" by opiates before a clear diagnosis has been made, the author says :

"It must be evident, however, that these meager data form no excuse for delay. Laparotomy is, in itself, not a serious undertaking. Its high mortality in the present class of cases depends, I venture to believe, upon the fact that the operation is usually undertaken too late. It is regarded as a last resource, whereas it should be the first resource, since it is the only resource. When once the diagnosis of strangulated hernia has been established, and taxis has failed, no surgeon, I imagine, is disposed to temporize. The condition of the bowel in these cases (acute obstruction) is identical with that found in strangulated rupture, and the therapeutic principles that apply to the one, should apply to the other. It seems to be tampering with life to waste time over the administration of metallic mercury and enemata of tobacco and the like. To thrust an aspirator into the abdomen, as some advise, is a stab in the dark, an empirical proceeding that leaves everything to chance. Massage, or abdominal taxis, has its advocates, but the procedure is, at the best, but a blind one. The manipulation of the abdomen may, by a rare combination of circumstances, reduce a snared loop, but it is as likely to aggravate its condition, and to produce a perforation in a segment of intestine that is approaching gangrene and that needs the tenderest handling. Even if the diagnosis be ill founded, the laparotomy merely resolves itself into an exploratory incision. Such incision adds but a fractional part to the sum total of the risk to life involved; it displays a course of action, and even if it be found to be of no avail, it is questionable whether in many cases it hastens the inevitable ending. The use of laparotomy in other than acute intestinal diseases for purely diagnostic purposes has been clearly es-

tablished, and has been accredited a position, and undoubted value."

After reviewing all the points for and against the operation, the author closes the discussion as follows :

"In favor of the operation it must be pointed out that the affection is very acute; that the general mortality of the disease is seventy per cent, and that eight per cent. of the patients die before the seventh day. I would venture to urge that in these acute cases, laparotomy should be performed at least within the first forty-eight hours, and if possible, within the first twenty four hours, provided, of course, that all other measures have failed." [That is contradictory; he has just advised not to waste time on other measures—and instances metallic mercury and tobacco enemata as useless—and also condemns massage.—Ed.]

ABORTION OF TYPHOID FEVER.

AND now comes Edwin R. Maxson, M. D., A. M., LL. D., Syracuse, N. Y. (New York Medical Journal), and claims that he can, and does abort typhoid fever! In the paper referred to he says: "I will state the means by which I have succeeded in arresting, within one week, nearly every case clearly diagnosticated as typhoid or enteric fever that I have treated during the past ten years." He does it thus: "To destroy the poison in the blood," he gives four grains (to adult) sulpho-carbolate of sodium every six hours. "To sustain the sinking powers," he gives two grains cinchonidine in ten drops muriated tincture of iron every six hours. "To unload the liver" he gives an improved compound cathartic pill, "one at first, and one a day if the bowels are confined." "To call the circulation to the extremities and the skin into action," a hot foot bath morning and evening. "But should the headache continue in spite of all this," says the Doctor, "which is rarely the case," he takes a teaspoonful of blood, by cups, from the nape of the neck, and repeats it, if necessary, or applies a blister. "To subdue thoracic, abdominal and other irritations," he ap-

plies "daily, from the very first, warm sinapisms over the chest and entire abdomen, mornings and evenings." "To keep up the spirits" he lets the patient remain up and dressed, and "out of bed days as far as consistent with safety, being allowed to recline on a lounge or to occupy an easy chair—thus securing better sleep nights."

Well, the Doctor has gotten it down pretty fine, we must say. But it does seem to us, from reading the entire paper (of course we cannot do it justice in the few extracts made here), and from one remark made by the writer, that he takes a very superficial view of fever, and seems to think that it is nothing more than an "accumulation of animal heat—from want of due exhalation from the skin," and that it is only necessary to set the skin to acting, to reduce it! We will venture Dr. Maxson would not succeed so easily in aborting some of the typhoid fever the doctors down this way encounter occasionally. We have no faith in any specific for typhoid fever, nor for any plan for "aborting" it. We were a pupil of the lamented Fenner, and that was his hobby—"abortion of typhoid fever"; but he never succeeded in demonstrating the abortion to our satisfaction.

TWO NEW LOCAL ANÆSTHETICS.

DR. T. J. MAYS, of Philadelphia, in the *Therapeutic Gazette*, gives an account of experiments which demonstrate that the alkaloid brucia has distinct local anæsthetic properties. It is only pure brucia, however, that gives these results—the commercial brucia being little more, he says, than impure strychnia. In the *N. Y. Medical Journal* there is a note on menthol as a local anæsthetic which says, on the authority of Rosenberg, that a twenty to thirty per cent solution of menthol, which is much cheaper than cocaine, is a useful substitute for the latter as an application to mucous surfaces like the nose, pharynx and larynx. The effect is more evanescent than that of cocaine, and appears to be cumulative, somewhat.

In addition to the above, experiments have been made recently with apomorphia, which show that a few drops of a ten

per cent solution dropped into a rabbit's eye has identically the same effect cocaine has; and the effect lasts about the same length of time. Chemists say the reason why cafein, the analogue of cocaine, is not equally as serviceable as an anæsthetic, is because it is less soluble. Why seek a substitute for cocaine now that the supply is abundant, and the price has fallen, we believe, to about one-tenth the former price. Cocaine seems to be *the desideratum long sought*.

CORRESPONDENCE.

The Treatment of Eczema.

Letter from Dr. T. C. Osborn, Cleburn, Texas, Hon. Mem. T. S. M. A., etc.

Editor Daniel's Texas Medical Journal:

AS the subject is just now so freely discussed in all the medical journals of the United States, and as the disease is more numerous than all other affections of the skin combined, and especially as there is so great a diversity in regard to its proper treatment, I feel it my privilege, as well as my duty, to add to its literature the means, which in my hands, has been, on all occasions and under every variety of the disease, as successful as could be wished for. I mean

ECZEMA.

Billard says "the treatment of chronic eczema is as difficult in its choice and direction as it is uncertain in its results;" but he so wrote in 1840, since which time the nature of the eruption has become much better understood, and its principles of treatment more effectual in arresting its progress.

Devergie states that it "constitutes one-third of his cases," and later dermatologists not only confirm this fact, but go further, and tabulate it as more frequent than all the other eruptive diseases together.

Under these circumstances, anything that promises speedy and perfect relief from eczema cannot be easily overestimated.

For forty years I was in the habit of using only citrine ointment as a local application, which, although very effectual in curing the disease, was exceedingly painful to children, and I was ever wishing for something less troublesome to use, but it was not until 1880 that I succeeded in finding in chaulmoogra oil an agent equally effectual, and not at all painful in its effects. Since that date I have had ample opportunities of testing its virtues in all the forms of eczema, and am so well satisfied with its results that there has been no reason for my changing it for any other remedy.

The formula for the administration of this oil is:

Oil Chaulmoogra	} a. a.	
Oil Cajeputi		ʒj
Tinct. Camphoræ		fʒij

M. ft. Linimentum. Sig. Apply by rubbing with the naked hand over the eruption morning and night, until the disease is cured. A very few days suffices to cure the eruption, and the itching is arrested by the first application.

But I have by experiment found that the disease will assuredly return, unless the secretions are kept corrected by the following mixture:

Magnesia Sulphas	ʒiij
Ferri Sulphas	ʒij
Aq. Cinnamomi	ʒxij
Acid Sulphurici diluti	ʒjvss
Tinct. Auranti Cort.	ʒiijss
Oil Menth pip.	gtts xx

M. Sig. Tonic aperient. Dose, for adults, one tablespoonful two or three times daily.

This formula I took from Tilbury Fox, and find it so efficient that there is no necessity for my using mercurials, which seems to be coming into popular favor with the profession in the South.

I am quite satisfied that a few trials of this treatment will convince the most sceptical practitioner of its safety and competency in eradicating the disease I am now discussing, as well as its adaptability in the treatment of many other forms of skin affections.

In that form of eczema capitis where we have inveterate scab-

bing, it is, of course, always necessary not only to remove the crusts, but the hair also, by shaving.

Hoping I am in time for your October issue, I beg leave to subscribe myself yours cordially, T. C. OSBORN, M. D.

That Case of Septic Salpingitis.

Dr. J. W. McLaughlin's Reply to Dr. Swearingen's Criticism.

EDITOR DANIEL'S TEXAS MEDICAL JOURNAL:

I N the April number of the *Texas Courier Record of Medicine* I reported a case of septic salpingitis, involving the left oviduct, which followed parturition, and which was successfully treated by injecting a solution of mercuric bi-chloride, one grain to the pint, into the womb, in such a manner as that the contractions of this viscus would force the solution into the diseased tube. The treatment was based upon the hypothesis that the solution was both aseptic and anti-septic; hence it would be as innocuous to the peritoneal cavity, if it should enter it, as the fluid in ascites; whilst its anti-septic properties would render it destructive to the pathogenous bacteria which it was assumed, had found a lodging place in the left fallopian tube, and had, as a result of their fermentive action, given rise to its inflammation, and the production of toxic agents, the absorption of which was seriously threatening the life of my patient.

The August number of your JOURNAL contains a criticism from the pen of Dr. R. M. Swearingen, upon the method adopted to reach the diseased tube, and its contained bacteria. He says:

“According to the programme, the womb had to be temporarily converted into a kind of *mitrailleuse* loaded with germicidal shot, and fired into a colony of bacteria.” * * * “The object to be attained was good, the plan of attack ingenious, but could it be successful? The pus was confined in the left fallopian tube; the mouth of that tube was closed, and had to be violently opened before the bi-chloride solution could enter.

When this was done, the injected solution came in contact with another fluid that occupied and filled to its utmost capacity, the narrow tube. Both fluids could not occupy the same space at the same time, nor could they possibly mix. When the solution was driven in at one end of the tube, the pus, by molecular force, must have been as violently driven out at the other end, or the tube was necessarily ruptured. The conclusion then, seems inevitable, that the bi-chloride solution, when pressed by the contracting uterus, would have passed out through the *right* fallopian tube where no serious obstructions were met, instead of into the *left* tube which was hermetically closed. Nature is very obstinate, and will not violate a fixed law to accommodate a theory."

Reasoning from the Doctor's standpoint, the conclusions he deduces, are correct. In *poetry*, where great latitude is allowed the imagination, it would, perhaps, be the proper thing to compare the uterus to a *mitrailleuse* which fires bacterial shot through inelastic tubes. If we accept this simile, it seems evident that if one of these tubes is "filled to its utmost capacity" with its end "hermetically sealed," while the other is open and empty, the result would be, first, the "bacterial shot" would escape through the unobstructed tube, without breaking the seal or disturbing the contents of the other tube; or, second, the seal would be broken by the entering shot, (fluid) which would result in driving the contents of the tube out of its distal end.

Either hypothesis would be fatal to the theory of treatment adopted in the reported case of salpingitis, and would convict me of being ignorant of the rudimentary principles of physics. If this was a matter of pure imagery, I would recognize the poet's licence, and this reply would not have been made. But, in questions of science, facts must govern everything. The imagination cannot be allowed to wander at will, but must conform to, and be guided alone by facts.

In the light of the anatomy of the uterus and the fallopian tubes, and their behavior in certain pathological conditions, I think it will be shown that the Doctor's cast-iron hypothesis is wrong, throughout; wrong in its conception, and necessarily wrong in its conclusions.

The uterus is a hollow, pear-shaped viscus, composed of smooth

muscular fibres, lined by a mucous membrane, and partially covered above by the peritoneum. The fallopian tubes are about four inches in length; are composed of three coverings, viz: peritoneal, muscular, and mucous, and for convenience, are divided into three portions, viz: interstitial, whence the mucous and muscular tissue of the tube blends with, and are continuous with those of the uterus; an abdominal part, and the ampulla, which terminates in the fimbriæ, and open directly into the cavity of the peritoneum. The general contour of the tube is likened to that of a shepherd's crook; whilst its lumen is funnel shaped. At the interstitial end it will barely admit a small bristle; but widens from within outwards, and is longest in the ampulla. Now, the small calibre of the interstitial part of the tube, which will barely admit a bristle, becomes *less*, directly, as the womb diminishes in size, under muscular contraction; so that it is a question of serious doubt whether fluids can be forced through the womb into the peritoneal cavity, *in the living subject when the organs are in a state of health*. Heinrich Fritsch ("Diseases of Women") expresses the opinion that it cannot be done. In the dead subject, however, where the muscular contractility and tonicity are destroyed; or in the living subject where inflammation of the parenchyma of the womb or fallopian tubes has brought about the same result, fluids can readily be forced through the womb, and into the peritoneal cavity.

The principle properties of muscular fibre are its contractility and tonicity. It is well known that septic inflammation of muscular tissue greatly impairs these properties; for instance, in acute septic metritis, the uterine canal is relaxed, patulous and readily dilatable. In septic inflammation of the oviduct this same condition would exist. At the uterine end of such oviduct, where the muscular fibres of the tube blend, and are continuous with the muscular fibres of the uterus, there would be a zone of inflammation surrounding the fallopian opening. Within this zone there would be paresis of the muscular tissue. As a result of this condition the opening of the duct would be relaxed, patulous, and dilatable.

Where inflammatory products accumulate in an inflamed oviduct, they would gravitate to its ampulla, which is its largest

portion. If the fimbrae become united by adhesive inflammation, such products may accumulate in considerable quantity, provided their escape into the uterus is prevented by viscid mucus. The occurrence of adhesive inflammation at the ovarian end of the tube rather than at its uterine end is readily explained. The peritoneal sides of the fimbrae, in a state of inflammation, are in opposition, and bathed in fibrin, a highly organizable material. At the other end we have the mucous surfaces separated by mucus, which does not readily organize, and hence is a protection against adhesions of opposing surfaces.

When it is considered that the oviduct is an elastic tube, capable of great distension, (as in tubal dropsy) in some cases to the extent of containing a matured foetus, it is absurd to say that two or four ounces of fluid will fill it "to its utmost capacity." This is a part of the Doctor's cast-iron hypothesis in which the tube is assumed to be absolutely inexpandible. He says: "Both fluids could not occupy the same space at the same time, nor could they possibly mix. When the solution was driven in at one end of the tube, the pus, by molecular force, must have been as violently driven out at the other end, or the tube was necessarily ruptured."

In the light of the above facts, anatomical and pathological, I ask what were the conditions of the uterus and tubes in the case of septic salpingitis which I reported? And what were the results of the intra-uterine injection used? The following facts indicate that the uterine mucosa had entirely recovered from the primary septic inflammation, viz: the constitutional symptoms indicating this condition, as pyrexia, rigors, pain, etc., had disappeared, and remained absent for eleven days prior to second invasion. Upon examination, I found the uterus, which had been previously enlarged, relaxed and flaccid, contracted, and much reduced in size; the cervical canal, (which had been patulous) was found so contracted, that I had difficulty in introducing the gum catheter through which the anti-septic fluid was injected.

The left tube was thought to be the place of infection, because the recurring rigors, fever, and other alarming symptoms which came up after the eleventh day, clearly indicated a new invasion of septic trouble. In the absence of symptoms which

would locate the trouble in the uterus, and, in view of the fact that pain, tenderness and tension were felt in the region of the left oviduct, together with an area of dullness, indicated by percussion, led me to believe this tube to be the location of the trouble. Upon this diagnosis, I injected the fluid into the uterine cavity, expecting that the contractions of the womb would force it into the left oviduct, where it would mix with, and render aseptic, any fluid with which it would come in contact, and by rendering such fluid less viscid and dense, would cause it more readily to escape. I felt justified in this expectation, because the same contraction that would dilate the diseased tube would contract the sound one, and thereby prevent the fluid from escaping through it. The results were in perfect harmony with this theory. The day following the injection the patient passed about four ounces of pus from the uterus, the fever abated, rigors ceased, and she rapidly and fully recovered her health.

Very respectfully,

J. W. McLAUGHLIN.

SOCIETY NOTES.

ERRORS IN THE TRANSACTIONS OF TEXAS STATE MEDICAL ASSOCIATION.

Letter from W. J. Burt, M. D., Secretary.

For Daniel's Texas Medical Journal.

TO THE EDITOR:

ALLOW me to call attention to two serious errors that have crept into the Transactions of 1884 and 1885:

1. At Belton, Dr. L. J. Russell introduced a resolution creating a section on "Dermatology and Medical Botany." The nominating committee appointed a chairman and secretary for two sections—one on "Dermatology" and one on "Medical Botany." This was really without authority, by misunderstanding the intention and wording of the resolution.

2. At the session at Houston, in April, 1884, Dr. F. E. Dan-

iel, of Austin, Texas, was appointed *chairman* of the section on Dermatology by the nominating committee, but by some mistake of the secretary, the name of Dr. L. J. Russell was placed in the minutes and in the Transactions of 1885 as the chairman.

I write not as explanatory so much as to correct a mistake I made myself.

About sixty members of the association are suspended and their names dropped from the rolls of 1885 for being *over three years* behind with their *dues*. (See Transactions 1884, page 225.) These members can be *reinstated* and receive the *Transactions* of 1885 by settling the amounts they severally owe the association, either with the secretary or the treasurer.

TO THE PHYSICIANS OF TEXAS.

AUSTIN, TEXAS, October 10, 1885.

Dear Doctor:

THE Physicians' Mutual Benefit Association of Texas was chartered by the State April 25, 1884. It is a purely charitable organization, the object being to provide a fund for the widow and children of deceased members. It is mutual insurance on the least expensive plan ever devised, as there are no salaried officers and no heavy expenses. Membership entails no trouble, no loss of time, no duties to be performed, and *no expense*, or next to none. The Association is subject to no tax. The *only condition to membership* is a *promise* that when a member dies each of the others will contribute one dollar to a fund for the benefit of the widow and children. Unlike other insurance, the assessments are not large in proportion to age, but uniformly one dollar, no more, no less. On the death of a member, each survivor is called on for one dollar, and the aggregate constitutes the amount of the benefit. Thus it is mutual. There is no physician worthy the name, we hope, who would not cheerfully give a deceased brother's family one dollar if called on to do so. This organization is only an arrangement whereby it is made somebody's business to get together those dollars and place them in the hands of the beneficiary. There are

only sixty-eight members. There should be one thousand. There has been no death in the membership up to date. If we had five hundred members, on the death of one, to be able to send his family four hundred and ninety-nine dollars would be a real charity; and yet it would cost each survivor only one dollar—the amount he earns for writing a single office prescription! Were the membership one thousand, the deaths (according to statistics of *all classes*) would be only ten annually; but in a single class—a class whose average life is above many other callings—it is not probable the number of deaths would exceed five a year. Thus a benefit of nine hundred and ninety-nine dollars (insurance policy) would cost only six dollars a year—certainly the cheapest insurance possible. The only expense attending membership is one dollar, paid on becoming a member, and annually thereafter on the first of January. This creates a fund for expenses—printing, stationery, books, postage, office rent, etc.—and, if any is left, to pay the secretary for his trouble. We desire to secure the co-operation of town and county societies in this noble work, and will be glad to distribute blank applications for membership. Certificates of membership are issued in lieu of policies.

Yours fraternally,

W. A. MORRIS, M. D., President, Austin.

F. E. DANIEL, M. D., Secretary and Treasurer, Austin.

WE are authorized to announce that Dr. J. W. Garnett, of Greenville, Hunt county, has been appointed secretary of the Section of Obstetrics, T. S. M. A. Dr. C. C. Francis, of Cleburne, is chairman. Dr. J. W. Daniel, of Houston, has been appointed secretary of the Section on Dermatology. These appointments were too late for the printed Transactions.

BIBLIOGRAPHY.

TRANSACTIONS TEXAS STATE MEDICAL ASSOCIATION, 1885, a handsome octavo volume of 435 pages, in cloth and gold, red edges; printed on extra heavy S. and S. C cream book

paper, by Draughon & Lambert, Austin, Texas. The binding, which is highly creditable, being done in Austin, by John Southgate. Issued by order of the Texas State Medical Association; Publishing Committee, Dr. F. E. Daniel, chairman; Dr. W. J. Burt, and Dr. W. B. Brooks.

This is about as neat a volume as we have seen emanating from any State Medical association. The contents consists of the officers for the year, the standing and other committees, the officers of the several sections, and the minutes of four days proceedings. The appendix, which is by far the most voluminous part, is made up of the President's address—an excellent paper by Dr. H. C. Ghent, of Belton, and the reports of the chairmen of sections, together with a large number of original papers read in each section, the whole number of those papers being about forty. They show a surprising amount of original research and observation of diseases common to this State, as modified by climate and surroundings; and taken altogether they are of a very fair order of excellence—better, perhaps, than those of the year previous. We think the amount and quality of scientific work done at the Houston meeting by this society will compare favorably with that of any other State, especially when we consider that Texas is comparatively a new State;—and her people mostly impoverished by the war, doctors as well as others—the members of the medical profession as a rule have had to work too hard to spare much time in recording their observations, and many have not been able to keep up with the current literature of the day, nor buy the standard works, nor supply themselves with the modern means of accurate diagnosis, and improved facilities for treatment, etc., until within the last few years.

As we have not room to analyse or review all the papers, it might be thought invidious were we to particularize or single out one or more for discussion. Where all, or most all, are good, it would hardly be fair to make distinctions. Many of the papers will constitute valuable additions to the literature of the State.

Other Book Notices omitted for want of space.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER,

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

THE EPIDEMIC OF DENGUE IN TEXAS.

For the third or fourth time within the last few years Austin has been scourged by this distressing, but fortunately, not fatal disease, in epidemic form.

The fact that it is never fatal unless complicated with some other disease, notwithstanding it causes much and intense suffering, loss of time and interruption of business, has perhaps caused both profession and laity to be careless about it, no means whatever being taken to arrest its progress, nor to prevent its introduction. Last year the first case observed in Austin was a lady who had contracted the disease in Galveston. If that case had been isolated, and ordinary precaution taken, no doubt it would have prevented the spread; but her friends visited her, contracted the disease, and thus was it spread over the whole

city, The same thing occurred this year. It is believed the first case was in the person of a lady who had been exposed to the infection in Galveston (where it seems to be endemic). As before, no precautions were taken—the disease being generally regarded as infectious, but not contagious. We believe, ourselves, that, though like yellow fever, eminently infectious, and portable, it is not acutely contagious, but contagious only under certain conditions.

This year the city authorities have been engaged extensively in street grading. Though the soil is, for the most part, dry, and containing an abundance of lime, yet in certain locations, and especially in the top earth, there is an abundance of organic matter. Now, just how much this had to do with the development of the epidemic, from the one case brought here, and to contribute towards the "certain conditions," is a matter of speculation. One thing seems to be pretty well agreed upon by the physicians, viz: that the disease is not of local origin, but is always imported. Some of our Austin physicians claim to see more than a mere coincidence between the prevalence of the disease and the street grading, asserting that the disease broke out first, and was most violent in the vicinities where the first and most grading was done. At any rate it seems to us that in view of the fact that to turn up the earth in the hot season is always regarded as detrimental to health, and as there is abundance of room for the suspicion that in the present case it had much to do with the spread of the disease, *if not with its origin*; and remembering it was a factor in the cholera epidemic of Niagara city in 1873, as claimed by Prof. Hamilton and others, it certainly would be the part of wisdom and prudence in our sanitary officers to recommend to the city authorities to prohibit any and all earth excavations during the hot months.

This season the disease has been of a very severe type. There have been no deaths from it, we believe, except in the case of an old man, in whom pneumonia supervened. He died of pneumonia. In some instances the attack is ushered in with quite a severe chill; in others it is preceded a few days by a feeling of *malaise* and loss of appetite. In some—young children, principally—the temperature ran as high as 105–106, and

convulsions ensued. Most cases are attended with an erythematous rash; in some, papulæ, in others, resembling urticaria, but mostly a rash resembling measles. This rash appears, for the most part, on the chest, neck and forearms, and on the face. In some the rash appeared before the fever; in others, after, and still on others, there was no rash. Later in the season the disease assumed a hemorrhagic tendency, and epistaxis and bleeding from the gums were frequent. The suffering is said to be dreadful, and persists a long time after the fever declines; and convalescence is exceedingly slow. Nausea is common, but not a constant symptom. We heard of no case of black vomit. Nearly all the physicians had the fever, and at this writing our excellent health officer, Dr. Swearingen, is convalescing from a severe attack. The disease is no respecter of persons; and this year it has made nearly a clean sweep of the city, sparing neither age, sex nor condition. By-the-by, we have heard very little of it among the negroes. We will look into that. It may be, like its prototype, yellow fever, was once thought to be, of too aristocratic a nature to attack any but whites. While it is generally thought that one attack of dengue affords no protection or immunity, it does seem to us that there is some protection in having had it; for it has been observed in the present epidemic that the few who have not been attacked this season had the disease last year, or very recently. Some few—our friend Dr. Bennett, the worthy young ex-president of the Travis County Medical Society, among others—have had two attacks this season. When the Doctor came out, his sweatheart didn't know him. Such cases are very rare, however.

It was the intention of some of our Austin physicians to furnish a paper on the subject for this issue of the *JOURNAL*, but all having been recently down with the disease, are too feeble to make the attempt. We will be able, however, to give our readers one or more scientific papers on the subject in our next number. Some of them are engaged in making examinations and taking notes for that purpose now. It is agreed by all our local physicians that the literature on the subject is very scant and unsatisfactory, and that the disease as described in the

books does not at all correspond to the disease as it appears in Texas.

We understand that the epidemic has not been confined to Austin, but is very general, prevailing at nearly all the railroad towns in southern and middle Texas, and as high as Fort Worth. Our esteemed friend, Dr. E. J. Beall, writes us that it is now rife in that city, (Sept. 25.) At present, the disease is on a rapid decline in Austin, simply, we believe, for want of material—all, or nearly all, big and little, old and young, male and female, rich and poor, having had it.

Surely experience, that teacher which alone can teach fools anything, will cause our people to make *some effort* to prevent the yearly occurrence of this dreaded scourge—break-bone fever.

In closing this rambling article, we cannot do better than give our readers the following very original essay on dengue, which was written by that good-natured, cranky local of the defunct *Minute*, M. B. Davis, while the fever was raging in his blood and he was "to busy" to go to bed. We commend it to our readers, who have never felt the delights he there describes, as worthy of a perusal:

THE DENGUE.

"It is the progeny of morbid parents. Its dam is a night mare, and its father the blistering witch that strides the blasts, driven from the fens. When the dengue gets hold of a man, he sees his best friends about him, but each one appears to be an enemy armed to slay him. There is in the prevailing type, the hide of the jim-jams and the hoofs of despair. If one feels inclined to taste the sweets previously—those that Mr. Talmage declares are in store for everybody except himself, let him try a week of the Colorado river dengue and he will be willing to exchange. It appears to the sufferer as if the buzzards fly lower, pausing over him, and gazing down wistfully, hoping to witness his immediate calamity. But in such a case death is not a calamity. It is a bottle of ready relief, from which the feverish hands of the stricken man are eager to tear the wrapper. It is said that the insidious creeping of the virus imparted by the rattle snake, causes much distress. When the

dengue gets ready to creep all the creeping things that ever crept, run off into their holes and hide.

Dengue beats the chill of the Brazos bottom because it takes away the power to shake, leaving the tendency; and it beats yellow fever, because the latter kills and dengue never does.

DISSEMINATING TRUTH AND DOING GOOD "A LA MODE."

The manner of doing good, and of disseminating truth, varies according to the notion of the disseminator, and the kind of truth to be disseminated, as well as with the kind of good to be done, and the class or individuals who are to be the recipient. Thus, Ecclesiastics adopt the preaching of the Gospel and the distribution of Bibles as a method of doing good, from their standpoint. The modern philanthropist, with an eye to the more substantial nature of the good, endows a college or founds a hospital. An idea of doing good, once greatly in vogue, is admirably portrayed by Dickens, in the character of Mrs. Jellaby (Bleak House), whose whole soul was in sending red flannel shirts and Bibles to Borrioboola-gah, to the young savages, while her own young savages were crying for bread and falling over the bannisters. An individual philanthropist, a gambler, perhaps, may have an erroneous impression that he is doing good when he slips a five-dollar bill into the hand of a shivering, ill-clad female mendicant at the street corner, or sends a barrel of flour "all unbeknown't," or a load of coal to Dick Dooley's widow, left forlorn, with six little savages, by the falling of the walls of a burning building on Dick, while he, poor fool, was giving expression to *his* crude idea of good by trying to rescue a child from the fourth story. There are, we say, many ways of doing good, and of disseminating truth; but commend us to the modern, of which we have an illustrated edition just to hand, in the shape of a pamphlet, a reprint with a *photograph*, and a hospital and a college on it.

In this age of progress and civilization there are those who think that if they can do good to an individual, a class, or a community, and at the same time *benefit themselves*, they are

doing a double good, and that Heaven's recording clerk should score two points to their credit. This was the idea, no doubt, of the Pharisee, who thought he should *have credit* for giving alms. Why not? If one can do good to one's neighbor and to one's self at the same time, *why not?*

They say great minds run in the same channel. Undoubtedly Professor Windy Bowel, M. D., thought as we do, when he attached his photograph to a reprint of a learned article he had written (full of truths, no doubt), and with another picture of his hospital, and the following extraordinary address to "Dear Doctor," sent them to the medical profession. The diagnosis of this hermaphrodite pamphlet would have been obscure but for the address:

DEAR DOCTOR:—It is manifestly the duty of every upright citizen to disseminate truth and to do good. Upon this principle, and in strict accord with *the* ethics, I send you this pamphlet. I do not assume to be wise above others, but nevertheless I have a hospital, any number of boarding houses at my command, and all the latest and most approved facilities for every phase of gynecological practice, [which you fellows haven't got;] therefore you must send such cases as fall into your hands on to *me!* * * * My photograph is designed as a response to the request of ever so many persons whom I shall never meet in this life, and who have expressed a desire to see my face." [!!!]

Mind you, this pamphlet was not sent to the Heathen, whose soul is pictured as starving for "the truth," and on whose dark mind the light of gynecology never shone; nor yet to the suffering female, with lacerated perineii or cervices, whose sad souls are also athirst, and crying out in anguish for gynecological light; Oh, no; *they* could not reciprocate; that would be only a single good, and the recording clerk couldn't see his way clear to a double score for the Professor; but they are sent to the doctors,—to those who have not the "approved facilities" and a hospital; and who are famishing for one brief, soul-snatching glimpse of that benevolent phiz.

We confess we *were* sad to think *we* might never meet him in this life; but now, having been permitted to drink (second hand) at the fountain of truth and goodness, so to speak, to gaze on

the broad expanse of that cheek, to metaphorically kiss the hem of the great man's garment, we have arisen, like Sally in the song, and wiped our eye out with our frock, and are happy. We feel better. Our friends all feel better, too, notwithstanding our recent attack of dengue, since they, like ourselves, have seen that ethical pamphlet, pregnant to bursting with truths, and only held down by *the* photo in front, and *the* hospital in rear, like soldiers, fore and aft, guarding a convoy of precious treasure.

Ah, but our souls go out in sympathy with the unfortunate ones who may never hope to meet this modern Father Grimes, that good old man, who, although he has "no malice in his heart, no ruffle in his shirt," has better, far, than these;—he has the "most approved appliances," and a hospital, and scores *and* scores of boarding houses; nor yet to behold even the shadow of that royal countenance! May we not hope that within that distant Aiden, (too commonly called the sweet subsequently) they may clasp this rare and r-idiculous personage, who so taketh the name of ethics in vain?

The medical profession should get up a testimonial for him, even if it be but an humble leather medal.

THE NINTH INTERNATIONAL MEDICAL CONGRESS.

The Ninth International Medical Congress will be held in Washington, D. C., United States of America, in August, 1887.

The committee of arrangements have done their duty admirably, and in the face of many trying difficulties, and the most annoying efforts to obstruct its work. Indifferent alike to criticism and cavil, these gentlemen have fearlessly discharged the responsible task of organizing the Congress and of arranging for the scientific working of the several sections, by the selection of men eminent in connection with the several branches of medical study. They, having finished their labors, pass off the stage now, and all further details will be attended to by the Executive Committee. The committee, however, will not be formally dismissed until after its report is made to the American Medical Association at St. Louis next April. They deserve the

thanks of the Association, and of all true physicians and lovers of medical science.

We regret we have not the space to reproduce the rules, and to give a list of the officers. They can be found in the Journal of the Association.

Now, all members of the medical profession of America who desire the good of the profession and the advancement of medical science above any mere personal gratification of ambition, are called upon and expected to co-operate heartily in the work of making the Congress successful and creditable to America. Any further obstruction, or attempt at obstruction, will surely receive the contempt which it deserves at the hands of all civilized people. Fall into line, now, and go to work with a good will.

PROFESSIONAL SENTIMENT AS EVIDENCED BY THE MEDICAL PRESS.

The *New York Medical Record*, first fiddler, and the *Columbus Medical Journal*, second ditto and "Me Too" to the Obstructionists' New Code Can-can, grossly misrepresent the state of public sentiment as voiced by the medical press. The former declares that the "profession almost unanimously condemns the action of the American Medical Association with reference to the International Congress, and furnishes a list of eighteen journals (and says it is a correct list) with such sentiments, in support of the assertion. There being about two hundred journals published in the United States, this list is only about nine per cent., and yet they express the "unanimous" voice of the profession!

Second Fiddler says "only four 'organs' support the Association—that of the Association, that of the treasurer (?), and those of Daniel and Shoemaker."

We have sixty-three exchanges. A review of them gives the following results:

The *Record's* list as opposing the action of the Association: *New York Medical Record*, *New York Medical Journal*, *Boston Medical Journal*, *Chicago Journal and Examiner*, *Maryland*

Medical Journal, Medical Age, Medical Times, Louisville Medical News, Atlanta Medical and Surgical Journal, Virginia Medical Monthly, Indiana Medical Journal, Pacific Medical and Surgical Journal, American Practitioner, New Orleans Medical and Surgical Journal, Cincinnati Medical Journal, Columbus Medical Journal, Medical News, Kansas Index.

Eighteen journals, representing fourteen States—seven Northern and Northwestern, and seven Southern and Southwestern.

[We will throw in the *N. C. Medical Journal* for luck.—ED.]

Our list, endorsing said action: *Gaillard's Medical Journal, The N. Y. Sanitarian, New England Medical Monthly, Baltimore Medical Chronicle, Mississippi Valley Medical Monthly, Detroit Lancet, Louisville Medical Herald, Southern Practitioner, St. Joseph Medical Herald, Journal American Medical Association, Medical Bulletin, College and Clinic Record, DANIEL'S TEXAS MEDICAL JOURNAL.*

Thirteen Journals, representing ten States, five northern and northwestern and five southern and southwestern—equally divided, so it cannot justly be charged as a "southern conspiracy."

List of neuter Journals: *St. Louis Medical and Surgical Journal, Ft. Wayne Medical Journal, Braithwaite's Retrospect, Eastern (Mass.) Medical Journal, Georgia Eclectic Journal, Independent Practitioner, Iowa Medical Examiner, Medical Era, Sanitary News, Medical Abstract, Southern Clinic, Courier of Medicine, Weekly Medical Review, American Medical Journal, California Medical and Surgical Journal, Denver Medical Times, Piffard's Journal, C. D. New York Anylist, New York Analect, Buffalo Medical and Surgical Journal, Lancet and Clinic, Western Medical Reporter, Brief, Archives of Pediatrics, Medical World, North Western Lancet, Polyclinic, Therapeutic Gazette, Leonard's Illustrated, Sanitary Monitor, Medical Times, Texas Courier Record.*

Thirty-two Journals representing fifteen States, ten northern and five southern,—neuter in the controversy.

It will be seen that of the sixty-three journals on our list, eighteen, or 28.5 per cent, representing fourteen States—seven Northern and seven Southern—oppose the Association. Thirteen, or 23 per cent, representing five northern and five Southern States, actively indorse the Association and denounce the

Obstructionists; while thirty-two, or 50.7 per cent, in five Southern and ten Northern States, are non-committal on the subject, and therefore *do not* "condemn the action of the Association." These latter, added to the twelve which endorse the Association, give a total of forty-five journals, or 71.5 per cent, representing twenty-five States—fifteen Northern and ten Southern—which we can cite as *not* "condemning the Association," as charged by the *Record*.

Comment is unnecessary. Ignorance of the sentiments of forty-five out of sixty-three medical journals, including two leading New York journals, is h-a-r-d-l-y probable; yet common honesty demands that these (mis)leading journals (not "organs," but fiddles. we'll call them) must plead ignorance, or stand convicted before the medical world of *deliberate wilful misrepresentation for the purpose of deceiving!*

A DISGUSTED PHILANTHROPIST.

Our bilious neighbor of the *Columbus Medical Journal*, being unable to reply to the well merited excoriation this journal felt obliged to administer recently, on account of a palpable perversion of meaning, and misquotation of certain of our language, gets mad, and calls us "stupid," and says a good many hard things about us. To be sure they are not true, but we will let them pass, with the remark that to judge by the tone of all the *leading* journals towards us, he is entitled to priority in the discovery of our "stupidity." It seems that some persons, when they get mad, mistake abuse for argument.

It must have been while the mad fit was on him and he was reckless, that he "let the cat out of the bag," and furnished us a clue to his prejudices and bitterness against Texas—for, ever since the overthrow of the "fat" at New Orleans, to use his own elegant language—this writer has been spewing out bile against Texans *ad nauseam*, beginning with the application of vulgar epithets, to the Texas mothers, such as the New York *Record* felt obliged to omit, in quoting part of his article. He informs us in his August number, that "many years ago he ("ourselves") and others went as voluntary missionaries to be-

nighted Texas to enlighten the people," and that he would *now* like to enlighten *us*, were it not that "even the Gods [and the philanthropist (?) from Porkumbus?] are powerless against (the) stupidity" of Texans—past and present.

(By the bye, our friend *denies* that he plays "me too" to the *New York Record*, and boasts that he actually "had a tilt with the *Record*," on one occasion. No doubt he then ascertained he was likewise "powerless" against the *reverse* of stupidity. We may state parenthetically, that the traditional bull once "had a tilt," with the locomotive also.)

There *was* a class of religious fanatics, who flocked to the South, just before the war, on some such absurd pretext as enlightening the poor Southerners, and while the "irrepressible conflict" was pending. They were not well received by the whites. Being looked upon as abolition emisaries, they were run out of the country, on suspicion of being *too intimate with the negroes*. Could it have been on this occasion that our benevolently inclined friend acquired his superior knowledge of "kicks"?

MELANGE.

A NEW SPECULUM.—Dr. R. T. Knox, of Gonzales, Texas, has converted Sims' Speculum, which he says he finds a clumsy and awkward thing to handle or carry (and we quite agree with him), into a very neat, useful and portable instrument. Of all the modifications of, and additions to Sims' Speculum we have seen, this is really about the only improvement. The principle of Sims' Speculum is good, and has immortalized Sims, but an improvement was needed, and Dr. Knox's fills the bill. It consists of reversing one blade, instead of having both turned in the same direction, and in hinging the handle in the middle. This converts it into something the shape of a capital S when open, and when closed—it shuts up like a knife—one blade fitting with the other "spoon-fashion." In this shape it can be carried in the pocket. The principle objection to Sims' Speculum—unless we except its clumsy shape, which makes it

a clumsy thing to carry—is that the free blade, when the instrument is in use, is in the way of the patient's clothing, whereas in this, it is turned away. The shank is rigged with quite an ingenious catch which braces it when open, and prevents its shutting up. The instrument is being manufactured by Tietman & Co., who report it popular. The improvement does not add to the cost of the speculum. It will be appreciated by all who see it.

ANOTHER GOOD MAN GONE.—As we go to press we are pained at the announcement in the Atlanta, Ga., *Medical and Surgical Journal*, of the death of DR. SAMUEL H. GRAY, of Barnesville, Ga. A Christian gentleman, a polished, cultivated physician, a devoted husband and father, and withal a useful citizen, his death, indeed, creates a void in every sphere of life. He was a brother of our esteemed cotemporary of the *Atlanta Medical and Surgical Journal*, Dr. James A. Gray, and of Rev. J. D. Gray, the presiding elder of the North Georgia Conference, to whom, and his bereaved family we tender our sincerest sympathy. *Requiescat in Pace.*

WITTY.—We suppose it is the same with jokes, as it is with fashions—the old ones come around and turn up at long intervals—somewhat like the Star of Bethlehem does. The *Columbus Medical Journal* is entitled to the credit of having brought forward, as a late thing, the most antiquated joke of which there is any record on earth. It is not exactly *ante-deluvian*, but rather *co-deluvian*. This sprightly journal gets off the fossil joke of the conversation between Noah and the “man who got left”—something about “it's not going to be much of a shower, anyway.” Now, that is even more refreshing than a look at the new star, for the star has only been gone three hundred and fourteen years; while this excellent joke was in its dotage ere Sirius was evolved out of the nebulae which, astronomers say, is stello-genetic. We imagine we see the rejuvenator of this side-splitting joke “shake his fat sides” like old Uncle Rat, in the nursery song, while he proceeds to “diagram” it (“Diagram a joke,” *Columbus Medical Journal for August.*)

Now, “diagram a joke” is good; but we protest—the ten-

dency is bad ; it will prove ruinous to the young and the feeble; and, after awhile, with such eminent authority for precedent, we will have—"parallelogram an idea;" and an endless variety of figures of speech—equally senseless—such, for instance, as "cheese it," which, no doubt, originated in some such silly way.

A BENEFIT—PASS HIM AROUND.—And now comes T. H. Bryant, "proprietor" "Waukesha Glenn," the "Queen of Mineral Waters," and poses as the *Prince of Advertising Frauds!* He is liberal with his ads.—five pages at a pop—but does not pay a cent. Beat us out of \$26.66, the price of *five pages* one insertion; and we considered ourselves lucky to have been warned by two other leading journals worse stuck. He trades on wind as well as water. *This is free!*

FOR SALE.—An excellent country location, with a practice of \$3000 per year. House and lot, drug store and 170 acres fine land. Will sell all, or residence alone. Address T. A. X., Wilderville, Falls county, Texas.

HYMENIAL.—Dr. E. T. Cook, of Willis, Tex., was married on 7th October (inst.) to Miss Minnie Thompson, daughter of J. S. Thompson, Sr., Esq., of same city.

We acknowledge the courtesy of cards, and beg to extend to our talented young friend our heartiest congratulations; and to both, our best wishes for a long life of happiness.

The captain of a Mexican steam ship tried to smuggle a case of yellow fever into New Orleans by deceiving the Quarantine officers, but the death of the man at Quarantine revealed the presence of the disease.

ADVERTISERS' NOTICES.

THE page, facing first reading matter in our Journal, has been secured by the great St. Louis firm—the Rio Chemical Compa-

ny. Occupying such conspicuous position, it would seem to be superfluous to call attention to it. We mention the subject only to add our testimony to the universal verdict as to the reliability and first-class standing of the several preparations advertised by them. There are few proprietary articles more used by physicians, or more relied upon by them in appropriate diseases for which they are recommended, than the Aletris Cordial, Celerina—the great nerve tonic and anti-spasmodic (contains no opiate); Acid Mannate, THE aperient *par excellence*, prepared from the “Heavenly bread,” (manna) with which it is said the children of Israel were fed in the wilderness; last, but by no means least, that most valuable non-irritant mucous astringent—Extract of Canada Pine—*Pinus Canadensis*. Recommended by J. Marion Sims, as being valuable in diseases of the mucous membrane, especially leucorrhoea, etc. Should you add these valuables to your armamentarium, as you should do, please don't forget who reminded you of them.

CLEANLINESS IS NEXT TO GODLINESS, says the good book; amen, say we. The famous Professor Duncan, when asked to mention the two greatest agencies in promoting health and longevity, said: “A clean skin, and fresh air.” He preached a sermon on Hygiene in that brief sentence. Ponder it readers. Our people do not *bathe* often enough, and for a very good reason. Water is plenty, but bath houses at home are very expensive; and to fetch a tub and water into the room, and slop up the carpet, is a great bore. If our readers will carefully turn over our advertising pages and look for a little one inch cut of Knowlton's Universal Bath, they have the solution to the whole difficulty; it speaks volumes. Send for circular, and mention this Journal, please.

MAGEE'S EMULSION is fast coming to the front as the best and most reliable preparation of that kind, because of the *absolute purity* of the Cod Liver Oil used. The firm of J. A. Magee & Co., Lawrence, Mass., are full of enterprise, and will make a thorough canvass of Texas shortly, distributing samples of their superior emulsion. See inside rear cover for testimonials. Mention this journal.

TO PHYSICIANS PRESCRIBING

PIL: BLENNORRHAGIC.

[WARNER & CO.]

COMPOSITION.

R Terebinth Alba	1½ grs.	Camph. Monobrom	¾ gr.
Ext. Humuli	¾ gr.	Res. Podophyl.	⅛ gr.

Dose : 1 to 2 pills.

As Prepared By **WM. R. WARNER & CO.,** Chemists, Philadelphia.

This combination has not heretofore been published. It has been extensively used in the practice of physicians of this city and with the most satisfactory results.

It is the remedy *par excellence* for Chronic Blennorrhœa, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

It is also almost equally serviceable as a remedy for cystirrhœa and inflammation of whatever kind affecting the urinary or sexual organs.

These pills have been used successfully in the treatment of Chronic Gastritis; in fact they are indicated wherever inflammation of the mucous membrane of internal organs exists.

A Valuable Aid to Digestion.

PIL: DIGESTIVA.

(WARNER & CO.)

R Pepsin Conc't	1 gr.	Gingerine	1-16gr.
Pv. Nuc. Vom	¼ gr.	Sulphur	⅛gr.

In each Pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford a permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least an hour before eating; the first mentioned time is the most desirable as the effects are more decided, owing to the longer period for action, and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill, Pil : Digestiva is unequaled, and may be taken in doses of a single pill either before or after eating.


The many flattering testimonials which have been received from the Medical Profession respecting the efficacy of these pills and their very extensive use is ample evidence of their superior properties in cases where such a medicine is indicated, and warrants us in offering them with the full assurance that there need be no fear of disappointment in results.

WM. R. WARNER & CO.,

Manufacturers of Soluble Coated Pills in all their Variety,

PHILADELPHIA AND NEW YORK.

Sent by Mail on receipt of price, and Supplied by all the Leading Druggists of Texas.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.



Vol. I.]

NOVEMBER, 1885.

[No. 5.

"Scribimus indocti, doctique!"

ORIGINAL ARTICLES.

 CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL. 

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

SOME REMARKS UPON DENGUE AND THE EPIDEMIC AS IT PREVAILED IN
AUSTIN IN AUGUST, SEPTEMBER AND OCTOBER, 1885.

By W. J. Burt, M. D., Austin, Texas.

Read Before the Travis County Medical Association, and Ordered to be Published in
Daniel's Texas Medical Journal.

DENGUE is known by many names. Probably the most appropriate synonym for it, is "Break Bone Fever." This phrase, at least, carries with it vivid recollections to those who were the recipients of its favor in the recent epidemic.

The term "Dengue," however, in a nosological sense, has been accepted by leading authors on the subject and by the college of physicians and surgeons of London.

HISTORY.

The first authentic records of dengue dates about 1824; or in other words the differential diagnosis of the disease was

so confused, that authors gave no clear history of it, previous to that time.

There was a fever in Spain in 1764, which resembled very much the dengue of 1826-28. There was also an epidemic fever in Philadelphia in 1780, described by the celebrated Dr. Rush, and called by him "Bilious Remittent Fever." The history and symptoms were in many points similar to those of the epidemic of dengue of 1828 and 1850. Dr. Dickson, of Charleston, South Carolina, who for accuracy and incisive description, has hardly had an equal, believes that the true "eruptive dengue fever" never prevailed, epidemically, in the coast states until the latter part of the summer of 1828. He, however, says that there was a fever in Savannah, Georgia, in 1826, but he thinks it was a hybrid fever and not true dengue. The dengue of 1828 was imported from the West Indies. After this it seemed to have disappeared on the southern coast until 1848 and 1850 when it prevailed all along the coast, particularly in Charleston, Savannah and Augusta. Then again in 1873 when it prevailed in New Orleans and in many places in Louisiana and Texas. It was in 1873 when the first epidemic of dengue prevailed in Austin, when it spread over the entire city. Dengue again visited Austin last fall and winter, in many localities, but was of a mild type and confined to a few neighborhoods.

The history of the disease, in this and other countries, shows that it has no regular periods of visitation—at times but one or two years between epidemics—then as long as ten, twenty or more years between the invasions.

So we can predicate nothing from the history of dengue in reference to the time another epidemic will visit us.

The truth is we know very little of the laws that govern the course of epidemics or of the nature of the infective matter that enters our bodies and produces such ravages in the blood and organs. While we are ignorant of those laws that control epidemics, it may be said of a number of them, that their infective particles or germs are chiefly dependent for their fertility and extended spread on the presence of filth—or are incubated and fertilized amid putrefactive decomposition of vegetable or animal matters. For instance, we are able to associate malarial fevers, with vegetable decomposition, while typhus

fever is more allied, in its etiology, with animal matter and animal excretions. The air, its humidity, its temperature and its electrical conditions are significant factors in the putrefactive or fermentive process. These infective particles, or germs, or micrococci, may die for want of an opportunity to spring into active work. The precise unity of conditions may not obtain, although the material is in wait.

Or, on the other hand, the turned up soil, the filthy streets and alleys, and the horrible cesspools of almost every household, may produce favorable atmospheric conditions for the development and spread of any imported germs, into a fearful epidemic. It is easy enough now to say that no case of small pox would likely arise without an antecedent case, any more than a child without a parent. But we cannot say this of diphtheria or typhoid fever. But for small pox on the one hand, or diphtheria on the other hand, to become epidemic, the fact of the presence of an infective element or germ is not sufficient; they must also have those favorable conditions and associations around them to fertilize and put in motion their infective germs.

The recent epidemic of "Dengue," whether it originated in Austin de novo or was the result of a general atmospheric or telluric condition, or was imported into the city, it is safe to say was governed in its epidemicity by the same laws and principles that govern other epidemics. While we are yet ignorant of the cause of dengue, we submit that its epidemic work and results, have been in an inverse ratio to the favorable conditions for its propagation. If for instance the first cases of the present epidemic were imported and did not originate in the city, it is fair to conclude from the experience and observation of medical men and from the logic of the facts themselves, that but few, if any cases, except the imported ones, would have occurred, *provided* the conditions favorable to its spread, had not already existed in the city. Now, what that "favorable condition" is, or what factors enter in, to constitute it, is so far an unsolved problem. We recognize the fact but not the factors.—Not many years ago two cases of yellow fever occurred in Austin. *They were imported cases*, no epidemic prevailed. There were a number of cases of "dengue"

in the city last fall and winter, but no general epidemic resulted. Isolated cases of "dengue" have frequently occurred in various parts of the coast states from year to year, when no epidemic prevailed. Therefore, we reason, that for "dengue" to become epidemic, the local conditions favorable to the *fertilization* and *mobilization* of its infectious germs, must co-exist with the case.

THE CAUSE OF THE EPIDEMIC.

The cause of the recent epidemic, as well as those of 1873 and 1884 can very properly be classed under one of the following heads :

1st. That the first case or cases originated, *de novo*, in Austin; the germ or micrococci or infectious matter springing into active work and extending its conquests by rapid invasions over the entire city.

2nd. That the first cases resulted from importing the active agent of the disease, either in the persons or by their clothing from infected districts.

There must have been a starting point, either in the air, soil, clothing or in persons.

It is a matter of grave importance to the city of Austin and to her future growth and prosperity to arrive at a fair and reasonable conclusion on these two points. If the *germs* of "dengue" hybernate in Austin, or develop from local conditions of air, soil or water, and make incursions at pleasure, the reputation of the city for healthfulness will be questionable. But if these germs are imported, then by quarantine and sanitation the disease may be kept out of the city or controlled by isolation if it enters it.

Did it originate here or was it imported?

To disprove its origin, *de novo*, in Austin is to prove by its history and by the facts, its importation. If by importation, it must have been through the air carrying the germs, or by persons.

"Dengue" has prevailed in a large number of towns and cities in Texas during the last three months; and at first thought it would appear reasonable to say, that it was owing to an epidemic condition of the atmosphere. I submit, however, this proposition, if such an atmospheric condition did exist

was that condition *alone* sufficient to originate cases of dengue? It is believed, so far as I know, by all investigators, that dengue has its own specific germ, which operates in the human system in a specific manner and produces certain characteristic manifestations. If this statement is correct, it would be an unwarrantable assertion, to say that epidemic atmospheric influence *alone*, would or could incubate and develop the specific germs of dengue.

I have not been able to learn anything definite in reference to the origin of the epidemic in 1873. But I believe I have been able to find the first two cases that occurred in 1884. These cases were a Mr. Street and Mrs. Hall, who came from Galveston and Houston, where dengue was said to be prevailing. Soon after they came back to Austin they were attacked with dengue. The nurses and neighbors were soon victims to it and from these infected points the disease developed in several localities in the city. Now to say that the germs of the disease had been latent from 1873, for eleven years, would be too contrary to facts in its history to be entertained.

The history of epidemics of dengue all over the world are histories of importation, from place to place. The epidemic of 1824 and 1825, in the West Indies, was traced directly from Aden, in Arabia, and to Aden from Zanzibar, in Africa. Again, in 1827, the disease was epidemic in the West Indies, whence it spread to the United States, reaching New Orleans in the spring of 1828, and Savannah and Charleston in the summer and autumn of the same year. In 1870 and 1871 the disease was epidemic in Zanzibar, and was imported by the ship "Somalis" to Aden, in Arabia, and along the Arabian coast to Port Said and Cairo, in Egypt, following the lines of trade and commerce. Mooden, Sheriff of Madras, says: "The steamers 'Jumna' and 'Dalhousie' carried it from Aden to Bombay, and by the lines of railway all over India." Dr. W. H. Cock says: "An epidemic of dengue prevailed on the island of St. Bartholomew, West Indies. Three men went on the sloop 'Maxwell,' from St. Christopher to St. Bartholomew, and carried it back with them, and it spread from them all over the island."

Take the three main epidemics that have prevailed along the Southern coast, viz: 1828, 1850 and 1880, and it is believed the

first cases were clearly traceable to importation. The epidemic of 1873 first prevailed in New Orleans, and was imported to Galveston, and spread over many parts of the State, following the lines of travel and commerce.

I might give in historic detail any number of instances showing that in epidemics of dengue the starting points—the commencement—the first cases—have been imported from infected localities. On the other hand, I find no historic instance in the United States where the dengue was traceable or believed to originate from local insanitary causes. It is believed by some persons that the turning up of the soil in the streets, in July and August, had much to do in producing the present epidemic. Whether it was a factor of any significance in producing a favorable atmospheric condition for the spread of the disease, I know not. No doubt, from a sanitary point of view, it was an ill-advised measure, and should not again be allowed during the hot months. But, in my opinion, it had nothing to do with *originating* the disease.

IT WAS IMPORTED.

The evidence, to substantiate this proposition, is, in my opinion, satisfactory. Upon careful investigation, I find the first case occurred on the 22nd day of July, on the block just west of the market house. Mrs. Emma Hood made a visit to Galveston on the 11th July, and remained in the city eight days. During her stay a Miss Tornblon, a member of the household where Mrs. Hood was boarding, was taken sick.

Mrs. Hood kindly ministered to her wants until her return to Austin, on the 20th of July. This young lady had the dengue fever, but neither Mrs. Hood nor her friends knew it at the time. On the 22nd of July—two days after returning to Austin—Mrs. Hood was taken down with a fever. I was called to see her, and found her suffering severely from what I supposed was a "bilious attack." I did not then recognize the disease as dengue.

But her subsequent symptoms and history for several days marked her case as one of dengue. Twelve other cases have occurred in her house, and she has nursed them, and has had no other symptoms of the disease. Her husband, Prof. Hood, and

a young lady boarder, were taken down on the 10th of August—twelve days from the attack of Mrs. Hood. From three to six days later, two other persons, who visited Mrs. Hood during her sickness, were taken with dengue. The disease spread then rapidly along West Hickory street, so that in a very few days almost every family for three blocks were attacked with it.

The next case was Miss Howard, who was taken sick on the 24th or 25th of July. Miss H. visited Houston on the 9th of July, and remained there seven days, attending a Baptist association. Miss H. was formerly from Galveston to Austin, and, naturally enough, she associated with her old friends from Galveston. She visited friends at Hempstead on her way to Austin, reaching here about the 23rd, when, in two days, she was taken with a fever, which kept her sick and prostrated for ten or twelve days. About one week after her recovery her mother was taken sick with what was then recognized as dengue. Miss H. has not had any other symptoms indicating an attack of dengue since her sickness in July. All her family and friends generally have had the disease. Miss H., so far as we know, was not in an infected district, but associated, intimately, with those from Galveston, where the disease did exist. It is known that clothing, merchandise, trunks, etc., etc., carry the infectious germs long distances. Is it reasonable to conclude, from these facts, that Miss H. was infected in this way? I have no way of explanation, if this is not satisfactory. These being the first cases, became the starting points or infected centres from which the epidemic spread. What local atmospheric condition was present favoring and so rapidly spreading the disease I do not know. The prevailing winds were from the south and southeast; the weather dry and hot; the city at the time was quite healthy and free from epidemic diseases.

SYMPTOMS.

Dengue is a disease of a variety of manifestations. In one case the burden of the disease is in one organ, and then in other cases the symptoms and sequelæ show that other and different organs are more seriously affected. *Fever*, ranging from 100 to 104 degrees, *pain* in the limbs, back or head, *loss* of ap-

petite, and great *prostration* were the most constant symptoms. It is an eruptive disease, the eruption in some form, and at some stage of the disease, showing itself in probably 90 per cent. of the cases. The initial eruption was usually of a scarlatinal or erythematous rash on the face neck or chest. The secondary, or terminal rash, was more constant, occurring after defervescence, from the fifth to the twenty-fourth day. This rash sometimes resembled measles, urticaria, or herpes, but more commonly the rash was of a miliary form. Of all the cases where I made a careful and successive examination, the rash, in some variety, was found in about 80 per cent. of the cases. Stiffness in the back of the neck, rheumatic pains, and swelling of the joints, and a feeling like the joints were being pulled apart, were frequent and distressing symptoms. Other cases, deep aching and throbbing of the temples and balls of the eyes. Then, again the gastric and enteric symptoms were most distressing, as vomiting and irritable stomach, even to the throwing up of black vomit, (as in two marked cases).

Again, inflammation of the descending colon, about the sigmoid flexure, with dysentery, were the leading and distressing symptoms, usually after the acute stage had passed. In some, aching and throbbing over the region of the kidneys with more or less suppression of urine, others, a mental dulness and depression of spirits with a feeling of faintness, even when lying down, indicating a weak and troubled heart. Then in others a distressing and unaccountable *prostration*, out of all proportion to the severity of the attack. The truth is, the functions of all the organs were more or less deranged. The blood was poisoned and changed in its elements by the introduction into the body, of the infectious material, be that material germs or micrococci, the results were the same.

The epidemic has not been a mild form of the disease ; on the contrary it has been a severe and serious one. While but few deaths are recorded as resulting directly from dengue, (probably not over ten or twelve deaths in Austin), many persons will suffer from the sequelæ for months to come, and will date back their sickness, and it may be in many cases their deaths, from the dengue of 1885.

In the deaths recorded as having resulted from dengue, at least in two cases, the kidneys were the organs more seriously affected. In one case the death occurred through affection of the brain. In one the stomach, with black vomit. In one—a small infant—through the heart, and in one man, the nervous system gave down, as from a blood poison.

Of the deaths resulting from dengue, only one post-mortem was held, so far as I know. This case is of such interest I will briefly relate it.

James Artforth, a german eight months in the United States, aged 23, with history of good health previous to the attack of dengue. On the 22nd of September he was taken down with dengue which lasted him for several days. No physician attended him. He began a slow convalescence, until October 2nd he had evidently a relapse, with high fever, pain in the side and back, with distressed breathing. This condition continued until the 5th of October, when seeing he was very sick I sent him to the hospital. He had a high fever, temperature 104. Physical signs of pneumonia, but neither cough nor expectoration. Heart's action weak, face white and anxious, and great prostration. These symptoms continued with little variation, except a gradual and increasing prostration, until the 10th of October when he died.

A post-mortem was held sixteen hours after death. Present at the examination, Drs. J. W. and Frank McLaughlin, R. S. Graves and W. J. Burt. Dr. Frank McLaughlin made the autopsy. There was nothing to attract attention from inspecting the body. After exposing the organs by the usual incisions, the pericardium was opened and the heart removed and examined.

The right auricle and ventricle were very thin and flabby; The left ventricle enlarged and its walls considerably thickened. On opening the cavities, they contained a small amount of bloody water but no clots; valves seemed sound.

Lungs—Slight pleuritic attachments to the left lung, and very strong adhesions to the right lung, particularly to the diaphragm. Both lungs had a reddish aspect, with grayish or ash colored spots here and there over the surface. By making incisions in the lungs in various directions, the cut surfaces had the appearance of red hepatization, with a reddish, frothy

fluid oozing from the cut surfaces. The lungs and parts of them floated in water. No pus was found. A thin, watery, bloody fluid issued from the cut blood vessels.

Liver—was large—particularly the right lobe; it had yellowish instead of a brownish appearance, externally. When cut into it was a fatty liver, and an oily, red tinged fluid was easily removed with the scalpel. Dr. J. W. McLaughlin examined parts of it under the microscope and found its composition largely to be fat cells, and the whole field covered with the black-headed micrococci. White paper was stained with bile when pressed to the cut surfaces, in fact the liver seemed full of bile in all its parts.

Spleen—was enlarged, but no special changes observed in it.

Kidneys—The cortical portion was congested, the pyramids swollen and inflamed in the lower and middle portion of the kidneys, but tough and white in the upper third. The kidneys through both structures were hard in cutting in a longitudinal direction.

Blood.—No clots were found in the body, the blood was very thin and watery and seemed to be disorganized. When thrown on a white cloth it merely made a stain like bloody water.

How much of these pathological changes observed are the result of dengue, can only be conjectural. Future autopsies may confirm them. It is to be regretted that so little attention has been given this matter in other epidemics throughout the southern coast States. I have not been able to find a history of a post-mortem held on a person who had died of dengue, through all these epidemics. Whether the microscope will give us a more correct knowledge of the disease remains to be seen. If my distinguished friend, Dr. J. W. McLaughlin, is able to isolate the micrococci, he has discovered in dengue patients and to propagate them through two or more generations and then produce dengue by introducing them into the human body, he will stand with Koch and Pasteur as a discoverer, and his name, like that of Jenner, will go sounding down through the generations as a benefactor of his race. Let us hope that the Dr. will find the living germ that produces dengue, and he or some other one find the germicide, which will cut off its invasions and inhibit its epidemic work.

TREATMENT.

Dengue being a self-limited disease, disposed to a favorable termination, the large majority of cases require very little medical treatment. However as the disease is not so simple in its ultimate results, the vigilance of the medical attendant should not be relaxed, but he should carefully watch for complications that so often arise, and treat them promptly. In a large percent of cases the patient needs to be placed in bed, and a warm foot bath and warm drinks administered, with cold applications to the forehead and eyes. A quieting mixture as a Dover's powder or a bromide of potash, morphia and aconite mixture should be given. A mild purgative is often required. If the pains are severe and the temperature runs high then the salicylate of soda in 10 to 20 grains, every few hours usually gives satisfactory relief. There is no specific for the disease yet discovered. It must be treated expectantly and conservatively, meeting complications as they arise, supporting the weak organs and promoting functional action of the various secreting organs, hoping in this way to more rapidly eliminate the poison from the blood and bring about a restoration to health.

CARBOLIC ACID INJECTIONS IN THE TREATMENT OF CARBUNCLE.

By C. H. Wilkinson, M. D., Galveston, Texas.

Read before the Galveston Medical Club, October 19th, 1885, and by that body voted to be published in Daniel's Texas Medical Journal.

THE subject which I have chosen to present for your consideration this evening, is one that I have given especial and unremitting attention to for the past six or eight years. In its presentation, therefore, I can confidently claim originality in its conception, and prolonged study in its evolution; furthermore, I will endeavor to be brief as possible in its rendition.

When we reflect upon the true nature of and important consequences involved in the pathological condition that I have alluded to in the caption of this article; the terrible sway of carbuncle when it has once obtained full mastery over the human system; the pain and anguish that invariably accom-

pany its visitations, and its not unfrequent fatality; when we consider the long, unsatisfactory and uncertain, if not to say the frequently barbaric plan of treatment that often is adopted for the relief of this affliction, I believe that you will echo the sentiment that *any treatment whatsoever* that can substitute the plan heretofore pursued should be hailed by the profession as an advance in surgery, and be adopted as a boon to those unfortunate victims who occasionally suffer with this painful and destructive malady.

It has been my fortune in life—if to witness the miseries and misfortunes in others could be styled fortuitous—to encounter a large number of carbuncles in the persons of both hospital and private patients, and I can confidently assert that he who has not actually felt the hand of misery laid upon his own shoulder, or else witnessed this complaint in others, can form no idea of what suffering and anguish is comprehended under this generic term.

It is stated that one of the early Governors of Texas actually took his life with his own hands, when he learned that he was the victim of a second carbuncle, so great was his terror at the discovery, his first experience having proved so horrible; and who is it not familiar with the sad fate of some friend or prominent acquaintance by the hand of this same fell destroyer?

Carbuncle may be defined as a peculiar and unhealthy inflammation of the connective tissue of a part, characterized when fully developed, by great pain, redness and tumefaction of its periphery, perforation by small apertures of its center, extending as a rule in a circular direction, attended by rapid necrosis of cellular tissue, with septicæmia accompanying, and if unmolested by treatment ultimately terminating in somatic death.

It would appear that the inflammation of carbuncle was unlike all other varieties of inflammation known to surgery. Its *tumefied* periphery and multiple sinuosities through the skin contained in the area of its extension, certainly render it unlike any other form of disease that we are familiar with; while its proneness to unlimited extension, and its destructiveness to all the tissues that oppose its progress certainly characterize it as an inflammation of *unhealthy* nature. Hence, I repeat that

carbuncle may be regarded as a *peculiar* and *unhealthy* inflammation of the connective tissue of a part; and I will add that in its proper treatment we must not expect to exercise control over its ravages by the use of plans employed in ordinary types of inflammation, but must look to agencies that while not severe and dangerous, exert a catalytic influence over the process that is going on.

The pain in this disease is always intense and unremitting; a slow, continued febrile state, differing with the various stages of the affection, always accompanies the morbid process, being sthenic at first but soon being characterized by adynamia as the disorder advances. It is truly a hectic, irritative or rather a septic fever in its more advanced stage, and it is very often marked by mild delirium from absorption of septic matter into the blood of the patient.

The tendency of carbuncle, if unmolested, is towards the death of its victim. In this respect it differs from most of its congeners in having no respect whatever for the "*vis medicatrix naturæ.*" It continues to widen the circle of its destructiveness when once it has obtained a headway, and like a merciless fire it consumes everything in its way, leaving its smoke and ashes to escape from the system as best they can. Most of this debris finds exit through the numerous apertures in the superjacent skin, but the more subtle products of decomposition invariably gain access to the circulating fluid, causing thereby septicæmia and death of the patient, if not speedily arrested.

Hence the danger to life in this disease.

The cause of carbuncle is due, undoubtedly, to a sub-acute deterioration of the blood; usually to a retention therein of carbonaceous material (such as occurs after typhoid fever and many other blood poisoning agencies), and *likewise* to an irritation applied to the skin, as through the chafing produced by clothing, etc. These two causes are generally required to produce the morbid condition under consideration, though often it appears without the recognition of the latter cause.

It occurs in every season of the year, attacks all classes of humanity over 30 years of age, and is not specially confined to either the indigent or the intemperate. It often happens twice

in the same individual, and not unfrequently on different portions of the body at the same time.

Its duration may extend to several months, and its course, as said before, if unmolested, tends to death.

It is not so much a description of carbuncle, however, that I have invited your attention to this evening, but rather to a plan of treatment for the relief of this fearful malady, that, when instituted in time, is almost, if not absolutely certain to cure our patient, and that too, in a far quicker and less painful manner than by any other method that has heretofore been practiced. Formerly, either the knife, the cautery or an escharotic was the main reliance of surgeons in combatting this disease. That terrors were multiplied, and deaths actually produced by these methods of treatment, is beyond any question of doubt.

Nothing can be more painful, not to say more dangerous, than slashing through the sensitive and septic tissues of a carbuncle. Nothing can be less scientific in practice than the laying open thereby of large and swollen veins affording channels for the readier poisoning of the system by the introduction thereto of pyæmic and septicæmic foci.

The treatment which I propose to offer in lieu of that just criticised is simply the administrations, hypodermically, of carbolic acid, in the immediate vicinity of the most inflamed portions of the carbuncle. The process is simple, and may be relied upon in the great majority of instances wherein it is employed, as the following cases will testify.

In the summer of 1878, I was called to see a gentleman aged 52 years, who had been suffering with "carbuncle" for about three weeks. He was then delirious from the absorption of septic material, and in despair of any relief had grown indifferent to his condition, and but for friends who urged the employment of a physician would soon have died from the virulence of his complaint.

I found upon his neck a carbuncle extending from ear to ear, and from the inferior occipital ridge to the seventh cervical vertebra. It measured fully six by seven inches in diameter and was suppurating slowly from at least a hundred little sinuses. All around the margin of the sore the skin was red

and painful, and the slightest touch thereto would send a thrill of agony through his frame.

I injected into the most prominent sinuses a very strong solution of carbolic acid, and had the satisfaction of seeing a rapid restoration to health. So impressed was I with the value of carbolic acid in this individual instance, that I determined to make use of it in the treatment of all similar cases in the future.

I did not have to wait very long before an opportunity was presented me to try the remedy in its *full strength*. An Italian laborer aet 51 applied to me for treatment of a well developed carbuncle situated upon the posterior cervical region, which measured five by six inches and was very irritable. I selected two or three of the most prominent sinuses and injected into each of them about ten minims of pure carbolic acid, full strength. On the second day after the injection it was noticed that the inflamed areola had nearly disappeared, and the sore itself was casting off several large sloughs. A few more drops of acid were then injected, after which the ill-conditioned painful and highly inflamed carbuncle was converted into a simple, healthy, granulating ulcer, which healed to complete recovery within a few weeks after.

Since the treatment of this patient I have fallen heir to many similar cases; the carbuncle in the great majority of instances being situated on the nucha; and in every instance did a speedy return to health follow the carbolic acid treatment, as carried out in the case of the Italian. My method of employing the agent has been, as just stated, to select a few prominent sinuses and inject into them from five to ten drops of pure liquid carbolic acid, using an ordinary hypodermic, or, better still, a Heaton's hernia syringe, throwing the fluid in the direction of the hard, red and painful spots about the periphery, and being careful to pick up all excess of acid that might ooze back through neighboring sinuses, with sponge or blotting paper.

Carbolic acid in this class of cases acts by converting an unhealthy into a healthy inflammation. All erysipelatous tendency is checked instanter, wherever the acid touches, while the stimulus it affords to the capillaries promotes absorption on the one hand and healthy granulation on the other. Great

sloughs of necrotic, connective tissue are thrown off, and the carbuncle is soon converted into a rapidly-healing simple ulcer.

Furthermore, carbolic acid acts as a local anæsthetic in these cases, and did it do no other good than this in these most painful affections we would be amply justified in its employment for this purpose alone.

I might consume your time a good while longer in the recital of cases wherein carbolic acid acted servicably in the cure of this complaint; but instances enough have been alluded to for my purpose, which is, gentlemen, merely to call your attention to this most valuable method in combatting one of nature's most horrible methods of annoying man.

It is safe in its execution, and, in comparison with other plans, is actually painless. It is quick and certain in its effects, and the acid being easily procurable, this treatment is always practicable.

There may be opponents to the plan I have proposed, and to the use of carbolic acid administered under the skin. But I submit that many of our most valuable discoveries in medicine have had the ordeal to run, and that it is no mark of inferiority in any remedy or plan of treatment in our profession to meet with opposition from some source or other during its probation.

In conclusion, gentlemen, I will venture the assertion that no man should ever die from carbuncle where the carbolic acid plan of treatment, as I have just advised its employment, has been carried out.

A CASE OF HEMORRHAGE BEFORE DELIVERY.

*By E. J. Doering, M. D., late Surgeon U. S. M. H. Service,
Chicago, Ill.*

For Daniel's Texas Medical Journal.

HEMORRHAGE before delivery from detachment of a normally situated placenta, so called accidental hemorrhage, is one of the dangerous complications of labor, though fortunately very rare.

In those cases where the blood flows between the membranes and ducidua and finds an exit externally, the diagnosis is easily

established, and prompt measures can at once be instituted. But when the blood collects internally, the diagnosis becomes by no means easy, and the patient often goes into collapse before the true nature of the trouble is discovered, and dissolution prevents the attempt of surgical interference. Professor Goodell, of Philadelphia, has collected 106 cases of concealed hemorrhage before labor, out of which 54 died, nearly 50 per cent. Out of 107 children only seven were born alive. The mortality is far greater—both for mother and child—than it is in placenta prævia or in any other complication of labor. It is nevertheless true that the subject of concealed hemorrhage has not received that attention from authors and teachers which its importance deserves, and the writer believes that a more careful study of such cases would result in improved methods of treatment with much better results.

The symptom to which I attach most importance in an early recognition of concealed hemorrhage from premature detachment of the placenta, is the peculiar, agonizing and excruciating pain located in the womb, and which depends on the painful stretching of the latter by the retained coagula. Add to this symptom a weak, rapid, compressible pulse, a cool skin, absence of labor pains, and I think the diagnosis is clear enough to warrant immediate interference. To the latter I attribute the successful issue in the following case:

On the 4th of July of the present year Mrs. F. A. II-para, 31 years of age, in the ninth month of pregnancy, slipped in walking down stairs when within one step from the bottom of the stairs and fell on both knees. She sustained no injury of any kind and felt no particular pain at the time. During the night however she had pains in the right side of the womb simulating labor pains. These continuing, I was sent for and found on arrival the os dilated to the size of a nickel, the membranes very tense, and excruciating pain in the right side of the uterus. The pain being more or less continuous, and totally different from ordinary labor pain, the pulse being rather rapid and soft, skin cool, and the patient appearing pale and anxious, I suspected internal hemorrhage, particularly in view of the fall she had sustained. The membranes were therefore ruptured, followed by a gush of bloody fluid, the amniotic cavity being well

filled therewith. The diagnosis being now clear, the uterus was held firmly compressed, and stimulated to contraction. The os was rapidly dilated manually, and within one hour the patient was delivered of an apparently stillborn child, which, however, after twenty minutes of hard work was made to breathe and is doing well. The expulsion of the child was immediately followed by the discharge of the placenta together with a large mass of blood clots. Firm compression of the uterus, administration of ergot, and a binder prevented further hemorrhage. Examination of the placenta, showed a marginal insertion of the cord, and fully one-third of the placenta had evidently become prematurely detached as proven by the firm adherence of a solid clot over that extent of surface. With the best of nursing, absolute rest and carefully regulated diet, the patient rallied, and to-day is in the best of health.

CULLINGS FROM CONTEMPORARIES.

THE INTELLIGENT CARE OF THE DUMB BRUTES.

WE have always thought it was a shame that so little attention—or rather intelligent attention—is given to the treatment of our domestic animals in sickness—seeing they are so necessary to our comfort, happiness and well-being; and that it is absurd that the opinion should prevail, as it evidently does, that to study the diseases of the lower animals is derogatory to the character and dignity of a physician. The horse and dog especially are man's most intimate companions, and at the same time servants; and the amount of intelligence displayed by them strikes us sometimes with surprise; and evidences of their friendship—their devotion to their owners is most touching. The owner of a good horse or dog is his god. An intelligent dog looks up to his master for friendship, care and protection, and evidently thinks that there is nothing on earth higher, better, nobler than he. How do we repay this devotion, and the service of our dumb friend in time of sick-

ness? We know nothing of his anatomy, his physiology, or pathology, nor of the diseases to which dog flesh and horse flesh are heir; and there is no one who does. You cannot send your family physician to prescribe for him; even though he be a \$50,000 Dexter, for, in the first place, said f. p. would get on his dignity and feel affronted; and, in the second place, he knows nothing about dog diseases or horse diseases if he were to go. The livery stable horse doctor is the only available skill in most localities; in some cities—very few—there are intelligent veterinarians, but not *thoroughly* educated veterinarians. Such are rarer in the South than the proverbial hen's teeth. We know from experience with sick horses and sick dogs of our own, about how much skill is possessed by the average veterinarian in this country. I legal friend of ours, who owned a beautiful imported pointer, asked us to see and prescribe for his dog, on one occasion; and we, holding the views just expressed, and appreciating his sympathy and fondness for his dog, did not feel insulted. Our friend made a remark at the time which struck us with great force. He said: "Doctor, the more I see of men, the better I like dogs."

We are much gratified to see that the want for educated veterinarians is recognized, and is to be supplied, in part at least, and we reproduce the following from C. W. D.'s letter in the *Journal of the American Medical Association* with much satisfaction:

"The Veterinary Department of the University of Pennsylvania is now fully opened. It has been organized at an expense of about fifty thousand dollars, with Dr. Huidekoper, who studied veterinary medicine in Europe, after having graduated in medicine in the University some years before, at its head. The buildings now completed are extensive and well suited to their object. They are of stone and brick, and extend for more than four hundred feet along Pine street, which passes through the grounds of the University. They contain stalls, seat-baths, foot-baths, a padded cell for lunatic horses, an armory for instruments, forges, lecture rooms, working laboratories, dissecting room, and in fact, everything necessary for studying the diseases of the lower animals under the most favorable circumstances. A large part of the building is to be

used as a hospital for sick and injured horses, cattle, sheep, dogs, cats, etc.

It is to be hoped that the attention to be given to the study of veterinary medicine, in this department of the University, will lead to an advance in the position which this art shall occupy in this country. In Europe there are a number of men of high scientific attainments who are veterinarians, and their contributions to the art of healing have a much wider range than that of the class which is especially the object of their study. There is no reason why the study of comparative medicine should not receive a new impetus from the association of this new department with the others already existing in the University. It is to be hoped also, that the study of veterinary medicine under these auspices, will attract a class of men who are capable of elevating the pursuit to which they are to devote themselves above the level which it has hitherto occupied in this country. It is a calling which stands in need of men who will consider it honorable and help to make it so. To young men with zeal and perseverance it offers a most promising field of scientific study, as well as an unusual certain road toward a good income. It would probably be good for both man and beast, if some of the young men who are now thinking about studying medicine would make up their minds to study animal medicine, in which they would have a clearer field to themselves, and leave a little clearer field to those who are now trying to make a living out of their fellow men."

VACCINATION AS A REMEDY FOR WHOOPING COUGH.

DR. F. W. ENTRIKEN in the *Lancet and Clinic* says for "over a quarter of a century he has been perfectly familiar with the practice" (vaccinating with vaccine lymph to cure pertussus,) and that he knows a number of regular physicians who practice it, and that moreover, "Prof. Chapman taught it in Philadelphia in 1828." So confident is Dr. Entriken that vaccination will cure the whooping cough that he says he has "often, when no smallpox was near, and no journey was prospective,

advised postponing vaccination till the child contracted whooping-cough." "I have vacciniated, for this purpose" says the doctor, "several hundred children, and almost always with happy results,—usually, a speedy cure." Unfortunately Dr. E. does not enlighten the profession as to *how* the cure is effected; he only says: "I think it best to give the usual treatment until the febrile stage has passed, then vaccinate, the new disease set up by the virus will then usually arrest the nervous and other distressing symptoms, that are so apt to linger and perpetuate the morbid condition."

A writer in the *Lancet and Clinic*, however, seems to assume that it is an application of "bactero—therapy"—and that the "organisms" of vaccinia, have a fondness for—as an article of diet, those of the whooping cough, and accordingly "go for" them, and devour them,—to the patient's relief.

We give our readers the benefit of the above, as one of the "new remedies" proposed, or, according to Dr. E.—one of the newly revived old remedies—somewhat like some of Park Davis & Co.'s new remedies, Jamaica dog-wood for instance. The curious will find an account of this new remedy in the secondary list of the U. S. Dispensatory for 1850, attributed to "Prof. Hamilton," in 1841. It is a little singular that if the process of *curing* whooping cough by vaccination was known and practiced by Prof. Chapman in 1828, and *especially* if it is, or was then, as sure a thing as Dr. Entriken asserts it is—it has never come into general use. There is no more distressing malady than whooping cough, and none more obstinate in its resistance to *all* treatment at times, than whooping cough, and if vaccination will even mitigate its severity, it will indeed prove a boon to unborn generations, empirical though it be.

ANOTHER WONDERFUL THERAPEUTIC APPLICATION—“DIELECTROLYSIS.”

M. BRONDEL has made a communication to the *Paris Academie de Medecine* on the direct medication of the internal organs, by what he terms *dielectrolysis*, meaning thereby "the electrolytic decomposition of a chemical compound,

and the forcing of its active medicinal constituents *through* the tissues of the body by virtue of their affinity for one of the poles of a galvanic battery." The *New York Medical Journal*, from which we extract the item, considers this "the most notable therapeutic novelty" that has come up since the anæsthetic power of cocaine was announced.

"M. Brondel, of Alfiers, brought forward a novel plan of medication at a recent meeting of the Paris *Academie de Medecine* ("Rev. med."). By the term "dielectrolysis" (*dielectrolyse*) he refers to a process for making a nascent chemical substance pass through the tissues. For example, taking iodine, a body which is readily "dielectrolyzable," he applies to any desired part of the person a compress wet with a solution of iodide of potassium, and over it he places the negative electrode of a galvanic battery, the positive electrode being held against any indifferent part of the body. The iodine leaves the potassium, and, actually traversing the intervening tissues, rapidly arrives at the positive electrode, as may be ascertained by testing with starch paper. In effect, therefore, this is a hypodermic, or rather interstitial (*intra-organique*), method without wounding the skin or producing pain. As a great number of simple bodies may thus be made to penetrate from one point to another, the practical applications of the new method may be very numerous and very important. By it the author has cured fibrous tumors of the uterus, a case of perimetritis, a rheumatic ovarian neuralgia, and several cases of chronic rheumatism. He has in view further trials upon parasitic and malignant tumors, diseases of the skin, syphilis, neuralgias, etc., and especially pulmonary consumption, on which latter he proposes to try the action of various mineral antiseptics, such as arsenic, mercury, fluorine etc."

[Subsequent events proved this to be a mistake—no such change occurred.—ED.]

A NEW HÆMOSTATIC.

Dr. Morales, of Barcelona, has found hazeline (an extract of witch-hazel), when locally applied, to act successfully as a styp-

tic in hemophilic (?) patients when all other means, not excepting the thermo-cautery, have failed. Dr. M. is of the opinion that it acts by constricting the vessels as well as by producing coagulation.

Dr. Rothe, of Altenburg, has discovered a reliable hæmostatic in the infusion of *urtica didica* (nettle).—*R. B. D. in Lancet and Clinic.*

CORRESPONDENCE.

DECLINES THE HONOR.

IT will be remembered that the *New York Medical Record* asserted that "the profession of America almost unanimously condemn the action of the American Medical Association," and cited *eighteen* medical journals—out of the nearly two hundred—as so opposing, in support of the assertion. Amongst these eighteen was the *Kansas City Medical Index*. The following from the editors of that staunch and progressive periodical will show how much authority the *Record* had for using the name of the *Index*:

KANSAS CITY, Mo., October 17, 1885.

Dear Dr. Daniel:

Please correct statement in last issue of your highly esteemed journal, that the *Kansas City Medical Index* is opposed to the action of the American Medical Association. We do not belong to the *New York Record-Columbus Journal* clique, as you will see by our October number, mailed you this week. (See editorial "A double Correction.") We sincerely wish the International Congress to be a success, and join you in wanting all sections of the country represented therein.

With best wishes, we are

Yours fraternally,

JOHN W. ELSTON,

EMORY LANPHEAR,

Editors of *Index*.

The name of the *Medical Journal and Examiner* was used also without authority in the same list,—the editor being one of the chairmen of sections under the new appointments.

Again: We had classified *Leonard's Illustrated* as neutral—being of those who took no part in the controversy. Dr. Leonard requests us to make the correction, and to put him and his *Illustrated* [and illustrious] where it ought to be, on the side of “right.” We do so with much pleasure. This brings the *Record* down to fifteen journals out of the whole, and puts our list up to sixteen of the very foremost and most independent and able and *honest* journals in America as endorsing *unequivocally* the action of the American Medical Association with reference to the International Congress. If the *Record* and the *Columbus Journal* are capable of blushing, *now's* their time, or *never*.

OUR NEW YORK LETTER.

EDITOR DANIEL'S TEXAS MEDICAL JOURNAL:

Dear Sir:

IN my last I gave you a sketch of some of the operations here, and I thought that it might be instructive if not entertaining to your readers, if I should give them the technical methods of antiseptic surgery as actually practiced in the large hospitals of this city. I am aware that the subject is trite, but I also know that it still has an interest for the profession.

The present method contrasts strangely with the old, and let no one be rash enough to attempt to blend them. They are radically antagonistic—the old method was that of rapidity and boldness, the new of painful slowness and caution. It has been related that Deffenbach scouted at exact anatomical knowledge being essential to the surgeon. His motto was “cut and ligate,” but this rule is exactly reversed, it is ligate and then cut. For this purpose the most exact anatomical knowledge is required, and but for the work of Claude Bernard the present system of cutting between forceps or ligatures would not have come into use, and the present antiseptic method would have been a fail-

ure. That it is not a failure the records of Belleview will fully attest. This hospital, badly located and tainted with the poisons of erysipelas and septicæmia for half a century, now shows a mortality of only five per cent. in the amputations performed there, against fifty per cent. before the introduction of this method.

Two factors then are essential to the success of antiseptic surgery: First, anesthetics. The use of these gives the time for the nice dissections and the careful toilet of the wound.

Second, absolute cleanliness; and I may add a third: exact anatomical knowledge.

I will now proceed to give you the details of the method employed and the apparatus needed for these operations.

First, what is needed:

First will be sponges; these, if new bleached sponges, will require to be beaten or shaken to get any sand out of them, washed in clear water, then soaked in a solution composed of Labarague's Solution one part, water ten parts, for half an hour; afterwards washed in either distilled or boiled water until free from the disinfectant.

Second, Ligatures; cat gut is used here almost exclusively. They can be obtained put up ready for use. They are kept in oil of juniper.

Third, Sutures; silver wire, best kept in alcohol as they do not tarnish.

Fourth, Solutions:

- A. Bi-chloride of mercury, 1-500
- B. Bi-chloride of mercury, 1-240
- C. Carbolic acid and glycerine, one part each,
Water 20 parts,

Irrigators; An ordinary fountain syringe and a half gallon pitcher will answer for the general practitioner.

Basins; one to hold instruments, one for sponges, and one to hold bi-chloride sol., 1-2500. Ordinary tin basins will answer, if kept clean.

Instruments; These are made perfectly plain, without maker's name or other device on them; the handles are perfectly smooth, and made of hard rubber. A liberal supply of artery forceps will be required.

Antiseptic Gause—This had better be obtained ready prepared, as it requires a great deal of labor to make it.

Antiseptic Cotton—The borated absorbent cotton is preferred. Protective sheet, rubber.

Bandages, two and a half to three inches wide, made from ordinary cheese cloth.

Iodoform in powder.

Drainage tubes either rubber or bone.

Now for the technique:

In the place of assuming a case, I will take one from actual practice. Dr. Wyeth, during the last week, removed the tibia from the child and the ulna from a man. I will take the last case, as I saw some years since a similar case in Bellevue Hospital. In both cases the outer aspect of the arm was riddled with sinuses. The patient in Bellevue was suffering from hectic and septicemia. The house surgeon informed me that amputation had already been discussed. I do not know the fate of this man, but his chances of life were infinitely small. In the case that Dr. Weyth operated on, the disease had not advanced so far, for the reason that they don't wait now. The preparation of the patient consisted in first washing out the sinuses with the bi-chloride solution, 1-2500; next, the washing of the limb with soap and water, then with plain water, to remove all traces of soap; after drying, sponging with sulph. ether, to dissolve any greasy matter that might be in the pores of the skin. The next step was the application of an Esmarch's bandage. The washing was done before etherization. The bandage applied after.

While the patient was being anæsthetized, the surgeon and his assistants had prepared themselves for the operation by removing their coats; they then donned their aprons (for no operation is performed here without an apron on all that assist), then washing themselves with soap and water, with a vigorous use of the nail brush, they, after a copious use of plain water and the usual toweling, proceeded, one and all, to wash their hands in the bi-chloride sol. 1-2500.

The instruments had been washed and placed in a basin filled with the carbolic sol.; sponges in bi-chloride sol. 1-2500.

The strong bichloride solution is used while an Esmarch's

bandage is on, and that only to sponge out old sinuses and cheesy joints after being scraped; this is then washed off with the weak solution.

Everything being now ready the operation is proceeded with; the incision is made slowly, each little artery taken up and tied, then the incisions were extended as the bone was found diseased until the elbow joint was opened. The periostome was applied and the periostium separated, all fungous granulations and cheesy matter removed from the joint, the sinuses split into the wound, their surface scraped with a Volkman's spoon, then sponged with the strong bichloride solution, irrigated with the weak solution, the Esmarch removed, all bleeding vessels of any size ligated, the wound elevated, packed with the antiseptic gauze which had been dusted with iodoform, the outside of the wound covered with antiseptic gauze to the extent of half an inch in thickness. A cover of the rubber protective applied over all. All this required something over two hours time.



I saw this patient on the fourth day after the operation. The highest temperature recorded on his bed card was 102° and that for one evening only. When I saw him it was 99° .

There are some minor variations from this method in some of the hospitals, but it would only be confusing to give them.

Now I have a suggestion to make to any of your readers that wish to try this method: That is, commence with your small operations first, otherwise you will almost certainly fail.

WM. PENNY, M. D.

New York, Nov. 1st, 1885.

 **INDUCEMENT.**—In order to build up the Physicians' Mutual Benefit Association of Texas, and to induce our subscribers to remit their subscriptions now, we make this liberal proposition: All cash subscriptions from *new* subscribers during November and December will *pay for the JOURNAL to January, 1887—fourteen months*; and, in addition, a *certificate of membership* in the Physicians' Mutual Benefit Association will be sent, *free of the membership fee* for 1885 (which is \$1) to all who desire and request it. 



Horsford's Acid Phosphate,

[LIQUID.]

Prepared according to the directions of Prof. E. N. HORSFORD, of Cambridge, Mass
Universally prescribed and recommended by physicians of all schools.

In LIVER and KIDNEY Derangements, AND AS A DRINK IN FEVERS.

This well-known preparation has been widely and successfully used as an agreeable cooling and refreshing drink in fevers, and its use in gastric and nervous derangements, where an acid tonic is indicated, is invariably followed by successful results.

As a Refrigerant Drink in Fevers.

DR. C. H. S. DAVIS, Meriden, Conn., says: "I have used it as a pleasant and cooling drink in fevers, and have been very much pleased with it."

Admirable Results.

DR. J. J. RYAN, St. Louis, Mo., says: "I invariably prescribe Horsford's Acid Phosphate in fevers, more particularly when vegetable acids would induce diarrhœa; also in convalescence from wasting, debilitating diseases, with admirable results. I also find it a tonic to an enfeebled condition of the genital organs, in combination with other agents."

In Liver and Kidney Troubles.

DR. O. G. CILLEY, Boston says: "I have used it very extensively, and with the most remarkable success in dyspepsia, and in all cases where there is derangement of the liver and kidneys."

Unanimous Approval.

DR. T. G. COMSTOCK, Attending Physician at Good Samaritan Hospital, St. Louis Mo., says: "For some years past we have used Horsford's Acid Phosphate in this hospital, in a variety of derangements, characterized by debility, as also in chronic gastric ailments, dyspepsia, nervous conditions and nervous diseases, and as a drink during the decline and in the convalescence of lingering fevers. It has the unanimous approval of the medical staff of this hospital."

We have received a very large numbers of letters from physicians of high standing, in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Physicians desiring to test Horsford's Acid Phosphate will be furnished a sample without expense, except express charges. Pamphlet free.

Prof. Horsford's Baking Preparations,

are made of the Acid Phosphate in powdered form. They restore the phosphates that are taken from the flour in bolting. Descriptive pamphlet sent free.

RUMFORD CHEMICAL WORKS, Providence, R. I.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

IS IT DENGUE ?

The epidemic which recently swept over Texas, sparing but few towns, was of so much graver type, and although in the main presenting the symptoms of dengue, yet was followed by sequellæ, or attended by complications so unusual, and so grave, as to excite in the minds of not a few, a doubt as to the identity of the disease. Indeed it seems to have been dengue *plus* something else, or dengue intensified and rendered more malignant by a poison which tended to decompose the blood, if dengue at all.

In a respectable per cent. of cases the clinical history of the disease as collated in the experience of the majority of the Austin physicians present at a meeting of Travis County Medical Society on the 5th, and that of other physicians in other

parts of the state, is more like that of yellow fever than dengue. In one city in northeast Texas, where the disease seems to have been unusually severe, and even quite fatal, an old practitioner writes us that he has grave doubts as to the disease, and that in his experience it corresponds more closely to Pepper's description of relapsing fever than to dengue. This is a point, however, which could easily have been settled by the microscope, as *spirillæ* are said to be uniformly found in the blood in that fever. With reference to the tendency to disorganization of the blood, we quote the following from the Doctor's letter :

"The blood seems to me to be altered in its characteristics ; its coagulability seems to be wanting ; it appears to have lost its fibrin. The blood in hemorrhages I have seen, was always fluid, and did not coagulate, after having been voided twenty-four hours. Its odor was peculiar. The sensation imparted to the touch when pressure was made upon an artery, I can only liken to the flowing of fluid through a gutta percha tube ; no decided impulse, but a gurgling sensation. Frequently, when the hemorrhages were controlled, there would be vomiting like that of black vomit in yellow fever. To my mind the matter thus throw up or passed from the bowels, was altered blood, mixed with mucus. It was exceedingly acid."

Black vomit has been observed in dengue, but it is so rare that Bemis says he never saw a case; but the unusual symptoms, sequellæ, etc., we had reference to, in addition to the vomiting of this altered blood, and as were described by the physicians present at the meeting referred to (and most of which are given in the paper of Dr. Burt which was read on that occasion and published in this number of the Journal),—were—a tendency to hemorrhage from any of the mucous surfaces; a tendency to abortion in the pregnant state, and profuse hemorrhage following; premature menstruation in young girls, and a hastening of the menses before the monthly crisis in woman, and the production of menorrhagia; the formation of deep seated abscesses; parotitis, and (one case of) synovitis, and suppuration of the joint; kidney troubles, albumen and casts in the urine; diarrhœa and pain in the abdomen; delirium, and convulsions; high temperature, 103 to 105, and in some cases, hyperpyrexia;

extreme nervous prostration and general debility; a great tendency to relapse, and at best a slow and painful convalescence.

Such complications or sequellæ did not occur in all cases, nor, indeed, were they characteristic of the epidemic; and the death rate, though there were some twelve deaths out of (estimated) twenty thousand cases in Austin, was even less than during other seasons; yet the occurrence of such complications being so unusual, prompts us to the belief that some cause beside dengue was at work.

With regard to the eruption, it seems not to have been uniform either in its character or its time of appearance, occurring before, after, or during the fever, or not at all; in some, papular, others, herpetic, miliary, or like urticaria; but mostly like measles, the resemblance extending to the throat and eyes, and was such as to induce one to suppose it to be measles and not dengue.

Dr. McKinley, whose patrons are mostly colored, gives an interesting account of his practice. He had observed the disease in colored persons pretty much as it occurs in the whites, tendency to abortion and all; but, with regard to the eruption, he says that whereas other physicians had 90 per cent. of the eruption, ninety per cent. of his cases did not have it; that when observed, it was in those of mixed blood, and the admixture of white blood and the occurrence of the rash existing in direct ratio; while pure blacks had no eruption whatever.

An attack of the fever in the parturient state was attended with great danger, and we know of two women who died from the effects of the disease shortly after giving birth. In one, peritonitis set in, and she threw up a perfect specimen of the coffee ground black vomit,—clearly—altered blood. Under the microscope some days after, it was found to contain the bacteria of putrefaction, an abundance of the sugar fungi which resembled the ordinary yeast plant, and in which were found *vacuoles*.

To what influence are these rapid changes in the blood which cause its disintegration, and the death of the patient, due? In yellow fever it is attributed to the presence of an organism which attacks the red corpuscle: why not in dengue? In this connection the announcement that one of our Austin physicians has isolated a *micrococcus* and cultivated it, assumes vast im-

portance; we await developments. This tendency certainly constitutes a grave source of danger not heretofore encountered or considered, and any measure or treatment looking to the maintainance of the integrity of the blood, has not, so far as we know, entered into the therapeutics of the fever. In the text books on physiology it is laid down that the integrity of the red corpuscle is maintained by the presence in the blood, normally, of .37 per cent. of *chloride of sodium*, but for which the corpuscles would be dissolved in the albumen of the blood. Had such solution taken place in the case of the man at the hospital described in Dr. Burt's paper? It would be interesting to enquire if this proportion of *sodium chloride* is diminished during the fever, and if so, it would seem to afford an indication for the administration of the chlorides or chlorine as a prophylactic or preventive of such solution and consequent disorganization of the blood. In yellow fever, chlorine in some form, enters largely into the treatment; but whether with a view to maintaining the normal standard of sodium chloride for the purpose of oxidizing the blood, we do not know, as the foregoing theory or hypothesis, is one of our own, and one which has never been mentioned in the books, so far as we are aware.

Another question of practical importance is,—to what are due the grave sequellæ and complications other than those blood changes, and which render the fever so grave, and even fatal in some cases? If it be dengue and is intensified, as we have intimated, by any atmospheric condition, especially if that atmospheric condition is due to any error of sanitation, it certainly behooves the medical profession to enquire into the cause, and advise steps for the removal of the source, to the end that we may escape another visitation, which may be even more malignant. In the absence of any positive knowledge on that head, and in view of the fact that the *turning up of soil* in hot weather is generally regarded as detrimental to health;—and in view of the *probability* that in the present instance it was a factor in the production of a condition of the atmosphere favorable to the spread of a disease of this character—the germ having been introduced—(as kindling to the match) it would be the part of ordinary common sense to interdict a repetition of it. Furthermore, in the event of the introduction of dengue

here another year, the first case should be promptly isolated, and strict non-intercourse observed, as is the rule with other and known infectious diseases.

It would be a sad commentary on the intelligence—the civilization of our people—were they to fail to profit by their recent fearful experience. Should another case of this fever *be brought here*, as was the first case this season, surely our people will not be so indiscreet as to institute and keep up a social and friendly intercourse with the patient, and thus spread the infection;—each new case becoming a focus, from which radiation of the poison occurs, till the whole atmosphere is charged with it, and an epidemic lighted up. Another epidemic, even though it be dengue, which it seems is not the harmless ailment it was formerly supposed to be, would do much to retard the growth and development of our fair city and grand Empire of the West. Verily, “experience *is* a dear teacher”—but, they say—some people will learn in no other school.

“ SAUCE FOR THE GOOSE.”

We have always thought, and we cannot but keep thinking, that if sauce for the goose is *not* sauce for the gander, it ought to be. We advocate consistency; and while it is exceedingly disagreeable to have to differ with Dr. N. S. Davis and the Committee, whose cause we have supported to the best of our ability, we must say, that inasmuch as this fight was made on the ground that the Committee, being a creature of the American Medical Association, was responsible to that body; and—inasmuch as we and Dr. Davis, and many others, have claimed and asserted, and truthfully claimed and asserted—that the Committee was not set aside, nor changed, but only *enlarged*,—that the present Committee is not a “New Committee,” but the original Committee *enlarged* by the addition of one member from each State—it is as much obligated to report back to the American Medical Association, at its next meeting, as it was at the time Dr. Billings made the report at New Orleans. It has been asserted and reiterated that the Committee was, from the first, and is now, *only* a Committee of Arrangements; and if we

were right in demanding that it should so report,—and that its acts were subject to revision by the Association, we can see no reason whatever why it should not be required to report at St. Louis,—nor why its acts are not just as much subject to revision as they were in the first place.

The Carthaginian ship had been repaired so often that, finally, there was not a particle of the original ship left; but its identity was not thereby changed—it was the same ship; and it matters not if ALL the original members of this Committee had resigned, so their places were filled,—it is the *same* Committee; and what applied to it at New Orleans certainly should apply to it at St. Louis—it must report and be discharged, and its report may, or may not be received.—We are of opinion however that it will be; —we are only arguing that we do not know of anything having happened to alter the relation of the committee to the source whence it received its power—We have not “heard anything drap.”

In this connection, we would remind the *New York Medical Record* that it was *S. W. Gross*, M. D., who appealed to Speaker Randall, and not Dr. Davis. There is some difference between me-um and tu-um, if you will look at it right, and it *does* make a difference whose ox is gored.

THE MICROCOCCUS OF DENGUE-

AN IMPORTANT DISCOVERY BY A TEXAS PHYSICIAN.

The recent epidemic of dengue has not been, it is hoped, without its lessons. While it cannot be claimed positively, that anything of practical value has been learned as to the etiology or prophylaxis of this disease, enough has been ascertained regarding its pathology and clinical history to lead to the belief that it is a disease of the blood—produced by an organism,—a *contagium vivum*, and that it is both contagious and infectious.

Dr. J. W. McLaughlin, President of the Texas Microscopic Association, instituted a series of examinations of the blood

and the urine of dengue patients taken in every stage of the disease. The blood was extracted with a sterilized hypodermic needle with every precaution against atmospheric contamination, and was placed on sterilized discs. These he dried, and treated, some with glacial acetic acid, and some with *liquor potassae*, and stained,—some with analine, and some by the new method of Gram of Copenhagen. Upon examination, Dr. M. found myriads of *organisms* unlike any that have ever been seen or described, heretofore, in any fever, so far as he has been able to ascertain, and the doctor thinks he has good reason for believing them to be the *true germs* of dengue. It is well known that by the methods of staining employed, nothing retains the dye but an organism,—while none of the tissues or elements of the body can withstand the acetic acid or the caustic potash, which, however, have no destructive effect on these singular organized atoms. Under the microscope large numbers of them are seen.

They are exceedingly small, circular or oval bodies of a reddish hue, encased in a darker outline, and are about the twentieth to the thirtieth of the size of an ordinary red blood corpuscle—i. e., a blood corpuscle is capable of containing from fifteen to thirty of them. And here is another singular fact—they are seen occupying the red blood cells in numbers, something not before observed, according to Friedlander, who avers that in no disease and in no condition of life, have *micrococci* or other organisms been known to enter and occupy the blood cell. Dr. M. finds the *micrococci* also in groups, technically called *zooglæa*, and in garlands; and, in the urine, formed into distinct tube casts.

It is proper to state that these same bodies were found abundantly in the atmosphere also, and the doubt which attaches to all such investigations arises here, as to whether they are the cause, or one of the products of the disease. The Doctor has isolated what he believes to be the true dengue germ, and has succeeded in reproducing them in Miguel's culture of Irish moss and beef broth. He will attenuate these and try the effects of inoculation.

Who knows but what a Texas physician may have placed within the grasp of science the preventive of this dread disease,

which, while non-fatal, is nevertheless very distressing; and which, in addition to causing suffering, loss of time, and pecuniary loss, occasions also much profanity? For we venture that most of the victims speak of the disease, and will do so to their dying day, with a prefix more forcible and expressive than elegant.

P. S.—Since writing the above we have examined the Doctor's collection. He showed us a beautiful specimen of the *mycelium* with its *conidia*, and myriads of its spores or *micrococci*. There can be but little doubt that Dr. McL. has made an important find—one which we believe will prove a valuable addition to our knowledge of the etiology of our Southern fevers.

GUSH.

A REPORTER GOES THROUGH A DOCTOR'S OFFICE AND DESCRIBES THINGS.

A gushing reporter was shown through the newly fitted up offices of a firm of our esteemed subscribers and friends, and he gushed most energetically in a two column effusion. Amongst other things, on being shown a painting of Ambrose Pare applying the first ligature, he said, "Formerly the surgeons of the 14th century had most imperfect and crude ideas regarding the staunching of blood,"—from which we may infer that the surgeons of the 14 (?) century have now a better knowledge of such things. [Note—Pare was born 1615.—Ed.]

On viewing "Harvey demonstrating the circulation of the blood" this gem of a reporter of the purest stupidity serene, gets off the following, which, for gush, and bad use of the king's English, we will enter as the champion-of-the-world-for-the-belt specimen,—listen.

"We cannot, with such a name as Harvey before us, say less, than if a man die without making any impression on the age in which he lives [that's good by itself Ed.] perchance he may arouse the world by an original thought; such a man was Harvey." That is to say, Harvey didn't make any impression on the age in which he *lived* after he *died*, but after he died he aroused the world by an original thought.

But here is a creamy sentence ; listen to its silvery (or rather its milky) flow and ripple as it gushes forth like "a fountain i' the midst of roses."

"And one to look upon a copy illustrating the magnificent face of Harvey with the noble prince and the joker of that prince, King Charles the XII, would secure a bright page in the memory of those who have read the history of those times."

Ahem!—Language is powerless to do justice to the sublimity of the ridiculousness of that sentence. Let's see;—for illustration; suppose *you* my reader, are a reader of "the history of those times" while we are the "one to look upon a copy illustrating the magnificent face with the n. p. and the j. of that p. King Charles XII. Why, *we*, by looking upon that copy, at once "secure a bright page" in *your* memory,—don't you see?

But the following would shame A. Ward in his palmiest days; it approaches infinity, in the immensity of its whatness. This was our gem of a reporter's soliloquy in gazing at the pictures in the Doctor's office :

"Those who look upon a picture or an engraving [?] may not be impressed properly with the life that there is in it ; [so far, so good] but, to the literary and scientific man [like the reporter, for instance] he [?] will tell you there are lives that so much of brains, so much of work, so much of enthusiasm, that had they not done something to impress running literature, still did something to make an impress on the current literature of the age that stamps them a genius." [!!!]

Now, that it is positively *soul stirring*, overwhelming, *ravishing*! Oh, we wish we could *invent* a word that, as Sam Weller said, "means more" than those hackneyed phrases. Young men, and the unborn generations, should learn that "by heart," and treasure it up as a most precious precept, and strive by all means to leave an impress on the *current* literature, even if they fail to make a dent in the *running* literature.

The climax of absurdity was only reached by this gushing reporter, however, after having flattered the Doctors, told how much the instruments cost, and the furniture, and the amount of practice the Doctors do, and how they are overworked ; and described the library and the showcases of instruments ; and told about the "tumors and ovarian specimens" they had re-

moved, and how much one weighed, etc., he said: "One cannot speak too highly of the large variety of surgical instruments owned by these Doctors. They perform four and five operations every day, and to insure perfect cleanliness the table is washed off with chloride of zinc every Saturday at three o'clock." [!!!]

We cannot compare this fulsome fulmination of this bright reporter, who will have Harvey's home in the "Evon Isle," to aught else on earth, or in the heavens above, or the waters beneath, except to the grandiloquent, spontaneous, *ex tempore* overflowing of the newly arrived Frenchman's enthusiasm—who exclaimed, "Who but the g-r-e-eat Christopher Columbo could have discovered these mighty ocean? and planted the liberty of speech on thou brow, oh Columbia!"

It is to be regretted that these distinguished and most worthy physicians could not anticipate the appearance of this effusion, well meant probably, but damaging, or no doubt their well known good taste and modesty would have prompted them to suppress it. In that event though, we and our readers would have been deprived of a literary "jamboree," which we may say, for high-stilted *bosh*, beats the record.

DELINQUENTS TO THE TEXAS STATE MEDICAL ASSOCIATION,

Whose names have been dropped from the roll, are cordially requested to attend the Dallas meeting next April, and be reinstated. We have suggested to the President to recommend in his address that such be reinstated upon the payment of one year's dues—the arrears being remitted; in other words, that they be permitted to regain their membership upon the same terms as new members are admitted. The President has signified his consent, and will so recommend; and there is not a doubt but that such action will be taken, upon his recommendation. It is proposed to hold out every inducement to reputable physicians to unite with the organized branch of the profession. Many are delinquent from having been unable, by reason of sickness or misfortune, or press of business, to attend the meetings. Having been deprived of the benefit of the

meetings, it looks hard to make them pay for what they have not had, or to make it harder for them to become members than others, simply from having once been admitted. We advise to wipe out all past indebtedness, as an inducement to members to return. We have the precedent in the American Medical Association, and in the American Public Health Association. ORGANIZATION is the watchword, and THIS JOURNAL is its champion and advocate. "Rally 'round the Flag" of Rational, Ethical, Hippocratic Medicine, and let the profession be purified of pretenders. Mark us—in no other way can the practice ever be regulated, than by organization.

SMALL BUT SELECT.

The *New York Medical Journal*, not liking the play house as it has been built by the other children, proposes to go off to another corner and build one of its own. It proposes a new "National Association," and offers a specific plan upon which to build it. The plan consists in having it so small, so select, and "so honorable, that membership in it would carry the highest reward that medical men here [below?] would have to hope for." It also provides that a convention be called of eminent men from all parts of the country [i. e., from Philadelphia and New York—ED.], and that this convention appoint one-half of the members of the proposed association—the remaining half to be filled up later."

That is to say, the new concern is to be composed of the cream of the American Medical Profession as skimmed by Hays, Shrady et al.—in other words, of the bolters. The plan is, that the convention of eminent men from all parts of Philadelphia and New York City are to appoint half the members—that is to say, *themselves*—and "the other half to be filled up later;"—that is to say, by their friends; a real nice little admiration - Narcissus-by - the-stream-mutual - tickle-me-and - I'll-tickle-you tea party, whose chief creed, we suggest, shall read thus: We thank Thee, O Lord, that we are not as other men are—being considerably more eminent; likewise more scientific, and *also* more honorable.

 IMPORTANT ANNOUNCEMENT.

I take great pleasure in announcing that I have made arrangements with the well-known publishers, Dixon & Neatherly (Sam H. Dixon) to publish the BIOGRAPHY OF CONTEMPORARY PHYSICIANS OF TEXAS. These gentlemen are experienced book-publishers—having just issued the *Poets and Poetry of Texas*, and they will push the work rapidly to a completion. One of the firm will visit the physicians of the State and an opportunity will be given those who have not yet contributed their biographical data, to do so; and those who have already subscribed but who have not yet sent in their biography are now urged to do so ere it be too late. There are thirty photographs on hand, of eminent, well-known practitioners and only a few more will be accepted. All communications relative to subscriptions, and the business of the publication should be addressed to the publishers. Biographical data from which a complete sketch is to be made, as well as photographs, should be sent to the undersigned. F. E. DANIEL, M. D., Editor.

 BIBLIOGRAPHY.

BOOKS RECEIVED.—We have received a number of valuable books, but, for want of space, we cannot do more than enumerate them at present. We will take an early opportunity, however, to review them at length. As to reprints and pamphlets, a mere list of them would occupy more room than we can spare. This thing of “reprints” is getting to be a nuisance.

Index Catalogue Surgeon General's Office; six large volumes. Courtesy of Dr. Billings.

Ziemssen's Hand Book of Therapeutics, etc., vol. 3. “The Therapeutics of the Respiratory Organs. Courtesy of Messrs. Wm. Wood & Co.

The Science and Art of Midwifery; Lusk. Courtesy of Messrs. D. Appleton & Co., as also the following:

Diseases of Children, by Alfred Vogel.

The Use of the Microscope, Friedlander—Coe's translation.

A Treatise on Nervous Diseases; S. G. Webber.

Physicians' Visiting List, 1886; Lindsay & Blakistons'.
Courtesy of Messrs. P. Blakiston & Co.

Physicians' Day Book; C. Henri Leenard, from author.

Official Formulæ of Hospitals; courtesy of author, Dr. C. W. Taylor.

We have received, also, several new journals, notices of which we had prepared, but have not room for them; also notices of several journal changes. We crave the indulgence of our confreres if we appear to be remiss in this respect.

MELANGE.

THE SORRY BIRDS OF THE MEDICAL NEST after having befouled it, now propose to leave it for a cleaner one—one "so honorable" that none (others) shall enter therein—no not one—except he be of the sorry bird persuasion, and shall have contributed his share to the slime with which the old nest has been befouled; and shall have "declined" to hold any office in the Congress as "now proposed" to be organized. "The American medical profession are a great profession; we are the American medical profession."—*Hays, Shrady & Co.*

A NEW NAME for an old disease, the "Demdengue."

OUR TURN.—Observing our notice of Dr. Cook's marriage in last issue, a subscriber writes us: "Dear Doctor, when it comes *your* turn, don't spell it 'Hymeneal.'" How shall we spell it brother? We don't want to have a *bad spell* of it when it *does* come our "turn."

THE COLUMBUS MAN writes us that "there will not be left a *greasy spot* of the International Congress." He avers, however, that he wasn't thinking of "the fat in the fire" when he wrote it. Oh, my — or rather, Oh our! — was there ever such an

in-de-fat-igable greaser? No, Doctor, there will *not* be, so long as *lye* will neutralize grease. Let soap from the amount of the *former article* that has been manufactured there will be an *emulsion*.

JOURNAL CHANGES.—From and after January, 1886, the well known *Epitome of American Medicine and Surgery*, published by Townsend, will be changed to a monthly.

ADVERTISERS' NOTICES.

ACID PHOSPHATE.—Few pharmaceuticals, drugs, chemicals, or "preparations" have succeeded in gaining the popular favor, and the liberal and unqualified endorsement of the medical profession that have been accorded to HORSFORD'S ACID PHOSPHATE, and fewer have been found as valuable, in many diseases and ailments, and even in health as a refrigerant tonic. This admirable preparation, taken when merely fatigued, imparts a sense of freshness and vigor unknown to those who have not tried it, and which can be compared to nothing with which we are familiar. Not like nauseating coca; not like alcoholic or malt liquor which *excite* and produce a *spurious* strength, which soon gives way to a sense of greater debility than before, but like, perhaps, that "cup" of which the poet sang, which "cheers but not inebriates." In fevers the Acid Phosphate is said to be most grateful. It is a kind of *tonic* lemonade—sustaining and refreshing. As a remedy in dyspepsia it is said to be unequalled. ☞ Mention this Journal.

THE SICK BABY.—*Mal Assimilation, Mal Nutrition*.—How distressingly familiar to every doctor is the little wan, pinched face and plaintive cry of the little one-year-old, who is "teething," the mother says; and whose frequent green, slimy stools contain specks of milk curd. We all know it, and dread to be called to such cases—gastro-intestinal catarrh—the result of undigested casein. Perhaps the mother doesn't want to "spoil her figure," and, depriving the babe of what God intended it

to have—a fountain of *suitable* nourishment—attempts to raise it on “Eagle Brand” condensed milk, or cow’s milk. It gets diarrhœa and begins to fall off; the doctor is sent for, and he cuts the gums, and orders lactopeptine, bismuth, and hyd cum creta (to “correct the secretions(?)”) and the baby gets no better fast, till the funeral takes place, and another little mound in the cemetery is raised as a monument to ignorance or false notions. Now, if the baby cannot digest the milk (the casein is the trouble), digest it for the baby, and save him the trouble. *Peptonize* his milk with *Extractum Pancreatis*. We have used it with the most *gratifying* results. That is a *rational* remedy, and does what most doctors say they do—but are honestly mistaken—“assist nature.”

Fairchild, Brother & Foster, New York, are the sole proprietors, and we give you our word, it is a gold medal remedy—scientific in its conception and preparation, and is in accord with the most recent teachings as to physiology, pathology and the function of digestion. See inside of first cover page. Send for pamphlets, and mention DANIEL’S TEXAS MEDICAL JOURNAL.

DR. B. A. POPE.—It will be seen by reference to the card of Drs. Pope & Hall, Galveston, that this distinguished oculist, laryngologist and otologist, has located at Galveston. Attracted by the mild winters and genial springs and summers—whose heat is so uniformly tempered by the delicious sea breezes, Dr. Pope determined to live there, as a trial had convinced him that the climate suited his health better than New Orleans. This gentleman’s reputation as an oculist is world-wide, while that of his junior partner is very enviable, indeed, and both fortune and fame, we hope, await the new firm. None but trained nurses employed at their Infirmary.

THE STUDY OF MICROSCOPY IN TEXAS.—We are satisfied that within the last few years—the last few months in fact—more attention has been bestowed upon the microscope than formerly. Indeed a knowledge of the use of the microscope is now a necessity to every man who desires to keep abreast of the times and flush with the advance of medical science. This is

true not only of Texas, but of the whole of the United States. Hence, it has been necessary to issue hand books and other books on the use of the microscope. The translation of Friedlander's little work, spoken of elsewhere, is one of the very best. But one cannot accomplish much, with the best of eyes, the best of books, and the best of *opportunities*, if he have an inferior instrument. Those made by John Grunow, of 70 W. Thirty-ninth street, New York, have a world-wide celebrity, and are perfection of the art of making them. Long experience in the business and a demand for the best of material and workmanship has enabled Grunow to turn out lenses absolutely perfect; and all the *etcetera* are in keeping with the lenses. It was a "Grunow" with which Dr. McLaughlin—the able President of the Texas Microscopic Association "spotted" the *microbe* of dengue, and investigated him. Readers interested will turn over to our advertisements and get Grunow's address and write for circular and prices—not forgetting to mention yours truly.

DIGESTIVE FERMENTS.—Prof. Stout in an able paper on the diseases of Texas in Transactions Texas State Medical Association, says that indigestion is one of the commonest forms of trouble met with by the Texas practitioners, and attributes it to error of diet; the people in the country for the most part, and especially those engaged in cattle raising, living on bacon and bread, and coffee without milk—year in and year out, using as a general thing no fruits or vegetables, no esculents of any kind. To those suffering from dyspepsia the preparations of Fairchild Bros. & Foster, advertised under our table of contents, must be indeed, a Godsend, while the peptogenic milk powders (for digesting cows milk *before* it is fed to the baby,) must be looked at in the light of a veritable "Boon to Babies," as well as to those unfortunate mothers who, for any reason, cannot or will not nurse their offspring at the breast.

The attention of physicians is particularly called to the advertisement of this famous house, which appears for the first time in this journal—on the inside of the first cover page. Please mention DANIEL'S TEXAS MEDICAL JOURNAL in ordering.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
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Vol. I.]

DECEMBER, 1885.

[No. 6.]

“*Scribimus indocti, doctique!*”

ORIGINAL ARTICLES.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

REMARKS ON SPINAL ABSCESSSES.

By B. E. Hadra, M. D., Austin, late of San Antonio, Texas.

Read before the West Texas Medical Association September, 1885,
(For Daniel's Texas Medical Journal.)

ONE after another of the many old surgical dogmas we see fall, and new views, new prospects develop before us, since we have become acquainted with our greatest enemy, and learned how to successfully combat him.

In reviewing the progress of surgery during the last twenty years, since the advent of antiseptis and asepsis, we find that many additions have been made to our stock of knowledge; while so radically have views—once accepted as orthodox—been changed, that we might say a new era has dawned in surgical practice,—one of immense progress. There has been, indeed, a great revolution, with great gain and great successes;

a period which only later generations will fully appreciate in the extent of its magnitude.

One of the new additions to active surgery forms the treatment of so-called "cold abscesses." Of these, however, I propose now to speak only of one variety—spinal abscesses.

The literature on the subject is meagre, and unsatisfactory, and heretofore authors have seemed to hold them in a kind of awe. Thus we find even in the latest editions of Holmes' Surgery a distinct warning against operative interference, and a gloomy and frightening picture is given of an opened spinal abscess. We breathe a little easier when we read in Bryant, "spinal abscesses should not be opened hastily. When steadily progressing, however, they must be dealt with, and the best method is, without doubt, to make a free opening," etc.

But then comes * Volkman, the great German bone surgeon, who tells us that spinal abscesses should and must be opened.

I confess that the want of unanimity on the part of the authors on this important point leaves the general practitioner in an uncomfortable position, one of doubt and uncertainty, which compels him to work out the problem for himself in each case, and by a close investigation of the pathology of the disease we may arrive at a tolerably good working basis.

It is not my intention to go into the minutiae of the pathology of spinal abscesses in this paper; for this you are referred to standard works on the subject. I only wish to call your attention to the fact that almost without exception, in cases of carious vertebral diseases, *tubercle-bacilli* have been found by reliable investigators, and that in consequence of it, the most advanced surgeons in Germany, do not hesitate to treat spondilitis as a *local tuberculosis*, a position also taken by Gross and other eminent surgeons in America.

If it is correct to consider every pathological process in which the bacilli tuberculosis are found, as of true tuberculous nature (and this position is now very generally accepted) of course we are bound to believe such localized tuberculous changes to be common in surgical diseases, which formerly were mistaken for other diseases, of different character and origin. Holding

* Vide Trans German Surgical Society, 1885.

this view, Volkmann enumerates as localized tubercloses, for instance, absceding glands, lupus, some fistulæ in ano, spina ventosa, tumor albus, most of what was formerly called caries of the bones,* etc. It is at once seen that such doctrine is calculated to overthrow a great many of our old theories; but at the same time it appears prophetic,—a shining light which, dispelling the darkness, shows us firm ground on which we can securely stand and fight advantageously the devouring monster.

If we can accept the doctrine of a localized virus in some part of the human system; if it can exist limited and shut up within the surrounding tissue—we should not hesitate to remove that part if it can be done. The great difference between such an hypothesis and the old humoral pathology is at once to be seen, and it would be satisfactory to know, or at least to believe that the knife can exsect a diseased part of a man's body, like removing the rotten part of an apple; but unfortunately there is a serious objection to such a theory to be found in the unity of the circulation of the fluids of the system, blood and lymph. Pathologists, though, tell us that lymphatic glands act as sieves, and thus protect, partially, the general circulation from certain deleterious elements. We further know from experience that sometimes coarser substances retain their places in the meshes of the different structures, and in addition to that, Volkmann points out the formation of firm membranes (containing largely tubercle bacilli) which nevertheless form a barrier against the further invasion of the poison, and thus protect adjacent organs and tissues—a kind of self-limitation, as it were. In short, there is no doubt that local tuberculosis exists, and that it can exist for an indefinite period, without becoming a general systemic affection.

But let us return to our theme. It is difficult to understand in the first place, how the bacilli obtained access to, and why they located on such an obscure, well protected and secluded place as the vertebræ. Sayres, of New York, was the first, I believe, to claim traumatism as an origin or starting point for all the class of joint diseases represented by coxitis and spondilitis. Volkmann, agreeing with him, explains the formation

* See also report on Surgery by E. J. Beall, M. D. Transactions Texas State Medical Association, 1885.

of tuberculosis thus: We have to assume that the bacillus is easily received into the system, being so very common amongst mankind. Now, so long as the system is strong, and the activity of the tissues is unimpaired, the foe does not get a chance to settle and to thrive; he is overpowered by the normal processes of human life. But nothing seems to be more favorable to prepare the ground for this seed than a traumatism of slight nature, such as blows or falls, which produce a kind of sub-acute inflammation; while graver injuries set up a more active inflammatory process which seems to overpower and destroy the bacillus. No doubt the every-day's experience of the practitioner will confirm this statement. Thus we have a kind of explanation of the origin of localized tuberculosis in a vertebra, a bone so much exposed to the influence of lighter injuries, which, to say the most of it, is barely better than no explanation.

My remarks thus far, are by no means of a purely academic interest; they are designed to map out a basis for surgical interference; for the time is past when the surgeon was the eminently and exclusively practical man, guided alone by the light of experience, and manual dexterity. We want guiding ideas, and leading theories, deduced from strict and scrupulous researches. Surgery to-day is more in accord with physiology and pathology, and all the theoretical branches of medicine than ever before, and it is to-day more difficult to draw the line between surgery and medicine than ever.

The practical deduction we have to draw from the premises set forth above is, that it is the duty of the surgeon to *remove the focus of infection* as soon and as thoroughly as circumstances will permit. If caries of the bone is localized tuberculosis, and if tuberculosis is caused by the tubercle-bacilli, evidently we should remove the parasite; or, if this cannot be done, destroy it, or at least impair its vitality and growth, as the case may be. In order to do this we must remove the diseased bone, which is best, where possible; or, if, for anatomical or biological reasons this cannot be done, we must get at the seat as best we can, so as to destroy the seeds, (disinfection) or remove it as much as possible, (drainage). Our action then, is clearly prescribed by our theoretical views.

Now, the first proposition, the removal of the bone is, in cases of the vertebræ, as we all know, most generally a surgical impossibility. It has been attempted; but as the caries is usually in the body of the vertebra, it is only under very extraordinary circumstances that the surgeon is justified in making the attempt at excision. But there are cases in which the spinous processes are the seats of the disease, and there is, as a general thing, no valid objection to their removal to a considerable extent, at least, when easily accessible.

I remember a case of a young lady, who for years under my treatment, underwent many operations for opening and draining spinal abscesses, which formed in great numbers, everywhere, in front, on both sides of the diseased lumbar vertebra, and which had reduced her so much that no one expected her to recover. At one time a spinous process became actively inflamed,—the symptoms were urgent and demanded relief. I cut down and evacuated a quantity of pus and removed some loose spiculæ of bone. There were no evil consequences followed this operation, and under iodoform dressing the wound healed. When removed from Texas to her home in Alabama her case was considered hopeless, but her medical attendant continued the same treatment, opening and draining the abscesses as they formed, and at present she enjoys life as much as formerly, having fully recovered.

I embrace in the first indication for treatment the removal of diseased bones and all loose pieces, (and these latter will often be found in great numbers in old abscesses—generally far away from their original locality, erratic carriers of the bacillus). The second and third indications are drainage and disinfection, or, rather, *germicide*. If there is soundness in these two surgical principles, they are as applicable to spinal abscesses as to other affections. There are two forms of spinal abscess; 1st, such as persist after the original disease has exhausted itself or been eradicated—disconnected sacs filled with pus and spiculæ of bone; (of course containing the tubercle bacilli), and 2nd, those which are still connected with the original fountain, and form *ponds* in the stream running from the spring or

source. I suppose no surgeon, however he might dread to touch a cold abscess, would hesitate to make a free incision into these first mentioned, and to establish drainage.

The absence of tenderness on pressure over the region of the spine, in cases of caries of the vertebra, indicates the existence of such an abscess disconnected with the original spinal disease. In such case spiculæ of bone will most likely be found; they act as constant sources of irritation, and will keep up suppuration in the cellular tissue between the muscles. But the pus by itself is capable of acting as a foreign body, being shut in by the pyogenic membrane and remaining unabsorbed. It is clearly the surgeon's duty in such cases to make a free incision and to remove all the contents of the sac, especially bone particles, which are sometimes hard to find. In order to be sure that you have thoroughly removed all foreign matter, it is necessary to make a thorough digital exploration. The removal of all contents being accomplished, the membrane itself must be removed. This is best done by means of a pledget of cotton carried on a dressing forceps and thoroughly and roughly swabbed around in the cavity. The cavity should then be thoroughly washed out with an antiseptic wash, and again swabbed, this time with the cotton dusted with iodoform, which is to be well rubbed into the walls. Be certain that your incision is sufficiently large to entirely evacuate the sac, and to enable you to see and examine the whole diseased surface and to prevent premature closure—such were the steps employed in the following case :

Lilly R at 11 years : When two years of age this child presented evidences of Potts' disease. At six years, spinal disease was diagnosed, but owing to some friendly (?) extra-medical advice, the physician was dismissed. At that time there was swelling over the anterior superior spinous process of the left ilium. It was an abscess, and was steadily growing, and the child speedily became hectic and finally a physical wreck. When I saw her there was a gibbus in the lumbar portion of the vertebral column, but not the slightest tenderness over it, upon pressure. In front, over the left crest of the ilium there was a bluish fluctuating tumor as large as a child's head. With

the assistance of Dr. Kingsley, this tumor was freely incised, a great mass of flocculent pus and several loose pieces of bone were removed. The cavity was then well irrigated and rubbed out with iodoform in the manner above described. There was no connection to be detected with any deeper structure. The child made a rapid recovery, becoming a healthy and happy creature in the remarkably short time of two weeks, by which time union was perfect.

But in cases where caries of one or more of the vertebrae still exists, and the abscess is in direct communication with it, it is quite different, and we can not hope for such results in so short a space of time. The question of opening is of much greater importance, because experience has shown that active operative interference has, in many cases, been attended with harm; still, in pursuance of the views above set forth, we must incise them, as offering the best chance for recovery. It is the only way, indeed, in which the localized tuberculosis can be exterminated, and prevented from further extension. It must be, that if the operation formerly, by surgeons who believe in Listerism, was not so successful as at the present time, their mode of procedure, and after treatment, were not correct. In the light of recent experience, to bring a closed and protected abscess into communication with the atmosphere without antiseptic care, or to use unclean instruments is but to kindle a dormant fire. The strictest antiseptic precautions should be employed, not only in opening, but in the after treatment of such abscesses. Aspiration is practically valueless except for diagnostic purposes; it will not do in lieu of a free incision.

But in small abscesses, and where the general health is not suffering, there being neither fever, nor pain, it would hardly be justifiable to make an incision, and thus incur all the care and troubles entailed by a thorough antiseptic course of after treatment; it is only when the case is steadily progressing and the symptoms become more urgent, that we should operate.

In accordance with this doctrine, therefore, I treated the following two cases.

CASE 1.—M. D., girl two years of age, daughter of healthy parents, in good circumstances, began complaining nine months

ago, as children do in the beginning of coxitis—loss of appetite, hectic fever, flexion of one leg, inability to stand erect, etc. So much did the case resemble hip-joint disease, that one of the best known surgeons in Texas pronounced it such. Still there was not the slightest pain in moving the leg at the hip-joint. A plaster bandage was applied, embracing the pelvis and extending on the diseased side to the knee-joint. This was removed six weeks later, and to my surprise, an abscess was found just over the brim of the left ilium—bulging far out. Further examination revealed a slight prominence of the 3rd and 4th lumbar vertebrae, which were painful on pressure. Our mistake in diagnosis was then evident. The abscess was freely opened—of course under strict antiseptic precaution—the finger introduced and carried easily to the diseased bone. Several small spiculae of necrotic bone were removed along with the pus; the cavity was well washed out and iodoform introduced on a pledget of cotton at the end of a sound. This was well rubbed in, up to the bone. A Stillman's brace was applied and the child improved rapidly, and under careful antiseptic attention, drainage and washing, did well. The wound remained open, and after three months, the progress towards final recovery was still not satisfactory, and another search was instituted. This time the finger was not able to reach to the bone, the cavity having very much contracted, and though I expected to find a piece of bone, I did not, but instead, a large pyogenic membrane came away in rubbing with the cotton; treatment as before. The child again improved and apparently was restored to perfect health; the abscess closed, appetite and strength returned. Still, after awhile, the wound opened somewhat, though the general health is at this time excellent. I expect at another examination, to find a little spicula of bone, or that it will come away.

CASE 2.—K. E., 8 years old. Three years ago the girl fell on her head. No untoward symptoms developed immediately, but in a short time she began to complain of pain in her chest. Three months later she carried her head bent forward and could not take a deep inspiration. Hiccough became very annoying, She was sent to Indianapolis, where braces were

applied to keep the head back. For about eighteen months there has been an abscess on the neck, which had a strange behavior; it forms a kind of blister and bursts about every 3rd day, discharging pus freely. Her general health is feeble, but tolerable under aid of the braces. When I first saw the child I found her pale, walking with the aid of a heavy, but well sustaining machine, the head bent forward, and a hump on the junction of the first thoracic and last cervical vertebra, forming an angle between the cervical and thoracic column of about 110 degrees. According to the statement of her relatives, her condition has greatly improved since she went to Indianapolis. On the left side of the neck, external to the sterno cleido mastoideus—sternal portion, there was a fistulous opening. Under chloroform, a sound was inserted, and after some manipulating a fistulous canal was detected leading down to rough, diseased bone. The sound was then armed with cotton, and this well filled with iodoform, was again introduced, with the intention of inserting as much of the iodoform as the cotton would convey. A decided improvement followed—in her general health, as well as in the diminished secretion of pus. The pus did not re-accumulate, though a slight discharge constantly took place. In three weeks the operation was repeated, the case being still under my care.

In conclusion I will state that I make no claim whatever for originality, my paper being intended as a review or survey of the modern theories and opinions on this important, but often neglected, or overlooked disease; but I do claim it to contain correct deductions from the teachings of the best authorities of to-day. I have only given cases which were treated in accordance with the new doctrines—some being still under treatment and not yet terminated.

Post Script.—Since the above was written I have seen in the *Journal of the American Medical Association* of Nov. 7, a paper by Dr. Ed. Andrews, on Lumbar Abscess, wherein he expresses some views so fully in accord with those above given—though differing in other respects, that I beg to call the readers attention to it.

REVELATIONS BY ELECTRICITY.

By F. T. Paine, M. D., Comanche, Texas.

(For Daniel's Texas Medical Journal.)

THE first of the cases in this series presented itself at my Clinic February 26, 1885. A girl thirteen years of age, Miss S. P., who, according to her mother's account, had menstruated regularly from March, 1883, to March, 1884, when the catamenia were suddenly suppressed from exposure. She had, at ten years of age, had the prodromes of approaching puberty or menstruation, for which I had prescribed. After the suppression in March, 1884, until September following, there was little or no trouble.

February 10, 1885, I was called to see her in a violent attack of spasmodic hysterical *dyspnœa*; very alarming to family and friends. She was soon relieved temporarily, but the attacks with short intervals, continued to recur; and I advised electricity. Her first seance was on the 26th of February, 1885. The feet and ankles failed to respond to a strong Faradic current. Over the fundus uteri was a small space, hyperæsthetic to the touch, but anæsthetic to electricity, and the hyperæsthesia was soon removed by the electric current. A spot, the size of a silver dollar over each ovary, was also found to be anæsthetic. Finding no pudendal development indicating puberty, I had her bosom exposed, and found no development of mammary glands whatever. A pale-blue circular mark, like that of a pencil, indicated the places of the future nipples.

On using the hand electrode, I found those spots entirely anæsthetic. As powerful a current as I could possibly bear to pass through the finger, was unfelt by the patient.

On a subsequent occasion I found the pudendum, vulva, labia minora and clitoris entirely insensible to electricity.

On the 3rd of March I directed the current to the mammary spots for five minutes each, and on the 9th of March, only six days afterwards, I found mammary enlargement, with nipples a quarter of an inch in length. The glands were half as large as a hen-egg, and from this date my patient continued to improve, until her mother reports her in perfect health.

After a few seances the response to the Faradic current was perfect. The menstrual action reported as having been regular, prior to this treatment, was pathological rather than physiological, and was precocious.

The second case, Miss M. P., aged 22, had menstruated since her thirteenth year. At this date, February 26, 1885, menstruated imperfectly every 21 to 24 days, secretion dark—tarry; could not be washed from her clothes. An invalid for four years, under treatment of four physicians.

I found her feet and legs purple in spots,—her ankles swollen and anæsthetic to the electric current. Breasts resembled empty leathern sacks, nipples could have been made to meet over the back,[?]and were entirely *anæsthetic*, the whole breasts entirely insensible to any power of electricity I could bring to bear for several seances. On further investigations I found the lower half of the patient from lumbos-acral junction to feet, (except an inch or two on the inside of the upper thigh), the external and internal genitalia, entirely insensible to the Faradic current.

Never having had or heard of such cases, I was, of course, very much surprised, and began to look out for more of the same sort, and have not been long in finding many. In fact I have found every woman, who has come under my observation, who has been found to be the subject of sexual troubles, the subject also of electrical anæsthesia, so that I have established for myself a certain set of tests, or a system of diagnosis.

For instance, when a female applies at my Clinic for treatment, I ask permission to touch the ankle with an electrode. If the ankle responds to the current, I now go no further in that line; but if there is anæsthesia, then I apply an electrode to the breast, and if this gives no response, I am sure of finding anæsthesia of the ovarian regions—and have never yet been disappointed.

In the past nine months I have examined and treated quite a number of females, and have invariably found the above electrical symptoms, accompanied by a state of nervous exhaustion, that might be appropriately diagnosed *neurasthenia*.

Most of such patients suffer with some form of dyspepsia,

and generally the longer standing the case, the more are the dyspeptic symptoms. Some have had strange hallucinations, some are demented to some extent. All, all, so far as I could ascertain from themselves or husbands, were, to a greater or less extent, devoid of sexual feeling. In two cases dyspareunia existed; one had separated from her husband, and one said she could not tolerate the marital act now; that her husband was kind and considerate and seldom taxed her.

I found this state to exist in delayed puberty, in dysmenorrhœa, in menorrhagia and in leucorrhœa, and in all aberrations of the ovarian and uterine functions. So that when I find a female anæsthetic in her lower limbs and breasts, or in the ovarian region, I confidently expect to find some uterine or ovarian trouble coexisting.

It would worry my readers to read my cases. Two cases were more or less anæsthetic to the top of the head; both suffered from insomnia; both were mentally deficient or nearly lunatics. One bears a strong current on the anterior fontanelle which would nearly kill a healthy woman.

One could not feel a steel electrode introduced up the vagina to the os uteri, which the same woman would have thought red hot if put in her hand or applied to any other part. One had a steel electrode in the rectum for three sances of an hour each, before she could feel it at all—with all the power of a Kidder No. 5 tip battery.

These will show something of the insensibility of so many of our females from whom we hear so much complaint, and of whose sufferings we can form no adequate conception, because we can see no local cause and no inflammatory action.

On the other hand I have found scarcely a man in whose lower limbs or breasts there was a loss of feeling to the current, and wherever I have found this state to exist in the male, he has acknowledged to sexual excesses or to masturbation.

I have only stated facts and leave them to the profession, only adding that I have found the lower part of the body including genitalia and limbs of my female patients inadequately clothed.

CASE OF PERI-UTERINE CELLULITIS WITH SEQUELÆ.

*Reported to Galveston County Medical Club September 7th, 1885,
By Chas. L. Gwyn, M. D., Galveston, Texas.*

For Daniel's Texas Medical Journal.

CASE :—April 2nd, 1885, Ella H., age 36 years, white, married, sterile.

The above patient has hitherto been a patient for constitutional syphilis of sixteen years standing; has lost the left ala of her nose and is very stout for her height.

A speculum examination some months ago revealed an enlarged uterus, but whether from hyperplasia or from some enclosed tumors I could not determine, as I had no uterine sound at hand; the size was that of a moderate sized foetal head. The cervix and os externus were normal; she complained of more or less dysmenorrhœal pain preceding and during her menses.

For the two or three months preceding this attack, her general health had so much improved that, from motives of economy, she undertook the washing for her own family. The to and fro motion of her body (the abdomen being very large) threw the already enlarged uterus, with each motion of the body, against the brim of the pelvis. Instead of desisting from her work she persisted in the it until it was done. I was not called in until the next day, when I found her suffering from intense abdominal pain; knees drawn up; heat, swelling, and pain in the vagina and at the vulva; could not bear pressure over the uterus; color of complexion icterous; temperature 104.6.

For several days the symptoms varied but little, and I had to have recourse to the hypodermic syringe to allay the intensity of the pain.

Suppuration was ushered in by a severe rigor; the abscess pointed, and was discharged into the rectum anteriorly, and just above the internal sphincter. Apparent convalescence took place, and in a few days the patient, without permission, left her bed, and attempted to resume her household duties. Her menses appeared, and from the intense pain she had to take her bed during the next thirty-six hours. She passed four mucoid polypi about two inches long, and about three-quarters

of an inch in diameter, irregular in shape from compression. Decomposition had commenced in them. They were followed by clots of blood of varying size, and a feetid discharge resembling the lochia in character and odor. The uterus could no longer be felt above the pubes, and digital examination demonstrated that it had reduced to two-thirds, or one-half of its former size.

A day or two elapsed, and pain commenced in the right iliac region; a distinct tumor commenced to form, and for a day I was undetermined whether it was from obstruction of the colon or an ovaritis; but cathartics made their way through, while the tumor enlarged. Towards the close of the case, partial obstruction did take place from pressure. There was a tendency for it to point first alongside of the vulva, then between the vulva and anus, and it did eventually break into the rectum about the same place that the metric abscess broke. The stomach was intensely irritable during the whole attack, rejecting foods, medicines and fluids. I was considerably alarmed after a hypodermic injection, she being very fleshy, I was not able to see the course of the veins, and accidentally gave an intravenous injection of about half drachm of fluid, containing half grain of sulphate morphine; pain immediately shot up the arm, the neck, and down to the heart, producing a spasm of that organ, simulating angina pectoris, then a gastralgia, accompanied by vomiting and retching. Strong whisky relieved her temporarily, but the spasms recurred at intervals during the day. Since the above accident, each hypodermic injection has been followed by slight cardiac spasms regardless of the location of the puncture. Nussbaum records an entirely different set of symptoms for intravenous injections of morphia.

By use of tonics, etc., the patient made a rapid recovery and is in better health than for years before.

A NEW ETIOLOGICAL FACTOR.—Our Doctor Merriman denies that strabismus is due to a "*micro-cock-eye*." He says that a number of recent cases, at least, have been produced by frantic efforts to "see the point" of some of *The Age's* jokes.

CULLINGS FROM CONTEMPORARIES.

A FEW WHOLESOME BUT UNPALATABLE FACTS.

PROF. E. J. DOERING of Chicago, President of the Alumni Association of Chicago Medical College, in an admirable address before that Society on "The Over-crowding of the Profession," says: "In Chicago *alone* we have more Medical Schools than may be found in the whole Austro-Hungarian Empire, and we graduate in this city this year, more physicians than are usually licensed to practice in the whole German Empire, with a population of forty-five millions!

* * * "Any five physicians actuated by an intense desire to increase a limited practice, can club together, forward \$4,50 to the Secretary of State, receive by return mail the necessary charter, and another Medical College is organized. What is true of this State is true of every other State in the Union.

"No wonder, then, that in Chicago alone, we have over 150 Professors and Lecturers on Medicine, or about one professor to every six physicians. * * * In time, the physician who is nothing but a plain M. D. will be, indeed, a rarity—a startling curiosity."

According to this authority, the relative proportion of physicians to population in the several countries is as follows:

Sweden,.....	1 to	7,500
Italy,.....	1 to	3,500
Germany,.....	1 to	3,000
Austria,.....	1 to	2,500
America,.....	1 to	585

And in Chicago, [our estimate from Dr. D's figures] one to every 222 persons.*

Again, Dr. Doering says:

"The action of our diploma-mills, in adding each year, thousands of young men to the ranks of a profession already filled and overflowing, is rapidly producing an army of genteel

*On a basis of 150 Professors—and one to each six Doctors, we would have 900 Doctors, in a population of (estimated) 200,000.—ED.

paupers, too proud to beg, too honest to steal, but too poor to exist. * * I question which is the greatest public calamity, an occasional epidemic of cholera, or the regular recurring annual epidemic of some 4,000 doctors let loose on an innocent and unsuspecting public."

Dr. Doering enters an earnest protest against the multiplication of colleges and thus the perpetuation of the great evil; and suggests State Examining Boards as the remedy.

ANOTHER ONE.

DR. AUSTIN FLINT, Sr., comes forward with the suggestion that acute coryza is a parasitic disease, and predicts that the germ upon which it depends will soon be discovered. In an article in the *Jour. of the Amr. Med. Association* he brings forward arguments in support of this view, and recommends treatment of the disease by topical application of germicides; if applications of this kind should prove successful, Dr. Flint thinks the parasitic origin of the disease would be partially proved in advance of the discovery of the parasite.

The germ theory has become such a mighty war that it promises to swallow up all diseases in its depths. In view of the number of diseases which have been assigned an especial microbe it would be but a small step to claim that every form of disease is of parasitic origin. Nevertheless we believe that coryza will be a last ditch for the anti-bacterial pathologists, and that it will require little less than a revolution to overthrow the faith of laity and doctors in that time-honored explanation of all diseases, "taking cold."—*N. Y. Lancet*.

"HOW TO BUILD UP A MEDICAL SOCIETY."

THE *Maryland Medical Journal* has an editorial on this subject, and suggests that local societies should follow the example of the Baltimore Academy of Medicine which offers a prize for the best paper read before the Academy du-

ring the year; and in addition, recommends that accurate reports of the proceedings of a society be made and sent to various journals for publication.

The *Journal of the American Medical Association* indulges in a three column editorial comment on the suggestions, and goes them better by recommending a prize to be offered for the best *discussion* of a paper. We cannot agree with our learned contemporary on this last point; that would be literally "running the thing into the ground." The former suggestions are good, and our own State Association has anticipated our Maryland contemporary in the matter of offering prizes for the best paper. They will be awarded at the coming meeting at Dallas in April.

In the editorial of the last named journal the writer says lugubriously, "Of the forty-three or forty-four hundred regular physicians in Illinois, there are not two thousand who are members of medical societies." We can beat that: Of the forty-three hundred or forty-four hundred physicians in Texas only about four hundred and fifty belong to the State Medical Association—or about ten per cent. This is a lamentable state of affairs which THIS JOURNAL is bending its best energies to correct.

APPROPOS, the *Journal A. M. A.* says:

"Every physician should consider it his duty to belong to at least one medical society; and his second duty is to attend the meetings. Very many physicians seem to regard membership in a medical society as something accidental or incidental to professional life, rather than a duty which one owes to himself and his profession. * * * From one county in Illinois, we learn that 'there is no medical society in this county; the profession is divided.' The divided profession should remember that a society is for the good of the whole, as well as for the benefit of individual members."

That's it, "the profession is divided." It *must be* united, for, never, in our judgment will it be possible to regulate the practice and "suppress quackery" until thorough organization is effected; nor to get the greatest good to be derived from the experience of the members individually, and collectively. Rally! Attend the Dallas meeting next April and let's have a

rousing gathering of the clans—a shaking up of dead bones, and a regeneration. In union there's strength and also protection, justice and our rights. Rally!

SUCCESSFUL CÆSARIAN SECTION AFTER DEATH OF THE MOTHER.

DR. J. MACK HAYS, reports in the *New York Medical Record*, the following case:

Mrs. C., in good health, pregnant at eight and a half months, is suddenly seized with extensive cerebral congestion and dies of apoplexy soon after the Doctor arrives. The mother having felt motions shortly before her death, Dr. H. proposed to attempt to save the child, and the husband consenting, he proceeded without delay while life was still in the mother, to expose the uterus by a free incision, and as life was fast ebbing away, he incised the womb as low down as possible, sufficiently to admit two fingers. Using his fingers as a director, he slit up this organ to the placenta, evacuated the liquor amnii, and extracted a living child from the dead body of its mother. The author refers to *American Journal Medical Sciences*, Oct. 1879, *American Journal Obstetrics*, Jan. 1879, *British Medical Journal*, June 1879, &c., for similar cases.

CORRESPONDENCE.

CARBOLIC ACID IN CARBUNCLE.

HILLSBORO, TEXAS, Nov. 21st, 1885.

EDITOR DANIEL'S TEXAS MEDICAL JOURNAL,

Austin, Texas.

Dear Sir: I see in the last number of your valuable Journal, that C. H. Wilkinson, M. D., of Galveston, says, in reference to "Carbolic Acid Injections in the Treatment of Carbuncle:" "In its presentation, therefore, I can confidently claim originality in its conception, and prolonged study in its evolution," etc.

I beg leave to state that I first used carbolic acid *hypodermi-*

cally for the cure of carbuncles, hæmorrhoids, tumors, snake bites, and foul and ill-conditioned ulcers, in 1875. And have used it successfully ever since.

I made known my treatment in a paper read before the Texas State Medical Association, which convened in the city of Waco, Texas, April, 1881, entitled "The Hypodermic Administration of Carbolic Acid, for the Cure and Removal of Foul and Ill-Conditioned Ulcers, both Internally and Externally Situated; Poisonous Bites, Hæmorrhoids, Carbuncles, and Tumors." Said paper met with much opposition, and was openly condemned by some of the leading lights in the profession, at the time it was read. I was unavoidably absent, on account of professional engagements, but fortunately for me the paper was ably championed by that accomplished gentleman and profound scholar, A. M. Douglass, M. D., of Covington, Texas.

While I would not detract from Dr. Wilkinson, yet at the same time I wish most emphatically to be placed on record as being the originator and first person to use the remedy for the above mentioned diseases. Wishing long life to your splendid Journal, I am,

Yours truly,

N. B. KENNEDY, M. D.

OUR NEW YORK LETTER.

BONE SURGERY IN N. Y. HOSPITALS.

EDITOR DANIEL'S TEXAS MEDICAL JOURNAL:

Dear Sir:

I PROMISED to give you an account of the practice of gynecological surgery, in this medical center; but I will have to crave an extension of time, as I have not filled myself up as yet. I will, however, give your readers a few points on the surgery of the bones and joints.

The discussion on the subject of the etiological factor in joint diseases still waxes hot and the followers of Sayre, battle for his theory of traumatism, while the opposing host point to the bacilli found in carious bone as conclusive proof that the dis-

ease is tuberculous in its origin. Neither side has convinced the other as yet, and as a result we have as great a diversity in the treatment of joint diseases as in the theories as to their cause.

The orthopædist, as a rule, including members of both factions, hold the joints in the same awe that the surgeon held the peritoneum a couple of decades since. While the general surgeon, having sworn on the great book of science to exterminate this micro-organism wherever found, and to find it wherever it may be hid, have no hesitation in opening the joints, and by cutting, scraping and gouging to get rid of all diseased bone and tissues. The theory is most excellent, and appeals strongly to the large classes of students that witness these surgical feats. I have witnessed quite a number of these resections, (they are all classed as resections), and while the work was thorough, and skilfully done, with all the aid of antiseptics and skilled assistants, the average result has not been a brilliant success. The diseased bone necessarily left the tissues infiltrated with inflammatory products; or the microbe, or all of them combined, set up an acute inflammation, and the end is worse than the beginning. Not all of these cases terminate this way, for in some, there are brilliant results, but they are the exceptions and not the rule.

It is quite amusing sometimes to hear one of these hospital surgeons say to a class of students, "Gentlemen, if I can streighten this limb without too much force, I will put on an immovable dressing and trust this knee to nature." While he knows all the time that he cannot streighten the limb without doing irreparable injury to the joint. Of course he does not streighten the limb, and as a consequence he resects. As the boys say, his mouth was watering for the resection all the time. It does look, after having seen a number of these joints opened and diseased bone found every time, that the heroic plan would be the best, but these joints affected with carious bone and undergoing a chronic inflammatory process are not tolerant of surgical interference. The orthopædist makes use of some form of fixative apparatus, and waits;—waits usually a long time, and then gets an ankylosed limb with more or less deformity, and considerable practical shortening.

They claim that the mortality is notably less than under the heroic plan of treatment. Statistics, however, are hard to get in these cases, as they change from one surgeon to another, and the one who gets the case first rarely sees the end of it.

Upon the subject of sinuses leading to dead bone, there is no difference of opinion. The rule is: Open up the sinus, gouge out the dead bone and detritus, scrape the sinus and close the wound, after putting in a drainage tube. In necrosis, the old rule of waiting for a sequestrum to form is not followed: the periosteum is elevated, the dead bone removed, and the wound closed, antiseptically, of course.

As an example of the daring manner in which surgeons follow up sinuses, I saw Dr. Wyeth open up some sinuses situated half way between the knee and ankle, until he found the carious bone in the lower part of the femur, in front of the vessels and nerves in the popliteal space; he then scraped the carious bone and finished his operation.

Before closing, I will give you another novelty in surgery; it is called canalization. It is a great favorite of Dr. Gerster, whom I saw perform it in a case of necrosis of the tibia. In this case, the necrosis extended nearly the entire length of the tibia. After the incision and removal of the diseased bone, the flaps were turned in, and pegged to the bone with small iron nails, such as are used in the manufacture of cigar boxes; then a piece of rubber protective was laid in the trough thus made; next, the wound was packed with antiseptic gauze, and the external dressing applied. By this means the wound was converted into a canal or gutter, requiring no drainage tubes. It will be seen that this is carrying out the principle of Markoe's open drainage, and that of the antiseptic plan at the same time. It is, however, German.

If I had the space, I would like to take up the operations on the separate joints, but that would require a book and not a letter.

WM. PENNY, M. D.

SOCIETY NOTES.

EAST LINE MEDICAL ASSOCIATION (TEXAS).

This Association is composed of several counties in East Texas, and is in a flourishing condition. It has a membership of forty-seven, and is doing some good work—an example we would be pleased to see followed.

At a meeting held at Greenville, Oct. 6, the following by Dr. J. J. Dial was unanimously adopted and ordered published in DANIEL'S TEXAS MEDICAL JOURNAL .

Whereas, The American Medical Association at its meeting held in the City of Washington, in May, 1884, appointed a committee to invite the "International Medical Congress" to hold its next meeting at the City of Washington, said committee having other powers delegated to them; and, *whereas*, the American Medical Association, at its meeting held in the City of New Orleans, in April last did, as it had a right to do, receive such portions of said committee's work as was satisfactory to it, and enlarged said committee, making it, what it should be, national in its character. And, *whereas*, certain members of the profession have objected thereto and have done what they could to throw obstacles in the way of a perfect and harmonious organization of the present committee and the work of said committee; and, *whereas*, we believe it to be our duty to express our views in the present condition of affairs; therefore be it

Resolved, That we do most heartily endorse the action of the American Medical Association, at its meeting at New Orleans, in May last; and also, do most heartily endorse the present committee and its work up to date.

2nd. *Resolved*, That we do hereby pledge ourselves to sustain the American Medical Association in its efforts to make the "International Medical Congress" a success, and to elevate the standard of legitimate medicine in these United States.

5rd. *Resolved*, That we are proud of and do most cordially

endorse the delegates from our State Medical Association to the American Medical Association at New Orleans, in May last; we believe their action represents the true sentiments of a very large majority of the profession in Texas.

4th. *Resolved*, That we disclaim any sectional feeling in this matter. We know no North, no South, no East, no West. We are for honorable medicine — THE AMERICAN MEDICAL ASSOCIATION one and indivisible, now and forever!

5th. *Resolved*, That a copy of these Resolutions be sent to DANIEL'S MEDICAL JOURNAL for publication.

A true copy.

J. W. GARNETT, Secretary.

OUR "TRANSACTIONS."

THE following handsome compliment is only one of many that have been bestowed upon the copy of Transactions of our State Association for 1885:

"The Medical Association of Texas, though among the junior State Medical organization of America, shows a commendable degree of enterprise, progress and vigor—far in advance of the Associations and State Societies of many other States—whose age alone should have kept them well in advance. We heartily congratulate our professional brethren in this great Empire State of the West on so handsome and in every way commendable a volume of Transactions as the outcome of their last annual meeting." * * * * *

"The typographical execution of the work, the handsome cloth binding, and good paper, make it suitable to the most pretentious library."—*Southern Practitioner*.

SEED SOWN BY THE WAY-SIDE.

We met Dr. Walton in Austin recently, and we asked him if they had a medical society in Williamson county. He said they had not. We urged him, on his return home, to exhort the profession to turn out and get up an organization of the

regular physicians in the county. As an outcome of that conversation, we have received the following most gratifying intelligence. Of course we will go. The mission of the JOURNAL is thus being fulfilled, and we are proud of our work in that line.

GEORGETOWN, TEXAS, Dec. 5, 1885.

DR. F. E. DANIEL, Austin, Texas :

DEAR DOCTOR:—I am glad to write you that the physicians of our town have at last awaked from their "Rip Van Winkle" sleep; and, to-day, took the first steps toward reorganizing the County Medical Society. We met and appointed a committee, who are to draft a circular setting forth the necessity for reorganization, and calling upon all *regular* practitioners in the county to meet with us in Georgetown, on the first Thursday in January.

When I was in Austin, recently, it was my pleasure to meet you, and you were kind enough to offer to meet with us and give us the benefit of your counsel and your experience in organizing medical societies. I mentioned this to the doctors, and they requested me to write and ask you if you will come up and assist us; and if you will also favor us with an address, such as you may think suited to the occasion; something that will arouse our doctors to a sense of their duties in the protection of themselves and brethren against the quacks and impostors who are daily creeping in amongst us; and, greater than this, to a sense of the need for mutual interchange of ideas and experience for the advancement of medical science.

Now, Doctor, if you can so arrange your affairs as to be with us, we shall not only be very greatly pleased, but we will also rest under many obligations to you.

Please let us hear from you just as soon as possible, because if you can be present with us and favor us with the address, we wish to so state in our circular letter to physicians.

Yours, very truly,

E. M. WALTON.

IT WILL NOT STAIN!
 MERRELL { COLORLESS } MERRELL
Solution of Hydrastia.

A permanent solution of the white Alkaloid of the Hydrastis Canadensis—adapted to the local treatment of all diseases of the mucous surfaces.

Recommended and Endorsed by Bartholow, Seudder, Hall, Rutherford and other prominent writers in every school of medicine.

Tested and Approved in Diseases of the Nasal Passages—of the Eye—of the Throat—of the Stomach and Intestines—of the Reproductive Organs and Bladder.

===== **ALSO** =====

MERRELL { COLORLESS } MERRELL
Solution of Bismuth & Hydrastia.

Introduced by us in 1872. Associated with Bismuth, the medicinal action of Hydrastia is increased and its uses extended. This solution contains 2½ grains of the double citrate of Bismuth and Hydrastia, 25 per cent of which is Hydrastia Citrate.

Merrell { Fluid Hydrastis } Merrell

Endorsed by the Medical Profession of the United States; is the most perfect representative of all the Medicinal Virtues of the Golden Seal Root. The White and Yellow Alkaloids are herein presented in a perfectly clear, neutral non-irritating solution, applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

The Wm. S. Merrell Chemical Co.,
 CINCINNATI,
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Meyer Bros. Drug Co., Woodward, Faxon & Co., Kansas City;
 McPike & Fox, Atchison; Smith, Van Natta & Co., St. Joseph;
 H. J. Clarke, Lincoln; H. J. Clarke Drug Co., Omaha.



Horsford's Acid Phosphate,

[LIQUID.]

Prepared according to the directions of Prof. E. N. HORSFORD, of Cambridge, Mass
Universally prescribed and recommended by physicians of all schools.

In LIVER and KIDNEY Derangements, AND AS A DRINK IN FEVERS.

This well-known preparation has been widely and successfully used as an agreeable cooling and refreshing drink in fevers, and its use in gastric and nervous derangements, where an acid tonic is indicated, is invariably followed by successful results.

As a Refrigerant Drink in Fevers.

DR. C. H. S. DAVIS, Meriden, Conn., says: "I have used it as a pleasant and cooling drink in fevers, and have been very much pleased with it."

Admirable Results.

DR. J. J. RYAN, St. Louis, Mo., says: "I invariably prescribe Horsford's Acid Phosphate in fevers, more particularly when vegetable acids would induce diarrhœa; also in convalescence from wasting, debilitating diseases, with admirable results. I also find it a tonic to an enfeebled condition of the genital organs, in combination with other agents."

In Liver and Kidney Troubles.

DR. O. G. CILLEY, Boston says: "I have used it very extensively, and with the most remarkable success in dyspepsia, and in all cases where there is derangement of the liver and kidneys."

Unanimous Approval.

DR. T. G. COMSTOCK, Attending Physician at Good Samaritan Hospital, St. Louis Mo., says: "For some years past we have used Horsford's Acid Phosphate in this hospital, in a variety of derangements, characterized by debility, as also in chronic gastric ailments, dyspepsia, nervous conditions and nervous diseases, and as a drink during the decline and in the convalescence of lingering fevers. It has the unanimous approval of the medical staff of this hospital."

We have received a very large numbers of letters from physicians of high standing, in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Physicians desiring to test Horsford's Acid Phosphate will be furnished a sample without expense, except express charges. Pamphlet free.

Prof. Horsford's Baking Preparations,

are made of the Acid Phosphate in powdered form. They restore the phosphates that are taken from the flour in bolting. Descriptive pamphlet sent free.

RUMFORD CHEMICAL WORKS, Providence, R. I.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

WHY PHYSICIANS CANNOT CONSULT WITH HOMŒOPATHS.

The average specimen of the *genus* homœopath poses as a martyr, and essays the *role* of “injured innocence.” The complaint is often made by them that “old school physicians refuse to consult with us, as if homœopathy were a crime.”

The laity do not know the difference between the practice of the two “schools,” as they are called, and attribute the refusal of physicians to affiliate with homœopaths to jealousy, or something of the kind. They do not know the impossibility of a consultation, such as is referred to; they suppose there is mere a technicality which should be sunk in the interest of humanity. We propose, briefly, to explain why it is that a regular physician *cannot* associate with a homœopath in the management of a case, nor even give his aid in consultation.

We will take the affirmative in the above proposition, and will endeavor to show, first, that homœopathy is a crime.

There are crimes of omission and crimes of commission.

If a child is suffering with acute dysentery, for illustration, to give that child aloes or arsenic, powerful irritants to the alimentary mucous membrane, and which, in overdoses, produce dysenteric symptoms, straining, bloody passages, and death, can, with justice, be called a crime of commission; or, to give that child simples, or *sugar of milk* at the crisis of danger—to the neglect of remedies known to have a curative influence over diseased mucous membrane, at a time when the tenesmus is constant and distressing, the stools, or attempts at stool, continuous, until the child is literally exhausted, and dies in agony, might, in charity, be called a crime of omission; but as it is known, and is daily demonstrated that the pain in dysentery can, at least, be relieved, such practice assumes very much the aspect of criminality; it is inhuman.

We have the assurance of a most estimable and reliable lady that a child in this city, recently, under homœopathy treatment, had stools or attempts at stool continuously, suffering all the while, and died, finally, from sheer exhaustion. The medicine (?) she said, having not the slightest effect in either checking the tenesmus or relieving the pain; there was no fever.

The daily papers announced the death of General McClellan in blazing headlines, thus. "General McClellan expires in the agony of neuralgia of the heart in the presence of a homœopath who is powerless to relieve his sufferings;" and in commenting on his death, the paper said: "The remedies suggested by the skill of the physician were of no more avail than those applied by the wife and daughter of the patient."

What a commentary on homœopathy! A hypodermic injection of morphia and atropia—at once, powerful heart stimulant—and *sedative*, would, perhaps, have saved that valuable life. Not to have given him the benefit of all the resources known to medical and surgical science, amounts, in our judgment, to a crime, both of omission and commission. If euthanasia were ever justified, it would be in a case of that character, supposing the disease to have been beyond human skill to cure;

humanity demands that the pangs be mitigated, at least, and the man allowed to die in peace.

We do not wish to be understood as admitting, by any means, that *because* homœopathy is a sin, physicians refuse to consult with homœopaths; but these persons want to make it appear that they are *persecuted*, and that there is *no* valid reason why we should refuse them counsel; that it is done out of ill-will, bigotry, etc. That is their game to make sympathy, and to get newspaper advertising gratuitously. None know better than they do the true reasons of refusal, and it is to gain popular sympathy that they persist in requesting it, in the face of repeated refusals.

Persons, who argue from opposite premises, can never reach the same conclusions. Homœopathy professes to believe that "like cures like." Physicians know that most frequently, unlike cures like, if we may be permitted such an expression to convey the idea of dis-similars. Homœopathy teaches, or professes to believe that the effects of a medicine bear an inverse ratio to its strength, or, rather, that the strength of the medicine bears an inverse ratio to the size of the dose,—the smaller the dose, the stronger the medicine! And we have the authority of the august one-hundred-pound President of the august thirty-five strong Homœopathic State Association, or State Homœopathic Association, we don't know which they call it, for saying "the origin of homœopathy was the discovery (?) by Hahneman that peruvian bark, taken in health, will produce a chill!" How absurd! If there is peruvian bark enough in Texas, or rather, little enough, to give us a chill, and it does so, we will turn homœopath and try to sprout side whiskers and look wise. What was possible in Hahneman's day should be possible now, as he flourished long after the *other* apostles, and after the days of miracles had ceased; and what was possible with Hahneman ought to be possible with any other man.

Now, we ask, in view of the foregoing *professions* of so called principles which, it is claimed, constitute the foundation of the homœopathic system, so called, how can a regularly educated physician—one who has been thoroughly grounded in the grand truths of the science of medicine, with any hope of benefiting the patient, and without sacrificing his self respect, hold a con-

sultation with a person who practices, or pretends to practice, in accordance with a doctrine so diametrically opposed to our every-day experience, reason and common sense?

For the sake of illustrating the absurdity of the thing, we will suppose that a physician, forgetting his self respect and the principles of the physicians' code of ethics, that anchor and compass, which is at once his foundation and guide, is induced, out of consideration for the welfare of some patient, to hold a consultation with a homœopath. It is a case of acute dysentery, under homœopathic treatment. The child has fever; inflammation of the rectum, great tenesmus, frequent small bloody stools of mucus and epithelial casts, with small, weak pulse. The physician inquires "what are you giving Doctor?" Answer—"Arsenicum." (or "aloes"), in all probability, as, according to the homœopathic doctrine, these drugs—known to irritate and inflame the bowels and to produce bloody stools—would be "indicated." The physician naturally objects to the treatment, and proposes the opposite—emolient, *anodyne* remedies, which are as objectionable to the homœopath, as his course is to the physician. Thus the homœopath cannot accept his advice without a *total abandonment of his whole theory of treatment and an acknowledgement of its fallacy in conception and practice*; and there is the point, and difficulty. A physician cannot consult with a homœopath without either abandoning *his* views of therapeutics and practice, or without asking and expecting the homœopath to give up his; and no man of sensibility can consistently ask another to do what he cannot himself conscientiously do; and for that reason, and many other, consultations are necessarily declined. This reason has moreover, repeatedly been assigned; they know why it is; and understand the utter futility of expecting to reach common ground, without a total surrender of principles on one side or the other.

Prof. Frank Hastings Hamilton, in his excellent little work "Medical Ethics," illustrates, most appropriately the absurdity of holding a consultation with one of the homœopathic persuasion. He makes an application of similar doctrines (to those of Hahneman) to the practice of law. He supposes a sect of German lawyers which he calls the "Slyhoovens," and

shows the absurdity of a combination or consultation between one of them and a "regular" lawyer as follows :

Counsel to the Judge—

"Your Honor, I wish to say a word in reference to Mr. Kraft, my associated counsel in this case; as the conditions of his employment and his mode of practice are peculiar, and perhaps unusual; yet my client insists that he shall take part in the conduct of his defense. Mr. Kraft is a regularly authorized practitioner, according to the laws of this State; but he is a "Slyhooven" lawyer. He belongs to the "Slyhooven" school?"

The Judge:—"What is a Slyhooven lawyer, sir?"

Counsel:—"A Slyhooven lawyer, please your Honor, is one who adopts the principles of *Slyhooven*, a celebrated German jurist, who holds that *the less the evidence, the stronger the proof*, and that if you can make the evidence *infinitesimal* you are certain to persuade the jury, and to win the case; provided, however, that in all cases you use that kind of evidence *which does not antagonize or contradict the evidence presented on the other side*" [the symptoms of disease.] "The hair of the same dog cures," is Mr. Slyhooven's cardinal maxim.

"Thus, for example, please your Honor, my client, being accused of stealing a horse, Mr. Kraft will present to the court the smallest possible amount of evidence to show that he *did actually steal a horse*,—the less the better for our client. Or, if no testimony can be found that he stole a horse, we shall avail ourselves of the next best form of testimony, namely, that he stole something closely resembling a horse. Now a mule resembles a horse, but it is not a horse. So we will present an infinitesimal fraction of testimony to prove that he stole a mule. If we can do that, we can acquit our client."

The allegory is carried further, and shows that neither the counsel nor the disciple of Slyhooven *really believed* such stuff, but he makes the jury and the client (homœopathic people) believe it, all the same.

And this is another point: these so called homœopaths don't *believe* what they profess; nor do they really practice it in all cases. Therefore, in addition to their being sinners by omission and commission, they are hypocrites besides. When they

do so practice they generally lose their patient, as in General McClelland's case, and the one instanced above.

On the contrary, when they encounter a grave case—one, the tendency of which is to fatal termination, if they recognize its gravity, they quickly abandon their simples. But too often they are ignorant of the true nature of the malady, and *do nothing* till it is too late, their diagnostic powers, often, being insufficient, as they know or care for, neither etiology nor pathology—symptoms only; they treat symptoms. They do know, however, that the tendency of many diseases is to recovery—we may say—the majority of ordinary diseases—and that rest and abstinence from food, will suffice in many cases; if left alone to that *vis medicatrix nature* which is often superior to the skill of the physician, they will recover; and hence their boasted successes; for, the pellet system—“little drops of water and little grains of milk”—as the *New York Medical Record*, a *quasi* homœopathic sympathizer pathetically sings, is tantamount to doing nothing at all.

But when they do encounter and recognize a deadly disease—one wherein the skill of the physician—an intimate knowledge of disease—a profound acquaintance with pathology and the effects of drugs would avail—would come like the relief-laden camels at Lucknow, to the rescue of an overtaxed nervous system, and enable it to throw off the morbid influences as did the besieged the pressing hosts; or to neutralize and then eliminate them from the system,—hear them cry out for consultation with a “regular”; or, in despair, abandon the frail reed of homœopathy, as advised by the Patriarch of New Orleans and the South;—or—let the patient die!—and then *whine* in the *newspapers* because “refused counsel” by a despised, “bigoted regular.”

The advice alluded to above, came,—not from the lips of “babies and sucklings”; not from a piping tyro;—but from the *Mikado* of Hahnemanndom,—the homœopathic *Mogul*;—the infinitesimal hard-hitter from *away back*—W. H. Holcomb of New Orleans, perhaps the most reputable, and influential homœopath in the South.

In an article recently published in one of their little windy organs, (and which by the bye the *N. O. Medical and Surgical*

Journal treats to a "benefit," worth, one of our Austin physicians says—"a year's subscription"), this Father in Lilliputian Medicine, says :

"But you must not hesitate to avail yourself, if necessary, of active counter irritation, dry cupping, painting with iodine, frictions with croton oil. *I am now speaking for the welfare of the patient and not for the conservatism of theoretic homœopathy,*" *W. H. Holcomb of New Orleans.*

We once heard of an old minister who said that when his horse ran away with him in his buggy, he "trusted to Providence till the breeching broke, then he jumped." This is what Holcomb advises his deluded followers to do; for he is looked up to as Hahneman's apostle and successor.—his vice-*Regent*, on whom the sacred mantle has fallen, by common consent and most of them follow his advice—trust to Hahnemanism till the breeching gives way, then they cry aloud for "a regular!—a regular! my Hahnemandom for a regular!"—or lose the patient.

Oh, ye (people) of wondrous faith! How long will ye be fed on moonshine, while "fast ebbs the life blood away?"—listening to the syren song of "sugar pills—and no drug bills:" lured by the Lorelei's kiss, and forgetting the last chance for life—go down to the grave, blinded by an infatuation, and *for want of medical treatment.*

THE FIRST DEATH IN THE P. M. B. A. OF TEXAS.

Although this Association was organized in April, 1884, there has not occurred a death amongst its members until November 4, 1885. Brother W. H. Park, an eminent physician and surgeon, of Tyler, Texas, died on that day of dengue, or the effects of dengue. Assessments of \$1 each were immediately sent out to the surviving members for the benefit of Mrs. Park, and, at this writing (December 10th), nearly all have responded. There are at present ninety members in good standing, but as those who joined since November 4th are not liable to this assessment, the total amount collected will not exceed \$60. The constitution allows thirty days in which to pay any assessment.

The time for payment will expire on the 13th inst., when those who have not responded will forfeit their membership. In our next we hope to publish the list and the amount realized from the assessment, and the widow's receipt for the money. Though small, the amount will, we hope, be acceptable and timely.

The P. M. B. A. will become a feature of the Texas profession, and we hope to see much good result from it. Whatever the amount of money may be, that is realized from an assessment, large or small, it cannot be felt by the members, while the aggregate may be a God-send to the recipients; it may save the sacrifice of property, or save embarrassments, to say the least; and, coming as a free-will offering from a brotherhood of physicians composed of the better element of the profession, it would have a double value, and none of the aspects of charity. We hope to see our State Association take hold of the matter. Why should there not be passed, at next meeting, a resolution that, in case of the death of a member, each would contribute \$1 for a fund for the widow or other dependencies? That would accomplish the object. The sum then would be a very considerable life insurance, and it would add another inducement to become a member, and to keep up one's membership by payment of dues. We learn some sixty members were dropped for non-payment of dues this year.

This Association has had a hard struggle for recognition; but not discouraged by the cold water thrown on it, the utter indifference of the profession to our appeals in the name of humanity, we have kept pegging away, until now it is fairly on its legs, and growing like "a two-year old." The day will come when the profession will be proud of it.

WANTS TO KNOW, YOU KNOW.

A writer in that luminary which sheds so much obscure brilliancy and grinds out so much questionable wisdom, "*The Brief*," asks for information on what he calls "a point of great medico-legal importance," as follows:

"Mr. A. had mumps; they fell; right testicle perished away; his wife had, afterwards, three children, two girls and one boy.

Mr. A. thinks *they should all have been girls*, and that he is entitled to a divorce, and has consulted me. I am of opinion *he is*, but concluded to ask somebody who knows before committing myself."

Very wise conclusion, Doctor.

On reading the above to Dr. Merryman, who had dropped in, he remarked. "I feel like exclaiming as Bill Nye did, when Ah Sin got the three bowers "which the same had been dealt unto him"—"Can such things be?" Dr. M. further remarked: "I think Mr. A. would have done better if he had consulted his mule; in that event there would have been no danger of separating man and wife—ignorant and credulous though the man be;—of bastardizing innocent children, nor of sending an unoffending wife to perdition."

Dr. M. says he came near exclaiming: "the infernal donkey," but, said he: "What has that long (eared) suffering animal done to me that he should be subjected to such a comparison? Can't somebody sit down on the Brief? Or *squib-nobble* some of its correspondents?"

"What is squib-nobble, Doctor?" we asked.

"It is an operation known in the vernacular as "boring for simples." It is derived from the *Sanscrit*, *squibob*, to add to, and *nobbob*, the excrementitious product of the owl or bat, and consists of filling the vacancy usually found on opening the skull of certain persons, with putty; or better still, especially if there be any substance present which does duty as brain matter, of replacing it with a little very fine *guano*. This has been found to be a great improvement on the operation, and also on the mental condition of certain persons affected with the *cocæthes scribendi*."

We accused the Doctor of coining the word, and he said he had as much right to do so as any other learned professor. He cited Prof. D. B. St. John Roosa, who uses *presby*, "an old man," and *kousis*, "can hear," to express senile deafness;—and said he,—"it strikes *me* what the D. B. Professor wants in that case, is a couple or so of words which, put together, mean an old man or an old woman who *can't* hear, *eh*?"

For fear this may not be appreciated, we will explain that Merryman is a wag, and always "full of his jokes."

A TWO-EDGED SWORD.

There is a law in force in New York which will punish you if you don't, and punish you if you do. It requires physicians, under penalty, to report the existence of dangerous diseases in their practice. Dr. Purdy reported a millinery woman with small pox, and she was taken to the small-pox hospital. His diagnosis was confirmed by the Health Officer. It was a light case, and the woman, recovering in a short time, denied that it was small pox, and laid it to the use of cosmetics containing acetic acid. She sued the Doctor for \$10,000 damages for breaking up her business—saying the *report* kept her customers from coming near her. The Court gave her a verdict for \$500. The case will be appealed, and the Doctor has asked his State Association to come to his assistance and help him out. Another argument for organization of the medical profession for the protection of its members.

This is very much like the situation of the little boy whose mother said, threateningly, "Johny, if you go to that baseball play, I'll make you *wish you hadn't*." "And if I don't go I'll allers wish I had," said Johny, "so I believe I'm off anyhow." Or like the Dutchman who whipped his sullen son because he looked like he thought "damn it." We reckon Dr. Purdy thinks "d— it."

A NEW AND VALUABLE DIAGNOSTIC SYSTEM.—A singular clinical fact in electro-therapeutics is claimed and pointed out by Dr. F. T. Paine, of Comanche, Texas. In his paper, published in this number of the JOURNAL, and to which attention is directed as being of unusual interest and importance, he claims a correspondence, invariably, between functional derangements of the sexual system in male and female, and a loss of sensibility of the mammary regions, and the *ankles*; *i. e.*, anæsthesia to an electrode of a Farradic battery. If future observation should confirm the correctness of the doctor's statement, and such correspondence should be found, as he says it is an invariable concomitant of either loss of sexual desire, or the reverse—inordinate passion, dyspareunia, etc., and in the

male, masturbation or the effects of excessive indulgence, it will constitute a valuable diagnostic sign in those troublesome derangements, and may lead to the solution of a heretofore inexplicable problem, how to cure those obscure and difficult neuroses. The benefits which may follow the discovery of a treatment for dyspareunia or vaginismus, impotence, nymphomania, etc., are incalculable, as the existence of impediments to the marital act has wrecked the happiness of many, and entailed untold misery on scores of men and women.

OVERTURES TO PEACE.—We learn unofficially, but from an entirely reliable source, that at a meeting of the International Congress Executive Committee, held in New York recently, it was determined to invite "the old committee" to join in the work of organizing the Congress; and that the vacancies occasioned by recent resignations were not filled—purposely—in order that the old committee might have a voice in the matter, and aid in the work if they will.

Without discussing the wisdom, propriety, expediency, necessity, or taste of this action, we give our readers the information, with the single remark that a refusal on the part of the old committee to co-operate in the work of organization, now that the invitation is extended to them formally—we may say, for the second time, they being all the while *part of* the committee—will throw the responsibility of a failure on them, should there be a failure, and the world should know it. Our informant says "the affairs of the Congress are brightening daily."

We sincerely trust that all dissensions will now cease, and that the whole medical profession of America will unite in the endeavor to make the Congress a success.

The 7th of September, 1887, has been set for the opening of the Congress.

THE YELLOW FEVER IN GALVESTON.—The English steamship Wivanhoe, from Liverpool, via Jamaica, arrived at Galveston on 11th November.

Two days out from Jamaica, a case of fever developed which,

in four days, terminated fatally, the man throwing up black vomit. These facts having been communicated to the Quarantine Officer at Galveston, the steamship was held in quarantine to await orders from the State Health Officer at Austin. This officer gave instructions to hold the ship five days to see if any other cases occurred. On Nov. 16, the steamer was allowed to proceed up to her wharf at the city. Two days later, Dr. A. F. Sampson was called to see one of the crew, and suspecting yellow fever, he summoned the Quarantine Officer and the City Physician, Drs. Blount & Cook, who confirmed the diagnosis; whereupon the vessel was immediately remanded into quarantine; and upon telegram from Dr. Blount, State Health Officer R. M. Swearingen visited the patient and concurred in the diagnosis. The patient died two days later. Up to the present writing, Dec. 10th, no other case has been reported, and the instructions given by the Health Officer are to release the vessel at the expiration of ten days from the date of the last death on board.

MORE PIRACY.—The editor of the *American Medical Journal* of St. Louis, very quietly appropriates two of our original articles, and publishes them as original in his November number, without the slightest reference to the source whence he obtained them, thus apparently purposely creating the impression that they were contributed to his Journal. That is what one may call "sailing under false colors;" and is a flagrant case of that kind of piracy to which a certain class of publications were recently much addicted. We refer to "Two Cases of Persistent Vomiting in Pregnancy Relieved by Electricity," by Drs. W. T. Baird, of Albany, and R. G. Williams, of Whitney, respectively, which were written for, contributed to, and published in this Journal, in August. Another journal in copying these papers, credits them to the *American Medical Journal*. We protest against an act, as unbecoming a reputable journalist as it is unjust to ourselves and our correspondents, and we do not want to see a repetition of it. We can't afford to have others "steal our thunder" in any such way. We are proud of the fact that Texas physicians are rapidly going to the front as

investigators in this field, and their successes are made known through our columns. Attention is directed to the splendid paper of Dr. Paine in this issue.

GAILLARD'S MEDICAL JOURNAL.—The February number of this famous magazine will contain a splendid steel, engraving of its illustrious founder, the late DR. E. S. GAILLARD.

We are much gratified to learn that the medical profession throughout the United States have not proved recreant in the matter of testifying their admiration for, and appreciation of Dr. Gaillard's genius, and wonderfully versatile talent; but that the patronage and support accorded by them to the *Journal* (which, with his name and fame, are the sole legacies to his family) have been liberal, and such as to elicit a graceful acknowledgement from Mrs. Gaillard, who is personally managing the business. We learn with pleasure that the subscription list has steadily increased during the last twelve months.

We will take this occasion to say that those who do not subscribe for *Gaillard's Journal*, have no conception of what they are missing;—it is a *library* in itself, of the choicest reading, fresh and attractive at all times, and fully abreast of the most advanced ideas.

BRAVO.—Dr. P. H. Thompson, of Georgia, reports three cases of horrible monstrosity in the *St. Louis Courier of Medicine*, born of healthy mothers, all three of whom declare they had not seen, nor been frightened by any object calculated to make what are popularly supposed to be “maternal impressions on the fœtus in utero.” The doctor comes to the defense of the women, and says that deformities of the kind are never produced by the emotions of the mother; that the mother really has nothing to do with it, she furnishing only the food for the germ of life, which is contributed by the male. He compares the female ovum to that of a hen, which, he says, is only so much nutritious food for the embryo to feed upon, and argues if there is any defect in the germ, if the male is crippled, disabled, or if the germ with which the ovum is fertilized, is imperfect—it cannot result in a perfect development; and the

female should not be blamed for the result, as she only nurtures the seed planted in soil furnished by her. The doctor thus turns the tables on the "lords of creation," and blames them for the occurrence of monstrosities. There is much truth and justice in what he says, and the mothers of the land should return him a vote of thanks.

VICE-PRESIDENT HENDRICK'S disease is said by the papers, on authority of the attending physician, to have been brain paralysis. That seems to be mere conjecture—as he was a hard mental worker—for surely, pain in the abdomen, (all he complained of,) is not a symptom of brain paralysis; (by the bye, what *is* brain paralysis?) After a "reception," griping pain in the abdomen, attended with constipation (he was given an enema and an emetic,) would rather suggest "colic," or some derangement of digestion than a mental or nervous disease, and it seems his physician treated him for colic. But people don't usually die of colic, nor of indigestion, nor from overloaded stomach, especially after an emetic and an enema. The diagnosis of "brain paralysis" wont do.

OUR AGENTS.—Mr. W. R. Case, of Philadelphia—William Wood & Co.'s and F. A. Davis' traveling agent—and Messrs. Dixon & Neatherry, the well known publishers of *The Poets and Poetry of Texas* (by Mr. Dixon) are authorized to solicit, receive and receipt for subscriptions to this JOURNAL, and also applications for membership in the P. M. B. A. of Texas. Messrs. Dixon & Neatherry have contracted with us for the publication of the *Biography of Cotemporary Physicians of Texas*, and will make a personal canvass of the State in the interest of that work, now in preparation. Mr. Case is their agent, authorized to solicit subscriptions and to make all necessary arrangements with physicians for the insertion of their biographies. We commend these gentlemen to the profession as worthy in every way of their confidence.

BLUE'S ELEGY.

THE BILIOUS DOCTOR TO HIS LADY-LOVE.

BY F. E. D., AUSTIN, TEXAS.

(Manufactured on our own Patent, Automatic, Verse-Making Machine.)

Your life leads down by peaceful, tranquil rivers,
Whose shady bank the cool sea breeze invites ;
While mine, alas, is spent midst torpid livers,—
And all such bilious, melancholy sights.

To you, the perfumed air is rich with sounds,
As sweet as when first Sappho's harp was strung;
While I, in sun and dust must take my weary rounds
To feel a pulse, or view a coated tongue.

The choicest books beguile your leisure hours,
And soothe you, like the "music of the spheres;"
But woe, is me! I spend my feeble powers
'Midst fever's fervid heat, or checking diarrhœas.

You sleep in peace on soft and downy beds,
And dream, perhaps, of flowers in sunlit lands;
While I, no doubt, am soothing aching heads,
Or nobly giving aid by pulling hands!

Your lovers kneel before you in rapturous adoration,
And tales of love in mellifluous measures pour;
Creditors besiege me; they are my abomination;
And moneyless patients daily throng my office door.

Thy gentle pen, anon, the choicest thought indicts,
That most fond memory e'er kindly fosters;
Prescriptions I, with stubby pen must write,
Recipe; misce et fiat haustus.

Treasure I bring thee not, to pride's exactions fill, [tion;
Nor offer thee, as I could wish, a handsome marriage por-
Wilt thou despise my only store—a pill?
Or deign to take perchance, a pharmaceutical lotion?

Alas, alas, my lady-love, I tire indeed of these
 Old scaly scalps of seborrhœa and eczematous hands;
 Let's trim our sails to catch an outward breeze,
 And *endosmose* in pleasant foreign lands,—

Away beyond the seas, on some peaceful star-lit isle,
 Where rythmic wavelets break on coral strands,
 There'll be no more of fever, pus, nor bile,
 As down the happy years we'll pull *each others* hands.

Austin, Tex., Dec. 10, 1885.

HIPPOCRATES BLUE, M. D.

NECROLOGY.

DEATH OF DR. W. H. PARK, OF TYLER, TEXAS.

Another WARRIOR has fallen! In full armor,—in the midst of pestilence,—battling with "that invisible foe that walketh in darkness," he fell! In the prime and pride of matured manhood he is cut off;—and a gap in the ranks of medicine is made, and in the social circle a void, which will fill many hearts with desolation.

On November 12, we received a note from Dr. S. F. Starley, conveying the sad news of the death of the distinguished Surgeon and Physician, Dr. WILLIAM HENRY PARK, of Tyler. He died on the 4th November, of dengue and the nervous prostration which follows it, increased, no doubt, by heavy and ceaseless labor during the epidemic;—for, an enthusiast in medicine, and a philanthropist, so long as duty called, he was insensible to fatigue—absolutely regardless of self!

Dr. Park was born in Lowndesboro, Ala., January 15, 1836, and was in the 49th year of his age. He was a graduate of the Medical Department of the University of New York, of the class of 1858, and took an *ad eundem* degree at Bellevue in 1872. He was also an A. M. of the Literary College of Alabama. Dr. Park served with distinction as a Confederate Surgeon during the war, and for a number of years was, and up to his death, President of the Board of Medical Examiners for his District,

and Surgeon of the I. & G. N. R. R. system. He was a permanent member of the American Medical Association, and of the Texas State Medical Association, and was also a member of the Physicians' Mutual Benefit Association of Texas. He leaves a wife, but no children.

Peace to his ashes!

BIBLIOGRAPHY.

BOOKS RECEIVED.

A Practical Treatise on Diseases of Children, by Alfred Vogel, M. D., Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and edited by H. Raphael, M. D., formerly House Surgeon to Bellevue Hospital, Physician to the Eastern Dispensary for Diseases of Children, etc., etc. Third American from the Eighth German Edition. Revised and enlarged; illustrated by six lithographic plates. New York, D. Appleton & Co., 1, 3 and 5 Bond street, 1885; pages 604, cloth.

This is indeed a valuable addition to the literature of Pediatrics. The Germans, excelling in their attention to minutia in most else, are recognized as authority on all that pertains to diseases of children and therapeutics. Dr. Vogel's Treatise on Diseases of Children rapidly ran through eight editions in Europe, and was translated into every living language on the globe. In this the latest edition (3rd American) much has been added to the chapters on *Artificial Nutrition*, a subject of deep interest to the practitioner; on Difficulties of Dentition, and on Nervous Diseases of Children. The very important question in Pediatrics, concerning the presumed danger of transmission of tuberculosis directly from the cow to the child by means of the milk, has been fairly discussed. Many of the newer remedies, such as apomorphia, salicylic acid, encalyptus, have been mentioned, and their uses hypodermically have been discussed, and their advantages and disadvantages have been clearly pointed out. This alone should be worth the price of the book, as the treatment of diseases of children is too much after the stereotyped fashioned of the last century.

This work, Lusk's Midwifery and Weber's Nervous Diseases—all from the great publishing house of APPLETON—are uniform in a handsome brown muslin binding.

Hand Book of Therapeutics, H. VonZiemssen's. We have received Vol. III of this valuable series from the publishers Messrs. Wm. Wood & Co., N. Y.

This volume treats of "The Therapeutics of the Respiratory Organs," and is of course uniform with the set—to be completed in seven volumes. Extended notices have been given of the first two volumes. The third is in keeping with the general plan of the work, and is characterized by the same pains-taking, and thorough discussion of every subject handled in connection with Diseases of the Organs of which it treats. When completed, this work alone will constitute a small library of information on every branch of general practice; equal to a Treatise on Practice of Medicine, Therapeutics, Hygiene and Dietetics combined, with Physiology thrown in.

Hand Book of Diseases of the Skin.—Edited by H. v. Zeimssen, M. D., Prof. Clinical Medicine in Munich, editor of *Zeimssen's Cyclopædia of the Practice of Medicine*. Illustrated with 80 wood engravings and color plates; p. 654. New York: Wm. Wood & Co. 1885.

This volume should have been vol. 9 of the Great Cyclopædia of Practice, but as it was not published in Germany until long after all the rest of the series were out, and the Cyclopædia had been so long in going through the press that the publishers, being pressed by subscribers, perhaps, determined to close it up without the volume on skin diseases. Some subscribers, however, complained, and Wood & Co. can't stand that, you know, although it was no fault of theirs; so just as soon as it appeared in Germany. Wood & Co. caused its translation, and got it out in a style different from that of the other volumes—in very handsome embossed cloth—and *made subscribers a present of it!* Each volume has inscribed on the back "PRESENTED WITH THE COMPLIMENTS OF THE PUBLISHERS."

The idea of a publishing house getting out a work of this kind, in elaborate and very expensive style, to GIVE AWAY by the thousands, is certainly without precedent in the book-printing business; and no house but this, whose head entertained at

his own expense, in princely style, the entire representation at the annual convention of the National Medical Association, in New York, a few years ago, would ever have thought of doing so. The medical profession certainly have cause to remember, most gratefully, the house of Wm. Wood & Co., of whose princely generosity they have more than once been the recipients.

To speak of the book itself would be but a repetition of what has been said of the antecedent volumes. It is written with that same careful, almost painful attention to the minutest details; is elaborate and thorough in every department, and brings the reader up abreast with the most advanced views as to etiology, pathology and therapeutics of that troublesome class of diseases—diseases of the skin and hair.

It is the handsomest book in our library, and, outside of its intrinsic value, has a value that only attaches to a *souvenir* from a friend.

*Index Catalogue of the Library of the Surgeon General's Office, U. S. Army:—*Authors and Subjects; Vol. I. to VI;—Heastie—Insfelt; Washington; Government Printing Office, 1884.

These volumes are part—the completed part of the Herculean labor undertaken by Dr. J. S. Billings, Surgeon U. S. A., in charge of the Library of the Surgeon General's Office. When it is completed it will constitute a monument to his ability and painstaking patient labor—*con amore*. It is a work necessary to be done; otherwise the mountain of literature—sands on the shores of the medical world, would be a useless, meaningless mass. It is the *key* by which the student and bibliographer can unlock those treasures, and turn them to use. In this library are preserved copies of every book, pamphlet, and reprint on every subject connected with the science and art of medicine and surgery in all their branches—*buried* as it were; and without this key, which Dr. Billings is now preparing, they would be, as said, as meaningless and as useless as are the *strata* which mark the history of the earth's formation, to the savage. The medical profession then of the present day not alone will be indebted to Dr. Billings; he is now doing a benefaction which will be felt and appreciated many genera-

tions hence, unless, like the great Alexandrian library, it should be swept from existence.

We take it as quite a compliment to receive those valuable volumes, and take this occasion to express our acknowledgment of the courtesy.

The Science and Art of Midwifery, by Wm. Thompson Lusk, A. M., M. D., etc. New edition, revised and enlarged, with numerous illustrations. Pages, 720. New York: D. Appleton & Co. 1885.

Within a short period this popular work has run through several editions. The present edition has engrafted into it much that has been learned since the appearance of the first—for in no department of medical study has more progress been made than in obstetrics. Especially the learned author draws attention to the triumph of modern doctrines concerning the nature of puerperal fever—that horror of the lying-in-room, owing to the application of Lister's heaven-inspired teachings, to the hygiene of the parturient state—as they have been applied in every other part of the domain of medicine and surgery. The merest tyro can appreciate what antisepsis has done already for the lying-in-room, as well as for surgery. To such an extent is antisepsis carried in hospitals that the author says "it is now a question whether forlorn women, confined in properly conducted" maternities "are not actually safer in child-bed than the fortunate class in their own homes." Fortunately—thanks to these very teachings—the better class enjoy the blessings of antisepsis as well as hospital patients.

The volume, as perfected, and brought up to the latest teachings, is what the author says he aimed to make it, "A safe guide to the practice of midwifery, and a useful book of reference for those who wish to investigate modern teachings at their source." This edition bears date May 23, 1885. It will constitute both a valuable and ornamental addition to any physician's library.

MELANGE.

STONES AND GLASS HOUSES—Our witty and somewhat savage contemporary of the *Louisville Medical Herald* accuses 'the

editor of the *New York Medical Record* of having "ramblissment of the brain," reads him a lesson in ethics, and exhorts him to "confess his wrongs and come back to the fold," etc. The *Record* doesn't "tumble" to the "ramblissment," and declines to "confess his wrongs;" but "comes back" at his assailant neatly, by asking if advocating the old code on one page and advertising a *homœopathic journal* on the next, is just his idea of "ethics." Pretty good.

HYMENEAL.—Dr. A. H. Caldwell, of The Grove, Texas, was married on the 28th of October to Miss Imogin Smith, daughter of A. F. Smith, Esq., of same place. We extend to the Doctor our warmest congratulations, and bespeak for him and his bride all the happiness and prosperity they could desire.

ADVERTISERS' NOTICES.

"PEACOCK'S BROMIDES" are *invaluable in the sleeplessness of excitement, over mental exertion, care, worry and fatigue.* In some other forms of wakefulness other remedies produce better results.

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A REMINISCENCE.—During our visit to Washington City, as a delegate to the National Medical Convention in April, 1884, Mr. C. B. Shafer extended a standing invitation to all the delegates to call at his mineral water depot and to drink at the fountain, without money and without price. We availed ourself of it, and one of our most pleasing reminiscences is the quaffing of the sparkling, health-giving beverage—in all its purity and coolness as it is taken from Nature's still—away up in the mountains. We were not sick, but on those sultry May-day noons, how delicious it was! Even the memory of it is refreshing. But the water advertised by them is certified by ladies and others of *our acquaintance* to be a *specific for chronic*

malarial blood poison, where quinine and other so-called "specifics" have failed. To our readers we only say, drop a postal card to Mr. Shafer for a circular, and you will not regret doing so; but *do not* fail to say where you saw the advertisement.

A DESIDERATUM has been to produce a palatable and digestible preparation of the Hypophosphites, with Strychnia and Quinia, most of those offered being intensely bitter and nauseous; but the chief fault—the one most criticised and most objectionable—is the *percipitation* of *dangerous elements* when the bottle is allowed to stand; unless it is thoroughly shaken each time a dose is administered, there is danger of giving only syrup for the first three-quarters of the bottle, and an overdose of strychnine as you get near the bottom.

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that all respectable oculists and genecologists should indulge. Send for illustrated price list. See advertisement in this issue, and mention Journal.

GOOD NEWS FOR TEXAS SURGEONS.—Tiemman's Instruments can be bought nearer home and at less than New York prices. Isaac Philips, Atlanta, Ga., the only house in the South that deals exclusively in surgical instruments, has a page advertisement in this number which says so, and which is full of interest to surgeons. There is not a more responsible house in the South. Mention this Journal.

ANOTHER PHARMACEUTICAL TRIUMPH.—Of all the valued services rendered the medical practitioner and suffering humanity by the pharmacist—and they are many—none surpasses in brilliancy and in real usefulness the solution of the problem, how to rob hydratis of the great objection to its use—the property of staining the skin and all fabrics with which it comes in contact. This drug fills a wider range of indications both for internal and external use than, perhaps, any single drug except opium; especially is it useful as a tonic astringent in diseases of the mucous membrane. This feat has been accomplished by “The Wm. S. Merrill Chemical Co.” of Cincinnati, already famous for its valuable aids to the practice of medicine, by rendering the administration of medicines less distasteful; and they offer the profession a *perfectly colorless solution of hydrastia*, an elegant form, in which it can be used either internally or externally. See announcement in this issue and send for samples, not forgetting to mention THIS JOURNAL.

THE DOCTOR, when he reads the advertisement of the C. H. Black Manufacturing Co., of Indianapolis, in this issue, can exclaim “Eureka,” or sing “This is the way (to get about) I long have sought, and mourned because I found it not.” Their work is all of selected material, and sold under *guarantee*. Think of an elegant phaeton, full-lined with leather, and elegantly trimmed, lamps, whip and all, and a set of harness of the best quality, nickle-plated, delivered, *freight paid*, for one hundred and fifty dollars! To contrast this with what some of

us have paid for inferior work, is enough to make one's head swim. Mention D.'s T. M. J.

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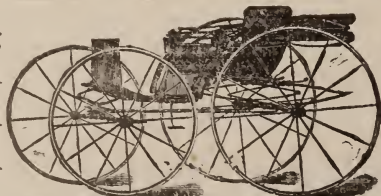
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"Scribimus indocti, doctique!"

ORIGINAL ARTICLES.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

THE CLIMATIC TREATMENT OF DISEASE.

By Henry O. Marcy, A. M., M. D., of Boston.

Read before the American Academy of Medicine, New York, October 29, 1885.

For Daniel's Texas Medical Journal.

MODERN science invests old topics with new interest. The fundamental factors of sanitation are now so well understood that the question of climate and its influence upon health and disease may be discussed with the assurance of dealing somewhat, at least, with objective factors instead of theory and the results of experience alone. Every student of modern medicine finds a new inspiration from the great progress already made by the indefatigable labors of a considerable number of trained workers in all the leading countries. The one object of research has been to ascertain the causes of communicable diseases.

Few will now be found to question the real profit arising from this most difficult problem of scientific research, and that at least a clew has been obtained, leading to a knowledge of one of the most profound of nature's mysterious workings. There are many who accept it as the prophecy of a revelation to come, which shall elevate medicine from the domain of art, and place it within the realm of the more exact sciences; a knowledge of fundamental factors upon which to erect anew the Temple of Æsulapius.

If a contagium vivum plays the role in the entire group of zymotic diseases, the study of organic decomposition is not alone a question of chemical interest, but irresistably leads to conclusions of a biological character, and the scientist finds himself absorbed in watching life processes, a struggle for the survival of organisms with their environment, a conflict ending often in the destruction of the higher complex forms of animal life by a foe, so insignificant, so utterly beyond ordinary comprehension, that it seems verily a battle with the powers and principalities of the air.

The so-called "Germ Theory of Disease" has passed from the realm of theory into that of demonstration as fact, and based upon our present knowledge, confessedly fragmentary and imperfect, yet sufficiently exact from which to make deductions, sanitation becomes, in a large measure, a science. From this standpoint, climatology is invested with a new interest and value as seen especially in the contributions of the last few years. A surgical clean wound means an aseptic wound. The aphorism of Hippocrates "pure air, pure water, pure soil," signifies now an air, water and soil free from infectious elements of disease, and this must be defined as the most important factor pertaining to a health resort sought under the name of climate. This subject, which is far too large for the present occasion must be epitomised in a general way, as the individual wisely adapted to his surroundings.

Life carries with it, as an inherent property, a vital, resisting power by which the individual is able to adapt himself to surroundings and overcome deleterious influences. These phenomena we call the laws of life, beyond the limits of which life itself ceases. Thus heat, water, food, oxygen, etc., must be

furnished within fixed limits. Departures from the ideal standard which we call health lessen the vital, resisting power of organs, as well as of individuals, and pave the way for the introduction of pathological factors.

Nature has provided man with an armor efficient to withstand and repel the invisible foes with which he is ordinarily surrounded. An unbroken skin is a coat of mail invulnerable to his surgical foes. The steady police surveillance of the cilia of the epithelium which line our respiratory passages are ever on watchful guard to seize and expel the intruder, be it bacillary or any other form of atmospheric contamination. When the defenders of the castle are disabled, then it especially behooves us to take into watchful consideration the strength and character of ourselves, as well as our enemies.

The chemical and mechanical laws of life have hitherto almost entirely engaged the attention of investigators in the study of the circumfusa of the invalid. For a number of years Committees from the American and British Medical Associations have been engaged in securing data for the comparison of the invasion of acute diseases with meteorological changes. Although these latter are largely factors in the problem, they have a much wider significance than usually supposed, since they make possible conditions not only devitalizing to the individual, but favoring in many instances the growth and development of infectious germs.

The tides and changes of the great atmospheric ocean in which we are submerged, are of the utmost significance. Its weight, as measured by the barometer, indicates the pressure which our bodies sustain. The moisture in suspension not only increases the weight, but modifies its influence upon the individual, and this is measured by the hygrometer. The changes of atmospheric temperature, as recorded by the thermometer, are of the utmost importance. The atmosphere also varies in its composition, of which, from our present standpoint of consideration, oxygen and ozone may be accepted as the most significant, since these agents materially lessen the growth and development of all the microscopic forms of plant life. From the observations of a number of our most competent physiologists, it is probable that the amount of oxygen ab-

sorbed in health does not vary greatly whether the individual is at the sea-level or at high altitudes. If this is correct, the accepted belief of increased oxygenation of the blood from breathing an air rich in oxygen, as at the sea-level, is not true.

The effect upon the individual of an ozonized atmosphere is generally conceded to be beneficial, yet, unfortunately, less is known upon this subject than could be desired; its antiseptic properties are well recognized and its influence upon the purity of the atmosphere, if not upon the individual, is undoubted. Ozone owes its great influence to its powerful oxidizing qualities. The compounds of ammonia, phosphorus, and sulphur are acted upon with great rapidity, and the odors resulting from animal decomposition are removed instantly. It is probably destructive to all the minute vegetable organisms when in active development, but its effect in destroying the vitality of their spores has not yet been ascertained.

This has its direct bearing upon the question of climate, since it has been pretty well determined that all the varieties of pathogenic microbes not only do not thrive, but fail to live, except within a narrow range of conditions.

Pasteur has placed his problem of protection from disease by the inoculation of attenuated virus of repeated cultures, upon the belief that these morbid bacteria have lost their specific effects in the presence of free oxygen—that is, these growths are anærobic. The experiments of Ogsten and Cheynne do not, however, confirm this supposition.

In a series of cultures of the vaccine coccus, conducted with great care, the cocci bred true and cultivated readily, but the vaccinations which I made from the cultures were entirely without effect. A few degrees in temperature will often be sufficient to retard, or destroy the development of the bacterial reproduction.

Based upon the belief that an aseptic atmosphere is of the first importance in the selection of a climate for the benefit of sufferers from a certain class of diseases, examinations of the atmosphere have been carefully made to demonstrate its purity. Miguel and Freudenrich found that microphytes were rare at eight hundred metres, and absolutely wanting at two thousand metres above sea-level. For physical reasons, high altitudes

have been believed to be beneficial in early phthisis, and, influenced by the latter demonstrations of a bacillary cause, this aseptic state of the atmosphere is theoretically accepted as promising good results, and sanitary stations for mountain-air treatment of consumptives have been established at several selected points in the Alps, where the comforts of home life are furnished invalids. Of these health resorts Davos and St. Moritz are the most popular. St. Moritz is six thousand feet and Davos is over five thousand feet above the sea level, and the latter has become noted for winter treatment, although the average temperature from November to March is only 23 degrees F. The number of visitors last winter was over one thousand. The patients are urged to be active, out of doors within the limit of fatigue. Each year adds to the number of invalids resorting to these mountain sanatoria and the statistics show good results. It should, however, be borne in mind that the cases sent to these resorts are those selected in the incipient stages of disease, and this is to be taken into the account in the deductions that the recoveries average one-fourth; also the time elapsing after the treatment, has been too short to determine with accuracy the results. This pertains in criticism to the statistics of other similar localities, but it is by no means an easy task to secure satisfactory data and such a problem can never be subjected to a mathematical analysis.

A recent medical visitor writes as follows: "I saw the well-known "apostle" of Davos, Dr. Spengler, and his son-in-law, Dr. Peters, whose cordial reception I will not forget to mention here. They gave me much valuable information about Davos and its value as a health resort. They seem to aim chiefly to strengthening the general system, and the heart in particular. I do not think they make systematic use of the milk cure or of the douche; but the methodical walks up hill form part of the curative system. Consumptive patients benefit by their stay here if the heart be in good functional order, and if they have still a certain amount of strength. Erethic, or very weak patients sometimes lose their sleep as soon as they are here; and, unless they regain it after the first few days of acclimatisation they do better to leave the place altogether. Davos seems to be favorable also in the case of torpid, scrofu-

lous patients, who want a bracing and exciting atmosphere, for non-irritable anæmics, and debilitated and convalescent subjects. The fear of tuberculous infection in these large sanitarium keep away a number of such patients, until special hotels have been opened for non-tuberculous persons. I spoke with our professional brethren on the occurrence of hæmoptysis, and was told that it was by no means more frequent here than in the plain. In a pamphlet, "Die Landschaft Davos," I find the following instructive data given by Dr. Spengler himself: 'Out of 323 patients 178 never had hæmoptysis, either at home or here, (in Davos); 126 had hæmoptysis at home and none here; 16 had it both there and here; 3 first got it here.' These figures speak very plainly for themselves."

In America we are indebted to the indefatigable labors of Dr. Charles Dennison, of Colorado, far more than to any other individual, for his masterly studies of the Rocky Mountain region as health resorts.

Granting that consumption is dependent upon the development of a bacillus within the lung, what may we legitimately expect from climate for its destruction or expulsion? Its propagation, so far as we now know, is dependent upon a proper soil, which means the furnishing of suitable nutriment in the form of albuminoids; a continuous temperature and a proper amount of moisture. These supplied, the bacilli reproduce abundantly externally to the individual, and that they do not in any manner lose their pathogenic qualities is shown by their ready reproduction and development, following inoculation, causing the death of healthy animals.

Do climatic changes modify these factors? Much has been claimed for and written upon the advantages of a dry climate in consumption. There are other reasons why this may give benefit, but I suppose no one will contend that the fluids in the tissues of the lungs are materially lessened thereby, or that while life continues, these can by any manner of means be so diminished as to prevent bacillary development. The heat point for the bacillary growth must be maintained so long as the individual exists, for its reduction to a point to interfere with its development must be incompatible with the conditions possible for the maintenance of the life of the individual.

Given the depreciation of the vitality of the tissues locally, and that the albuminoids requisite to furnish food for the unwelcome tenants continue, and we safely infer, from what we now know, that an aseptic atmosphere no matter how dry, or rarefied, cannot alone furnish the factors of cure.

The *role* of bacterial reproduction varies greatly in certain diseases. Thus in scarlet fever, measles, small-pox, once having run its course the bacterial development is at an end, and only in the most exceptional of conditions can be reproduced in the same individual. In a measure, this is true of typhoid, typhus and yellow fever, also diphtheria, and perhaps other diseases. Remittent or malarial fever is an exception, and yet, after a time, the individual either takes on an increased resisting power to the disease, or the conditions necessary for its development are changed and so-called acclimatisation follows. However, the residents of a malarious country never entirely escape its influence. That it is a new infection, rather than the development of the original seed, appears probable, since ordinarily a residence in a country free from malaria soon causes the disease to disappear. While thus much may be determined from experience, and the sufferer from this disease promised exemption by change of climate, sufficient is not yet known of the *role* of the bacillus malaria from which to deduce more than the most general conclusions.

Enough is known of the bacillus tuberculosis to show that it is found in all countries, making its greatest inroads in thickly settled communities and is most prevalent in cold, damp localities. This latter condition may be considered favorable since, thereby, catarrhal conditions of the respiratory passages are induced and thus a soil is prepared favorable for its development.

For similar reasons the general vitality, or resisting power of the individual is reduced. That the person thus subject to catarrhal inflammations should be greatly benefitted by breathing an aseptic air is easily conceived, since such an individual residing in a city can scarcely escape the breathing of an infectious atmosphere.

Every pathologist knows that a considerably greater percentage of cures in consumption is effected than is generally sup-

posed. It is not rare to find localized, cicatricial and calcareous degeneration in the apices of lungs, otherwise healthy, which may be traced to disease incurred even in early life. If caused by bacilli, why did these cases recover? The answer must be that the conditions for the proper development of the microbe did not pertain; that in some way the vital, resisting power of the tissues was superior to the invasion of the disease; that cells were proliferated as a protective wall, so to speak, against the invasion of the microbe which did not furnish the albuminous food necessary for its growth. Thus shut in, the disease is necessarily limited, and bacterial development ceases although the spores may indefinitely retain their vitality.

See, in his recent treatise upon "The Bacillary Phthisis," discusses, at a considerable length, the question of mycophytic life, especially that of the bacillus tuberculosis in high altitudes and considers such a climate, per consequent, of prophylactic character.

Recent very interesting experiments conducted in the pure air of the Adirondack region show that the development of the bacillus in animals following inoculation and infection does not in any wise differ from the laboratory experiments carried on in the large cities.

Dr. Harrold Williams, in a carefully prepared paper read before the Massachusetts Medical Society the present year, reviews certain phases of the question of the adaptability of climate to individuals, and in summing up says: "It seems that we must admit, in the present state of our knowledge, the meteorologic differences of climate have been proved to be of little importance in the treatment of phthisis, and furthermore that clinical evidence would support this conclusion, for the burden of proof lies with those advocates who plead in favor of special climates, and such proof it seems to me is yet to be forthcoming."

This is more than I am willing to admit, since we should look for aid to the infected individual from climatic change, not in the breathing of an "anti-bacillary atmosphere," but in the placing of the patient in surroundings suitable, if possible, to strengthen his weakened vital, resisting power, and rein

force his cellular tissue, so that it may be superior to the attack of the would-be destroyer, and although we do not know all the conditions requisite for counteracting the growth of morbid bacilli, we are assured that healthy tissues and blood imperfectly furnish the required pabulum. Were it only necessary to breath an anti-bacillary atmosphere, science could solve the problem and give to the sick chamber an antiseptic air fatal to bacterial growth. Many have builded hopes upon such remedial agents and, perhaps, in a certain measure correctly, but given a "pneumatic cabinet" and antiseptic inhalations, we should not expect to affect a diseased gland, a caseous nodule, only, in a certain limited degree, a cavity even, since the air inspired goes almost wholly into the less diseased and healthy portions.

When our present knowledge of infectious diseases is thus reviewed, are we to ignore, as some recent writers have done, the entire question of benefit to be obtained from climatic change? On the contrary, it appears therefrom that we have sufficient data by which to add, emphasize and encourage climatic investigations and confirm previous experience, even if the theories, under which it was sought, do not prove true.

Equability and dryness of the air are certainly important, well-recognized factors in the alleviation of the respiratory tract, and this alone is sufficient to make these conditions of value in the selection of a residence for such invalids. Atmospheric moisture, in cloud or vapor, is detrimental by lessening the sunlight; and the clear skies of any land are justly prized. This is sometimes called the diathermacy of the atmosphere and this is increased by the rarefaction of the air. Nearly every one has observed the intensified effect of the sun's rays at high altitudes.

Clinical observations teaches that, in the invalid able to endure it, active out-of-doors exercise, in elevated localities, has an especial invigorating effect upon the respiratory function and apparatus; the circulation is improved, thereby increasing the oxydation of the tissues, as well as producing a better cellular nutrition and elimination of the effete material. The lowering of the atmospheric pressure also tends to diminish the circulation of the deeper tissues, which in certain conditions of

the organs is of great importance, as for example, in renal, hepatic, or cerebral congestions, while on the other hand, the blood-flow to the surfaces is greatly augmented, an important factor in conditions of defective or perverted cutaneous nutrition. The effect of this is shown in increased appetite and improved digestion, until the imperfectly prepared food, too often forced by necessity to supply the demand, is taken with a relish never known at home and digested without knowledge of organs or process.

With a labor only known to those who have worked in such direction, Dr. Dennison has utilized the mass of statistics gathered by the Signal Service Department of our Government and placed before the profession his Seasonal Maps of the United States. These are worthy the careful study of every physician and teach many facts of the greatest importance. Under date of June, 1885, Dr. D. writes in regard to Colorado: "In my practice of twelve years in Colorado, it has been very seldom that I have known of the origination of phthisis, chronic pneumonia, etc. I do not remember to have written a certificate of death for one uncomplicated case of phthisis, originating in Colorado. Of course there are such cases. I have one under my care at the present time. As civilization progresses here, it will not be strange if the disease becomes much more frequently met with in thickly settled districts, made up as they are of a considerable scattering of regenerated invalids. The weight of evidence is so decidedly in favor of elevation as an important factor in the climate for the consumptive, that it will not answer for anyone who has not personally investigated the Rocky Mountain regions, or similar elevated resorts, to say that nothing has been proved for elevation. Everything has been proved, since all the most desirable attributes, dryness, coolness, electricity, sandy soil, perfect drainage, and last, but not least, *purity of atmosphere* are found and increased with elevation above the sea-level."

Dr. H. Weber, in his excellent resume of the subject of climatic treatment of phthisis given in the Croonian lectures, published in the *British Medical Journal* the present year, emphasises the advantage gained by the invalid not only from elevation, but also by the cold dry air, and makes the distinction

that in the sunshine the coldness pertains rather to the atmosphere than to the individual. Speaking of his personal experience in the high Alps in November at the elevation of 10,000 feet, without an overcoat, he says: "As long as I remained in the sunshine I never felt warmer in August or September in the same localities; but in the shade an overcoat would have been just a comfort, though I did not feel cold, in spite of the temperature of only 20 to 25 degrees F., the air being perfectly calm. A black bulb thermometer *in vacuo* showed in the sun between 80 and 92 degrees F., while an ordinary thermometer registered only between 31 and 32 degrees F." He sums up the advantages attained in mountain health resorts to be as follows: "1st, the atmospheric purity or aseptic nature, the comparative absence of floating matter. 2nd, dryness of the air and soil, comparative absence of mist. 3rd, the coolness of the air temperature and the great warmth of the sun temperature. 4th, the rarefaction and low pressure of the air. 5th, the intensity of the light. 6th, the stillness of the air in winter. 7th, a large amount of ozone. The effects on the invalid suited to such climates are, increase of appetite, improvement of sanguinification and general nutrition, strengthening of the heart and circulation, raising of muscular and nervous energy and of activity of the skin."

Observations have been made in some of the South American high altitude stations, as at Junja of more than 10,000 feet above the sea. The range of temperature during an entire year was between 50 and 60 degrees F., with a sky always clear and sunny and atmosphere pure and bracing which invites to out-of-doors exercise and enjoyment. In an atmosphere, as cold as the winter in the Alps or Rocky Mountains, it is essential to select localities where protection from wind is attained, since the motion of an atmosphere thus cold, abstracts heat rapidly. In broad stretches of equable cold, the winds are reduced to a minimum and the absence of moisture greatly increases the hours of sunshine. The chief objection to the Rocky Mountain health resorts lies in the distance from the centers of population. The White mountain region affords a very considerable elevation, but, judged in the light of the above experience, too little to secure much good from the rarefaction of

the air, since Bethlehem is the higher location of the villages and this is only eighteen hundred feet above the sea-level. The Adirondacks are of less elevation, but possess the advantage over the White mountain in being sparsely inhabited, an almost unbroken forest, an elevated plateau furnishing an equal, cool summer and a decidedly cold winter climate. Through the influence of Dr. Loomis, of New York, a sanitarium has been established for patients to remain the entire year, and good results have been attained, but it is difficult of access and offers very little advantage from rarefaction of the atmosphere.

The mountains of the Alleghany range have been known to some extent as affording interesting and health-giving resorts for summer recreation, and in the southern ranges furnishing summer homes for the residents of the Southern States. The entire section is free from malaria, and Ashville in western North Carolina has grown to a village of about five thousand inhabitants, chiefly as a summer resort.

DIFFERENTIATION BETWEEN CHANCRE AND CHANCROID,
WITH TABLE.

By T. J. Bennett, M. D., Austin, Texas.

Read before Travis County Medical Society, and by vote referred for publication to
Daniel's Texas Medical Journal.

THE literature upon this subject is not at all uniform as to the terms employed to distinguish the two forms of disease. According to some, the term *syphilis* means both the local and constitutional affection; while others seem to make a distinction. Yet, the word *chancre* is used indiscriminately to express the sore in both diseases, while there are still others who teach that *syphilis* means the constitutional form only, and *chancre* is the term which expresses this form, and that *chancroid* is entirely distinct and expresses only the local disorder.

This latter view is the one adopted in this paper, and from all that can be gathered upon the subject, is as much a demonstrated fact today as, perhaps, any point in the science of disease, and requires only constitutional treatment; while the chancroid is distinctly a local disease and requires only local treatment.

We have only to glance at the constitutional symptoms without entering into details to see the importance of a clear differentiation. Three-fourths of all aneurisms, apoplexias, and perhaps a still larger per cent of all diathetic diseases are traceable to this constitutional poison.

With the lights before us as to symptomatology, pathology and etiology, ignorance upon the subject seems inexcusable. To drop into ruts and prescribe a routine of mercury and caustics on "general principles," seems to be due more to carelessness than to any other cause.

The privacy of the disease, its filthiness, as well as the low class of society represented by its victims, together with a correspondingly low and uncertain compensation for services, no doubt, go to make up some of the excuses for neglecting this branch of practice. There are few of us who have not had patients come in for treatment presenting all the symptoms of unmistakable secondary syphilis and with the glans penis or prepuce terribly burned up by the use of caustics; while on the other hand, we have seen these unfortunates ptyalized almost incurably with nothing to show for it but a soft suppurating local sore on the penis. It is true, the druggists are accused of a great deal of this kind of practice, but it must not be understood that they alone are responsible.

The question is: How are these diseases to be distinguished?

Contamination with these poisons is brought about by the same process—by the poison coming in contact with an abraded mucous surface. This is the cause for the most part, though it may be introduced through a broken surface anywhere, and syphilis by heredity.

Three or four weeks elapse before the constitutional poison manifests itself, which is always at the point of inoculation in the form of a papule. This papule appears to "extend laterally, and in eight or ten days becomes scaly or breaks down into an ulcer, secreting a very small quantity of serous or puriform liquid, which presently dries up into a crust or scab." The base becomes indurated and disc-like, yielding to the touch a button-like feel beneath the integument. This induration, according to Zeigler, is due to an "extreme cellular infiltration of the integument, without any very special histological fea-

tures." The lesions which distinguish syphilis from other diseases more especially, are, according to T. Henry Green, of London, "certain fibroid indurations," as the initial sclerosis described above, a "form of growth known as *jumma* or syphilitic tumor, and certain changes in the arteries." The development of this fibroid tissue, however, is not unlike that which is met with as the result of ordinary chronic inflammation in common connective tissue. But the peculiarities which are so characteristic of syphilis consist in their distribution and localization. "They occupy for the most part *small areas* and the *surrounding tissues are unaffected.*"

But it is not the purpose of this paper to extend investigation into the pathological and histological differences between syphilis and other constitutional diseases, but more especially to differentiate clinically, pathologically, and otherwise, as well as to group in a tangible form, all of the prominent differences between the constitutional and local sores of the two diseases under consideration.

The chancroid, like the chancre, is a contagious venereal affection, but the period of incubation, instead of being three or four weeks, is from a few hours to three or four days. The sore appears, like the chancre, at the point of incubation, but in the form of a vesicle or pustule, and it rapidly becomes an ulcer with a yellowish soft base, instead of a papule with a dry brownish hard base. "It grows by a progressive molecular death of border-tissue," the edges and base at first becoming "slightly infiltrated with cells, and these as they near the surface pass through successive stages of degeneration and decay, and at length form a layer of structureless detritus."

Cornil, of Paris, taught in 1882, that there was no special difference between the cellular infiltrations in the two sores, nor for that matter did they "differ from the cell growth in other granulomatous ulcers—notably in tuberculous affections," but that the tendency in the chancre was "to persist unchanged for a considerable time while in the chancroid they very speedily break down." This difference, of course, like the difference existing between any other two dissimilar diseases is due

to the difference in the nature and character of the two poisons producing them.

These poisons are supposed to be forms of living organisms, but at the present state of knowledge upon the subject, like many others of the so-called germ diseases, remains a mere supposition, which it is not necessary to discuss here.

Bryant teaches that we cannot tell with anything like certainty whether a sore is going to be local or constitutional. He is inclined to think the poison is identical, and that the peculiar idiosyncrasy of the patient nearly or entirely controls the course the disease will take. He believes that the sloughing ulcerative process in the chancroid prevents absorption of virus which would otherwise produce the constitutional disorder. All of this seems too hypothetical.

The sore in syphilis is always single, while in chancroid it is single or multiple. The ulceration is always passive in the chancre, except when the original character of the sore has been changed by the use of caustics or other agents, while in chancroid it is invariably active. Another striking difference is manifested in the spread of the chancroid poison, forming other similar sores wherever it comes in contact with an abraded surface, thus becoming inoculable to an indefinite extent, while the secretion from the chancre never causes another similar sore, nor is ever inoculable a second time in the same person, nor in the lower animals, as the chancroid poison is. Also the glandular system exhibits a marked difference. In the chancre the inguinal glands enlarge and become hard, forming a row of four or five on either side, but are not tender to touch, nor do they ever suppurate, except when bruised or in a highly cachectic subject, for it is a fact well established that inflammatory processes in the syphilitic are set up with the same facility that a stubble would be caught on fire by a torch thrust into it. Not only do these glands enlarge, but the cervical, axillary, and others glands of the body. In the chancroid the bubo is generally single, tender to press upon, and seldom fails to suppurate. The other glands are never affected. Still another feature is the treatment. The chancre never yields to local treatment; in fact local treatment generally aggravates the sore, but to constitutional treatment only, and requires from

six months to one or two years for cure, while the chancroid yields to local treatment altogether, and requires but ten to twenty days to effect a cure.

As to treatment in either form, I have nothing special to offer that cannot be found in the late text books, except that I may mention saccharated pepsin as a local remedy in mild forms of chancroid. It has given good results in the few cases in which I have employed it, seeming to prevent further ulcerative action, and to cut short the disease in four or five days. I order it dusted over the sore plentifully, three or four times a day. How it acts, by what *modus operandi*, I am unable to say. Whether by a digestive process upon the virus, thereby rendering it inert, so far as further destructive action is concerned, or whether it is the sugar with its reputed antiseptic and plastic properties. I have been sufficiently encouraged, however, to suggest a further trial of this new agent.

In conclusion, and by way of summary I present herewith a table giving in contrast the most prominent and reliable symptoms of chancre and chancroid:

CHANCRE.	CHANCROID.
1. Period of incubation 18 to 90 days.	1. A few hours to 3 or 4 days.
2. Appears in form of papule.	2. Appears in form of vesicle or pustule.
3. Cellular infiltration extends laterally, and does not break down.	3. Extends laterally and breaks down by molecular death.
4. Sore, hard and dry.	4. Sore, soft and suppurating.
5. Ulcerative action always passive.	5. Ulcerative action always active.
6. Never spreads.	6. May spread indefinitely.
7. Never inoculable in same person nor in lower animals.	7. Inoculable indefinitely in same persons and in lower animals.
8. Buboës always multiple and seldom suppurate.	8. Seldom more than one and nearly always suppurate.
9. Cervical and axillary glands always enlarged.	9. Never enlarged.

- | | |
|---|--|
| 10. Yields to constitutional treatment only. | 10. Yields to local treatment only. |
| 11. Six months to two years treatment required. | 11. Fifteen to twenty days treatment required. |

It will be understood that each of the eleven differences enumerated above is subject to slight exception; also it is to be borne in mind that only typical cases of the two diseases are outlined, and that the complications which seem so apparent are to a greater or less extent subjected to the above differentiations, and that, further, to every physician in the diagnosis must come the conviction that it is plainly a case of *no medicine vs. a grtat deal of medicine*, and as to prognosis *no danger vs. a great deal of danger*.

REVELATIONS BY ELECTRICITY IN RHEUMATISM AND NEURALGIA.

By F. T. Paine, M. D., Comanche, Texas.

For Daniel's Texas Medical Journal.

IN July, 1885, Mr. J. E. DeWitt, aged fifty-eight, presented himself at my clinic, led by a pilot, he being blind from, as he claimed, Neuralgia, and from which he had frequently suffered, and lost his right eye. On examination, I found the left eye intensely congested; in fact, I could scarcely discover anything but a mass resembling coagulum filling the orbit. He had slept none, he said, for six nights and days, and was suffering intensely. A thirty-minutes seance with the electric current relieved the patient so much that he left for the night. On the next day he could begin to distinguish day from night, and, after the third seance, dismissed his pilot and could sleep soundly all night.

On one occasion, while applying the electric current directly to the globe, he detected, as he said, a spot about the center of the eyes that had no feeling whatever, or upon which the Faradic current produced no impression. Upon this spot, as near as possible, for I had to rely upon his feeling entirely, I concentrated the current until he felt it. He instantly exclaimed, "I can feel it now, and can see better, and the current is pleas-

ant." From this time on he continued to improve, and in one week from the time he commenced treatment, he was enjoying his usual health, with as good sight as he has had for years.

Another discovery in this case, was the fact that, by electricity alone, the feyer and inflammation were so effectually removed that the patient became alarmed lest his eyelids were frozen, as they felt so cold.

The next case was that of Rev. P. W. Graves, who presented himself in August, for chronic sore eyes, with granulated lids and ulcerated cornea, and numerous nebulæ. He, too, being entirely blind, was led by a pilot. The Farradic current was used through an eye cup of water. His first exclamation was, "Doctor, you have forgotten to turn on the current; I don't feel anything." But finding all right, I continued the application until he began to feel the electricity darting into the eye back and forth, until presently he exclaimed, "I feel it all over the eye now, and can see light." The feeling, he said, was delightful. He was led home, and slept as he had not slept for months, and without the least attention to his eyes during the night. He attended the clinic regularly, and would frequently say that his eyes felt like they had lumps of ice upon them.

The inflammation has entirely subsided, the granulations and ulcerations have disappeared, and he has reported to his Conference for regular work as an itinerant minister.

The point I wish to present in these two cases is the insensible nerves in one case of congestive neuralgia, in the other of chronic conjunctivitis, of twenty-five years standing, and of corneitis, with ulcerations of indefinite duration, and the complete immunity from pain in both cases, as soon as that insensibility was removed, and also to the entire removal of inflammatory action by electricity alone, no medication being allowed, either local or general.

These cases taught me that painful inflammatory diseases were most likely confined to individual nerves, and that these nerves were themselves insensible, while producing so much suffering, which view seems paradoxical; but its truth will be tested.

A lady, Mrs. Cook, who has been an invalid for twenty-six years, a subject of rheumatism for twelve years, wheeled about

our town by hand for many years, frequently applied at my clinic for relief from her sufferings, called my attention to tender spots near the elbow, which I found to be in the track of certain nerve trunks, viz.: ulnar and radial.

On each spot indicated, I placed a steel electrode, and, pressing it firmly, found it pleasant to the patient, and, taking the course of the nerve, I traced it out through its bifurcations to the tips of the fingers; and while tracing accurately, the steel was not only not painful, but pleasant, always eliciting the gratitude of the patient; but on varying the one-sixteenth of an inch from the nerve track, caused an exclamation of pain. The fingers were much distorted, stiff and partially ankylosed. The right index was so drawn as to over-reach the next two to it, so that the patient used the thumb and the second joint or knuckle of the index in sewing. The anterior aspect of the index was perfectly anæsthetic or insensible to the electric current, but after using the steel electrode thirty minutes I asked her to try to move it. With the effort the finger commenced to shake, and finally moved around into line with its fellows, and the patient uses it now as other women in sewing.

I now find in every case of chronic rheumatism and neuralgia a dead or insensible nerve, at or near the painful spot. It may have tactile sensation, but to the electric current it is indifferent. The first sensations produced by a concentrated current are pleasant, then warmer on to burning, until the instrument must be removed on account of intensity of heat or burning sensation; and the pain is banished at once and the limb or joint is ready to move in any and all natural directions.

I have now treated a sufficient number of cases to satisfy myself of the facts and views as stated, and that all cases of neuralgia or chronic rheumatism or muscular rheumatism may be cured almost instantly if the nerve implicated is accessible or can be found.

PRIZE. — A copy of *Lusk's Science and Art of Midwifery*, last edition, was awarded to Dr. W. G. Jameson, of Rusk, for the first club of six subscribers.

A MIDWIFE'S DIAGNOSIS. (THE DOCTOR NOT NEEDED.)

By W. J. Collins, M. D., The Grove, Texas.

For Daniel's Texas Medical Journal.

MRS. J., mother of six children, began labor at six, a. m., the first premonition of which was a "gush of waters" while at the breakfast table. The pains increased in frequency and severity, so I was informed by the old lady who was attending her, until three, p. m., same day, at which time I was summoned. On my arrival I was met by the midwife, who said, "everything was all right—head presenting—except the pains did not bear down enough, and that I was not now needed"; but wanted me handy in case all did not go well. Very well; and I was seated as an idle spectator to the parturient efforts. I watched the progress of affairs about fifteen minutes, when I approached the bedside and asked to be allowed to make an examination, which was reluctantly granted—the old lady still saying all was right. Imagine my feelings when I examined and found a shoulder presentation, a prolapsed and pulseless cord, (second position of the right shoulder) and of course a dead child. I explained matters to the husband, telling him what would have to be done to save the life of the mother, to which he consented. For the past six hours Mrs. J. had suffered most agonizing pains, and was rapidly becoming exhausted. It was evident that prompt action must be taken. So, without assistance, as she lay on the bed, I chloroformed her; introduced the hand, turned and delivered. This was not easily done, for the membranes were ruptured nine hours previously, and the womb held the child as in a vise; and, to increase the difficulty, there was a second child. However, in from five to eight minutes we had succeeded in turning and delivering the first babe—dead as before stated. I now turned my attention to the mother, who, after passing from under chloroform, was well nigh exhausted. I gave her a stimulant which soon revived the flagging pulse.

Another examination was now made which found a breach presentation of the second child. This babe was rapidly delivered by the feet, which I brought down, and was born alive,

and is now a fine healthy child three weeks old. The combined weight of both children was seventeen pounds, one a boy weighing nine pounds, the other a girl weighing eight pounds. This is the second shoulder presentation I have had in a practice of fifteen years—occurring with me once in about every six hundred and fifty cases. It is an established fact that malpositions of the foetus are more frequent in the case of twins than in a single pregnancy.

The mother did well in every way except the bladder had to be catheterized for three or four days.

I will here remark that I have known more than one precious life lost by the incompetency and ignorance of the attendant, and *I do think legal steps* ought to be taken to prevent these ignoramuses from officiating in the lying-in chambers, thus protecting the health and the lives of our mothers.

MILK IN FEVER.

R. W. White, M. D., Waco, Texas.

For Daniel's Texas Medical Journal.

HAVING noticed several articles lately on the subject of milk in fevers, I have concluded to give you my experience, as it extends over a period of thirty or more years.

I have found sweet milk inadmissible where the fever is high, while fresh buttermilk is not only grateful to the patient, but often soothes them and reduces the fever. Fresh buttermilk has been my principal diet in typhoid fever for over thirty years, and I do not now remember a solitary instance where it disagreed with the patient if they were not prejudiced against it in health.

Y. M. D's SOLILOQUY.

I would write for DANIEL'S red JOURNAL,
 Such papers as n'er were seen,
 If it wouldn't expose how infernal
 Incompetent I am—and how green:—
 My pieces I'd make scientific,
 And prepare with elaborate pains,
 They'd be read e'en to the Pacific.
 But hang it! I haven't the brains.

—DR. MERRYMAN.

ABSTRACTS FROM FOREIGN EXCHANGES.

BY B. E. H.

The latest antisepticum is acetic acid in 1,0 to 0,25 per cent. It is recommended by Schulz of Greifswald.

Knowsley Thornton (*Medical Times and Gazette*) removed calculus from the kidney by a combination of abdominal and lumbar sections. By the abdominal incision the hand was enabled to press the kidney against the operating instruments from the back.

A very interesting discussion took place in the Berlin Medical Society following a paper of Mr. Posner on physiological albuminuria. It was conceded by all participants in the debate that the urine of healthy persons contains albumen, of course, in minimal quantities, which can be traced only by very exact and new methods. But even in larger percentage, so that the common tests are sufficient, albumen is present under certain circumstances; for instance, after steam baths, etc. It is very important to know that albumen in the urine does not, under all circumstances, prove disease of the kidneys. In addition, we report the statement of Vibert and Ogier (*Medical Record*, December 5, 1885,) that the urine drawn from the bladder of a cadaver is almost invariably albuminous, even when there was no lesion discoverable in any part of the uro-genital apparatus.

Hegar has removed ovaries and tubes for tuberculosis of these organs four times, making a correct diagnosis in advance. He gives the following as the leading points in diagnosis: Small, *hard*, irregular and angular nodules on the uterine end of the tubes, with soft and fluctuating swellings in gonorrhœa. In pyosalpinx, on the other hand, there are often signs of a fresh inflammation in the neighborhood, jelly-like masses, into which the examining finger easily makes impressions. Further on gonococci may be found in the uterine or vaginal secretions. For tuberculosis the general condition may be taken into consideration, like hectic fever, night sweats, etc. Further symp-

toms for tuberculous disease of the uterine appendages are bloating of abdomen, exudations in the lumbar regions. If the tubes are diseased, one can feel a string of nodules of different size, reaching from the womb to the pelvic wall; these nodules are little movable and adherent to the pelvis, the broad ligament or uterus. In operating for such cases, the surgeon has to be very careful not to burst the diseased organs.—*Centralblatt fuer Chirurgie*.

Woelfler (*Weimer Medical Wochenschrift*) recommends in supravaginal uterine amputation (for removal of fibroids, etc.) to sew the stump into the abdominal wound, and to treat it externally.

Talini Bassiano (*Parma*) operated for a echinococcus-cyst on the labium major of a woman.

Newmann (*Wiemer Medical Blaetter*) reports seven cases of sclerotic chancre excised; in three cases even the inguinal glands were removed, once already sixteen days after infection, without any success. This makes him believe that the favorable reports are given by unitarians, and that soft chancre has been excised.

Opitz (*Centralblatt fuer Gynackologie*) removed a piece of the infantile skull, which, after cranioclasty, had remained in the womb for two years, without causing much trouble.

At Berlin the new laboratory of Prof. R. Koch was opened on the third of November. Nearly all the places were taken on the first day.

In Wilhelmshaven, Germany, a wholesale poisoning by a kind of muscles occurred (*Mytilus edulis*), with some fatal cases. Koch could, to our surprise, detect no germs which could have been indicted. It was proven that the poison contained in the living animal is extremely fatal; it is probably a volatile alkaloid, and paralyzes the motor-centres very much like curara.

Prof. Von Bergmanns, of Berlin, statistics on extirpation of kidneys for carcinoma and sarcoma show forty-nine cases, of which nineteen were successful, twenty fatal. Thirty-seven cases were operated by laparotomy, with twenty-four deaths; eleven by lumbar incision, with five deaths.

CORRESPONDENCE.

"HOMŒOPATHY"—A TRADE MARK.

TO THE EDITOR OF DANIEL'S MEDICAL JOURNAL:

Dear Sir:—

THE strictures on the fallacious theories and defective morality of the so-called homœopathic profession, which in your last issue are so forcibly indulged will be considered by all reflecting minds as being well deserved.

You may consistently claim, as you do by intimation, that the regular profession of medicine being a catholic, humane and enlightened body, which in its very nature it can only be, has never afforded to occupy a false position in morals before the public. Whatever may be inveighed against our short-comings in science and practice, which, notwithstanding our progress, we are willing to acknowledge yet remain in great number to annoy and humiliate us, the medical profession can never resort to subterfuge, or to ad-captandum and meretricious performances with the view of securing public patronage.

Now it is in these latter qualities wherein consists the "very head and front of the offending," expressed in the *titular device* of the homœopath, the *corpus delicti* of the crime against society of which he is guilty, and compared with which his other faults are mere peccadilloes.

To privately confess, when pressed, that experience has certainly demonstrated that "there can be no exclusive method of cure," which admission is a positive desertion of the Hahnemannian creed, and then surreptitiously practice on the prin-

ciple, but advertise the contrary under a *trade mark* is, as you insist, the very climax of charlatany and immorality.

The therapeutical non-sensicalities which were promulgated by Hahnemann, and which were elaborated from a principle distinctly plagiarized by him, could well be tolerated now, as they were before the advent of the would-be reformer, by a liberal-minded profession. There are many honest differences of opinion amongst us, and on account of them, we are often adjudged foolish in the extreme by our fellows. The platform of the medical profession, however, is broad enough for the most heterodox practitioners, as well as for those who imitate their predecessors or contemporaries. No man's reason or independence is here subjugated. Each one ascertains the facts for himself, as best he can, and then, as Mr. Locke says, "bottoms" on them. From so sure a basis he may generalize at pleasure according to the powers with which nature and education have endowed him. But his results, be they ever so startling or beneficent, he has no right to patent, as it were, by a *trade device* which it is evident degrades not only the spirit, but the very purpose of scientific investigation.

It is both instructive and gratifying to note that prominent homœopathic practitioners of London, who, having been brought to see the injustice of the distinction sought to be conveyed by Hahnemann and his disciples in the terms "Homœopath" and "Allopath," now drop their trade cognomen. It is no less significant, also, that the influential homœopathic journal of New York has abolished the name from its title page. Let us hope that this reform will continue to grow until the entire homœopathic body will be expurgated of at least all reproach to their moral code, which reflects upon their intelligence. Let those who indulge it—and they are many—renounce the unseemly attitude of the sycophant and professional mendicant and forego the pulings of the self-appointed martyr; and let them bring to their aid the honorable impulses of the conscientious worker in the medical vineyard, where the harvest will be garnered, not by one man, nor *so-called school of men*, but by *all* who "learn to labor and to wait."

Respectfully,

HENRY K. LEAKE, M. D.

OUR NEW YORK LETTER.

NEW YORK, Oct. 17, 1885.

TO THE EDITOR OF DANIEL'S TEXAS MEDICAL JOURNAL:

Dear Sir:—

THINKING you would like a few notes on Surgery in the great center, and as I make my headquarters at the Poly-clinic, I will give you a brief report of a few cases as illustrative of the methods in vogue here.

Dr. Wyeth I have seen in a number of operations in the last week. He is characterized by his extreme carefulness and the anatomical accuracy of his incisions in a case of ulcer of the tongue, diagnosed to be cancerous, on which I witnessed him operate. He commenced by the extremely tedious and difficult operation of ligating the lingual artery, tying every little artery as he advanced his incisions. He ligated the artery with a loss of less than an ounce of blood. The subsequent operation of removing a large wedge-shaped piece from the side of the tongue was bloodless.

In the treatment of all surgical wounds here, antiseptic measures are taken, and so great is their confidence in the efficacy of these means, that a surgeon, recently, in a thigh amputation, promised his class to bring the case before them one week from that day, with complete union; and while we might admit the possibility of this result under the old treatment, no surgeon would have risked his reputation on such a prediction.

Strictures of the urethra are plentiful everywhere in the civilized world, but they drift into the hospitals and dispensaries of the large cities in numbers that would astonish the average country doctor. The treatment here consists of cutting either internally or externally. For the first-named operation, some modification of Otis' urethrotome is used almost exclusively. Dr. Wyeth usually has one or two cases at his clinic every week. These cases are looked on as rather among the minor than the major surgical operations. I had the pleasure of witnessing Dr. Wyeth operate for external perineal urethrotomy, cutting down on a filiform bougie. Now, while it is not an extremely difficult operation to find a filiform bougie, it requires a good

deal of manual dexterity to do it without having to hunt with the point of a knife or a probe for the guide.

In operating for hydrocele, something that we all have to do occasionally, Dr. Wyeth draws off the fluid with a small trocar and then injects about fifteen drops of pure carbolic acid into the sac, withdraws the canula, kneads the sac, and allows the whole of the acid to remain. I witnessed this small operation as performed by the doctor. He says that he has never had any bad results, and is successful in nearly all of his cases.

In orthopedics, that grand old man, Sayre, still holds his court at Belleview. He is a little inclined to be profane at times, but he inspires a great deal of enthusiasm in his class; while that polished gentleman, Gibney, holds forth at the Polyclinic. From his long connection with the Hospital for Ruptured and Crippled, and his marked ability, he attracts a large amount of clinical material.

Regret that I have not time to give you some jottings on the lectures here; may at some other time.

Yours,

WM. PENNY, M. D.

SOCIETY NOTES.

P. M. B. A. OF TEX.

At the date of the death of Dr. W. H. Park, holder of certificate No. 26, in this Association, there were sixty-one members in good standing. Assessments of one dollar each were issued to them under the rules, and, in accordance with their written pledges, the amount collected to constitute the benefit for the widow or other beneficiary. The following is a complete list of those who paid the assessment. It will be seen that four members—prominent, well-known physicians—failed to do so, and thus forfeited their membership; their names are omitted from this list. Since the above date some forty-five new members, or seventy per cent. of the whole numbers, at this writing, have joined, and the Association has received a new impetus, and now bids fair to become useful:

Dr. W. P. Burts, Ft. Worth.	Dr. R. H. Day, Baton Rouge.
A. S. Wolff, Brownsville.	J. W. Dupre, " "
H. C. Ghent, Belton.	S. A. Towsey, Galveston.
S. W. Sholars, Orange.	J. P. Coffey, Plano.
Geo. Cupples, San Antonio.	W. F. Buck, Pecos.
F. Herff, "	S. F. Starley, Tyler.
D. V. Spring, Khrono P. O.	T. M. Matthews, Athens.
P. Jourdan, Beaumont.	M. D. Sterrett, Grand Bluff.
R. M. Swearingen, Austin.	F. T. Paine, Comanche.
H. W. Brown, Waco.	G. W. Gray, Terrell.
R. G. Williams, Whitney.	A. H. S. Hardin, "
M. M. Myers, Khrono.	J. M. Ball, New Boston.
C. E. R. King, San Antonio.	R. W. Reid, "
B. G. Hadra, Austin.	W. T. Strain, Elmo.
W. M. Powell, Albany.	E. S. Tidwell, "
J. W. McLaughlin, Austin.	J. M. Ross, Brenham.
M. A. Taylor, "	A. M. Hill, Hill's Prairie.
F. E. Daniel, "	C. C. Francis, Cleburne.
W. A. Morris, "	H. H. Thorp, Liberty Hall.
T. J. Bennett, "	J. M. Hons, Burton.
C. O. Weller, "	J. R. Scales, Henderson.
J. A. Throckmorton, Houston.	L. H. Hardy, Paige.
A. R. Kilpatrick, Navasota.	A. D. Stroud, Henderson.
T. J. McFarland, Indianola.	L. J. Graham, "
J. W. Daniel, Houston.	John Inabnit, Terrell.
F. A. Tompkins, Sandy Point.	A. D. Paulus, Shulenberg.
J. T. Webb, Terrell.	M. B. Pollard, Terrell.
Y. D. Harrington, Terrell.	Total, 55.

Since writing, Dr. J. B. Duchine and Dr. W. H. Pyle have each paid \$1.

Below find correspondence with Mrs. Park, and her receipt:

PHYSICIANS' MUTUAL BENEFIT ASSOCIATION OF TEXAS,
OFFICE OF SECRETARY AND TREASURER,
AUSTIN, TEXAS, Dec. 24, 1885.

MRS. W. H. PARK, Tyler, Texas:

Dear Madam:—

It becomes my pleasant duty, as Secretary of the Physicians' Mutual Benefit Association of Texas, of which Dr. Park was an honored member, and holder of certificate No. 26, to hand

you, herewith enclosed, a sight draft on Galveston for \$55, this being the total amount collected by assessment of \$1 on each surviving member in good standing at the time of Dr. Park's death, November 4, 1885, under the Constitution and By-laws of the Association.

This amount I beg you to accept as a free-will offering from a small brotherhood of physicians, representing, as far as the number goes, the better element of a profession of which your lamented husband was an acknowledged ornament—accompanied by the assurance of sympathy on the part of the members of the Association in your bereavement.

Enclosed I also send you a receipt, which please oblige me by signing, and have Dr. Starley return it.

Very respectfully, your obedient servant,

F. E. DANIEL, M. D.,
Secretary and Treasurer, P. M. B. A., of Texas.

TYLER, TEXAS, Dec. 29, 1885.

DR. F. E. DANIEL, Austin, Texas :

Dear Sir:—

Yours with draft enclosed received. Enclosed please find receipt. Please return my heartfelt thanks to the members of the Mutual Benefit Association for their kindness, also my kind regards to you, doctor, for your trouble.

Truly your friend,

MRS. W. H. PARK.

\$55.00

Received, Tyler, Texas, Dec. 25, 1885, of Dr. F. E. Daniel, Secretary and Treasurer of the Physicians' Mutual Benefit Association of Texas, fifty-five dollars, the total amount paid in under assessment No. 1, for the benefit of certificate No. 26, for the benefit of my late husband, Dr. W. H. Park.

MRS. W. H. PARK.

AMERICAN PUBLIC HEALTH ASSOCIATION.

THE LOMB PRIZE AWARDS, ETC.

The prizes awarded by Capt. Henry Lomb, of St. Louis, for the best essays on certain topics named, were awarded at the

recent meeting of the American Public Health Association, in Washington, D. C., as follows: Best essay on "Healthy Homes and Food for the Working Classes," thirty-six competitors. None of the papers were found to fulfill the terms and conditions on which the prize was to be awarded, and the first prize was not given to any one; but the paper bearing the motto "He who secures a healthy home and healthy food for himself and his family does not live in vain," being considered "one of great merit," the second prize was awarded the author, Prof. V. C. Vaughan, of Ann Arbor, Michigan.

Best essay on "The Sanitary conditions and Necessities of School Houses and School Life"—twenty papers submitted. The committee decided that no one of the papers was entitled to the first prize, but awarded the second prize (\$200) to Dr. D. F. Lincoln, of Boston.

Best essay on "Disinfection and Individual Prophylaxis Against Infectious Diseases"—nine essays submitted. The first prize was awarded to the paper bearing the motto "Ad Astra Aspera." On opening the envelope bearing the corresponding motto, it was found that Major Geo. M. Sternberg, U. S. A., was the author. The second prize was not awarded.

Best essay on "The Preventable Causes of Disease, Injury and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding them" three essays submitted; neither of which was considered worthy of the first prize. The second prize, however, was given to Dr. Geo. H. Ireland, of Springfield, author of the paper bearing the motto "Preston."

On the strength of the liberality of Capt. Lomb, he was, by rising vote, made a life member, an honor heretofore conferred on no one.

President Cleveland was made an honorary member because of expressions of sympathy and interest in the cause of sanitation.

The prizes not awarded amount to \$1,900, which Capt. Lomb authorizes to be used in a similar manner at next meeting.

The next convention of the American Public Health Association will be held at Toronto, October, 1886.

Officers: Dr. H. P. Walcott, of Boston, was elected Presi-

dent; the Vice Presidents are Dr. C. W. Covernton, of Toronto, Dr. G. B. Thornton, of Memphis; Secretary, Dr. Irvin A. Watson, of Concord, N. H.; Treasurer, Dr. J. Berrien Lindsley, Nashville.

STATE MEDICAL ASSOCIATION.

PREPARATIONS ON AN EXTENSIVE SCALE FOR A ROYAL RECEPTION
TO THE THOUSAND DOCTORS AND AS MANY DRUGGISTS
TO MEET IN DALLAS NEXT APRIL.

The Medical Association of Dallas County met recently in preparation for the State Medical Association meeting, to be held in this city next April. The meeting was very large, and its suggestions throughout characterized with an earnest effort looking to a magnificent reception for the great meeting, to which end the following committees were elected:

On Programme—Dr H K Leake, chairman; E M Tilman, J H Smith, Dr J M Pace, C C Gillespie, W W Leake, W L Kellar, Dr George T Veal, Dr A C Graham, W H Prather, J W Gibbs, S R Rogers, J R Meeks, B Gibbs.

On Reception—Dr S D Thruston, chairman; Dr E L Thompson, R V Tompkins, Dr George Veal, J A Ewing, S H Smith, Jeff House, T L Marsalis, E M Kahn, R F Eisenlohr, A Davis, W L Crawford, A C Reeves, Judge R E Burke, John H Brown, A H Belo, Thos Field, J D Parsens, Dr W H Sutton, J L Williams, Dr J L Carter, Dr J V Childers, R M Gano, W H Gaston, Dr R H Jones.

On Decoration—Dr A A Johnson, chairman; Dr George T Veal, Dr W H Sutton, Dr. S A McCarty, Miss Katie Cabell, Mrs L Langdeau, Miss Katie Gano, Mrs J R Johnson, Miss Mattie Burford, Mrs. McRosky, Mrs Dr Johnson, Mrs Quillman, Mrs Dr Allen, Mrs Robert Ogden, Mrs Dr Thompson, Mrs E M Kahn, Miss Lizzie Brown, Mrs. Dr Schiff, Miss Miriam Brown, Mrs R F Eisenlohr, Dr Foscue, Mrs Dr Peters, Mrs Judge Henry, Miss Sue Hamilton.

On Finance—W M Fewsom, chairman, Dr S Eagan, Dr Geo T Veal, Alex Sanger, Dr G Schiff, J W Crowdus, W J Kellar,

Dr E L Thompson, W J Betterton, R V Tompkins, Dr J H Morton, Dr Baldwin, J C O'Connor, Dr E H Ayers, W L Griggs, Dr J V Childers, J D Padgitt, S J Howell, B A Hoyt, Dr. J A Ewing.


On Transportation—Dr R W Allen, chairman; Royal Ferris, J A Ewing, J H Smith, L Elliot, Dr H K Leake, Dr S Eagon, Dr L B Schoolfield, J C Food, I Rheinhardt, W H Abrams, E P Turner.

On Halls—Dr E L Thompson, chairman; Dr J H Morton, Dr S A McCarty, John C Story, M H Hickox, Dr H A Mosely, Dr J W Jones, Dr W R Wilson, S B Clowney, Esq, Dr W H Sutton, Dr J H Gibbs, J C Bogel, Dr G E Peters, C B Gillespie, Dr R H Brown, Dr S W Bullitt, L Richenstein, A Schoellkopf.

On Arrangements—Dr R H Clinton, chairman; Dr E L Thompson, Dr S Eagon, Dr H K Leake, Dr S D Thruston and Dr W H Sutton.

In view of the large number of physicians expected in attendance at the State Association's meeting, which is variously estimated between 600 and 1000, the policy of moving early in the matter of preparations due the dignity of the profession is very judicious. The State Pharmaceutical Association meets here on the same date, and it is proposed to unite efforts for the reception of both associations. It is expected that the citizens of Dallas generally, in view of the direct and indirect benefits to flow to this city from the meeting of two such important associations, will put their shoulders to the wheel in order to give the work of preparation a push ahead. While it would take a prophet, or the son of a prophet, to predict the workings of the State Medical Association, it is certain that subjects of national, and probably of international importance, will be up for discussion and action.—*Dallas News*.

Dallas is one of our proudest cities, and the profession stand deservedly high. We can safely assure our readers that a reception will be accorded delegates worthy in every way of them, of the proud city, and of her noble band of physicians. It will doubtless be the largest gathering of the kind ever held in Texas.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

SMALLPOX IN TEXAS.

Smallpox has appeared along the Rio Grande in many places. As a rule the local health authorities have exercised due diligence to prevent its spread.

One notable exception, however, has occurred. In the town of Presidio, in Presidio county, it has prevailed for several months. About the first of December a horse race was gotten up to break the dull monotony of the place, and neighboring sportsmen were gathering there. One party saw fit to encamp in a jacal, formerly occupied by a family of Mexicans [with smallpox.

As might be expected all of them now bear upon their faces sweet souvenirs of Presidio, and smallpox prevails in many places.

Four cases are reported in San Antonio, supposed to have been brought from Gregstown just below San Antonio.

The following, as *apropos* to the subject of smallpox in Texas, we take from the Journal of the American Medical Association's report of the remarks of the several delegates to the American Public Health Association at Washington :

"Dr. Swearingen, of Texas, said that in Mexico there were ten cases of smallpox to one case in Canada, yet few cases ever occur in Texas, and no epidemic of any magnitude has ever broken out in Texas. This is on account of the inspection service at El Paso."

Referring to the above, we are authorized by Dr. S. to say his remarks, or rather his meaning, has been entirely misapprehended. What the Doctor did say about smallpox and inspection was, that the health authorities of Texas had never established along the border an inspection service against smallpox in Mexico. The long line of defense would require (in order to be effective) more men to guard, and more money to pay them than had ever been entrusted to quarantine officials in this or any other State. That inspections at railroad crossings would accomplish but little good, as the people from whom contagion is most liable travel by private conveyances. Dr. S. further says that when smallpox appeared in the State, as it frequently did, that isolation of the sick, and vaccination, was the order of the day. Smallpox could not be excluded by the most rigid and expensive quarantine, but it could be suppressed anywhere and at any time, if properly managed.

LATER.—SAN ANTONIO, January 5.—Late yesterday evening another person affected with smallpox was discovered, and to-day another was found. Both were promptly removed to the pest house. To-day the young daughter of Rodriguez, the Mexican whose family formed the first cases, died. She had been delirious since her removal to the pest house. Every effort is being made to check the further spread of the disease. The fact, however, that the cases were among us before their discovery, and that many persons had access to them, furnishes good grounds for the fear that more subjects and deaths will be reported. Vaccination is actively going on.—*Statesman*.

A PARALLEL.

Opium, or some of its derivatives, is almost universally acknowledged to be *the antagonist of pain*, in its manifold expressions; known to possess the power of *relieving pain* in the most pronounced manner; and to more profoundly impress the nervous system, whose various pathological conditions are expressed by pain, than perhaps any or all other therapeutic agencies known to man. So well recognized is this fact, that not to make use of it in a neuralgia of a vital organ seriously affecting life, but depending on, in its stead, infinitesimal portions of drugs which are supposed to have *opposite* effects;—that is to say, drugs possessing, according to the homœopathic dogma, the power of *producing pain* in a part, if taken in health, corresponding to the part affected, and for which it is prescribed, is, in our judgment, a very near approach to *criminality*. It can well be compared to the use of ten drop spirits of turpentine, benzine, coal oil, or *whisky*, thrown on a building in flames, to the neglect of the hydrant and hose which stand available at every corner. What would be the judgment of a court, for illustration, if an insurance company refused payment of a policy, setting up in justification, that the owner, instead of resorting to a sufficient quantity of water, which was readily available, had simply thrown a few teaspoonfuls of inflammable liquid on his building, under the pretext that he was following a rational course, with a view to extinguishing the flame? We submit that the parallel is exact, and represents the absurdity of giving simples, “which had no more effect than the remedies suggested by the women of the family,” in a case of neuralgia of the heart, such as destroyed Gen. McClelland’s life, while the homœopath stood by “powerless to relieve him.”

The above is suggested by the criticisms (newspaper) of our leader in last month’s issue, wherein we say that “a hypodermic of morphia and atropia, at once a powerful heart stimulant and *sedative*, would, in all probability, have saved that valuable life.”

DR. JOHN H. RAUCH, OF ILLINOIS.

We make bold to say, and we say it without fear of contradiction that Dr. John H. Rauch has done more for the advancement and elevation of medical education in America, more for the science of preventive medicine, than any man in the Union. He has, by his zeal in the cause, and by the substantial fruits of his labor, placed a heavy debt of gratitude on the people and the medical profession of America—a debt which deserves recognition and requital at the hands of the American Medical Association. It is unnecessary to enumerate, or even to allude to his labors. They are too recent, too fresh in the minds of a grateful constituency. They have made an impress upon the times, and upon the literature of the times, in indelible characters, and coming generations will rise up and call him blessed. We will particularize one service, however, which alone should entitle him to the highest honor within the gift of organized American medicine. It was he, his genius unaided, which cut the Gordian knot *and solved the problem of regulating the practice of medicine*. There was no precedent, it was nobody's business, but he took it upon himself to constitute the Illinois Board of Health the judge of the respectability of medical colleges issuing diplomas! He drew a line and said: "All colleges, whose requirements to graduation fall below this line, shall be held to be not in good standing, and this Board will not recognize their diplomas." This was, indeed, "taking the bull by the horns," and he downed the bull, moreover. A test case was made in the courts, and the ruling of the Board was sustained! and this last case now becomes a precedent which is worth more to rational medicine in this country than all other court decisions besides. All honor to the clear-headed and stout-hearted hero of sanitary and educational reform.

This decision had the effect, at once, of causing a large number of medical colleges in America to raise the standard of requirements to matriculation and to graduation, and thus a great stride—an immense advance upward—was given to medical education. At the time we speak of, only eight colleges in America considered hygiene even worthy of mention. Now the ma-

majority of schools have embraced it in their regular curriculum.

The members of the American Medical Association should remember such services, and should elect Dr. Rauch to the highest position in the gift of that honorable body, as a just and merited reward.

REGULATING THE PRACTICE.

Our esteemed contemporary of the *Southern Practitioner*, referring to the scheme of the *Physician's Magazine* to collate the laws on the subject of medical practice, says "we cannot give our endorsement," and then proceeds to inveigh against all such laws and attempts at legislation on medical practice--quoting the renowned and lamented Bowling, "To medical men belong medical matters." To our way of thinking, this quotation furnishes the very best argument for a law which would restrict the practice to the hands of *medical men!* by which term we understand physicians, as contradistinguished from the ignorant and unqualified persons who pretend to be physicians. Our friend Roberts' head's perfectly level on a Bureau of Public Health, with a Commissioner or Secretary of Health in the Cabinet--a plan first proposed by him, we believe, but his cranium stands somewhat like Peter White's nose is said to have stood in the nursery rhyme, "quite awry," on the subject of medical legislation. We beg to submit a small chestnut for Dr. Roberts to crack, thus. In all civilized countries is it not universally recognized as a cardinal principle of government that the State shall protect the lives of its subjects? Are their lives not as much in jeopardy, and more, by the exercise of a dangerous privilege in the hands of a person totally unqualified for its exercise, as by any other danger? Is not the practice of medicine such a privilege? What will Dr. Roberts do with the court decisions that "the right to practice medicine is a statutory right--a privilege subject to whatever restraints the law-making branch of the government may see fit to impose, in the interest of the lives and health of the people as protection against the ignorant and unscrupulous?" And further, that "a diploma confers no privilege whatever, of any character, but is only an

evidence of a degree having been conferred?" Dr. R. is like the good old minister, who, reading from Paul's Epistles to the Corinthians, said: "And right here, brethren, I differ with brother Paul."

NINTH INTERNATIONAL MEDICAL CONGRESS.

The primary organization of the Ninth Medical Congress, to be held in Washington, D. C., in September, 1887, is announced by the executive committee, so far as the names of the general officers who will be nominated for election by the Congress go, together with the names of the committeemen; and the rules of the Congress, printed in English, French and German.

The Presidents, Vice Presidents, Secretaries and members of councils for each section will be given in full programme, to be published at a later period in the progress of the work.

Meantime, the executive committee "cordially invites members of the medical profession, and men eminent in the sciences collateral to medicine, in all countries, to participate in the International Congress of 1887."

THE AMENDE.

We extracted a report of three remarkable monstrosities last month from that excellent and progressive periodical, the *Atlanta Medical and Surgical Journal*, and by some kind of inadvertence or accident—certainly far from design—credited it to the *St. Louis Courier of Medicine*. We scarcely know how to apologize to our esteemed cotemporary for such a great injustice, especially seeing we had kicked against a similar crime (?) on the part of our St. Louis cotemporary of the *American Medical Journal*; but we do apologize, and take this opportunity of assuring our friend Gray and our readers that *not for the world* would we have done such a thing intentionally. It must have been that, reading both journals about the same time, we got them mixed; and deceived, too, by the similarity of the external appearance, we credited the article to the wrong journal. A thousand pardons, friend!

A GOOD APPOINTMENT.

We are much pleased to announce the appointment of our talented young friend Dr. Frank A. Maxwell, of Delvalle, to be Assistant Physician to the State Lunatic Asylum, vice Dr. Johnson, married and resigned. Dr. Johnson will locate in Austin. Welcome, Doctor.

DIED.—At Blooming Grove, Texas, January 4, Dr. Thomas Callaway, from the effects of an overdose of chloral; whether accidental or with suicidal intent is not known.

DIED.—We have room only to announce the death of Dr. W. A. East, of Hallettsville, on December 9, of pneumonia. Dr. E. was one of the most distinguished physicians of Texas. More anon.

MARRIED.—At Independence, Texas, January 1, 1886, Dr. R. S. Johnson, Assistant Physician to State Lunatic Asylum at Austin, to Miss Maybell Dever, of Washington county.

MARRIED.—On the evening of December 30, ult. at the Cumberland Presbyterian Church, in Austin, by Rev. Mr. Poindexter, Dr. T. J. Bennet to Miss Amanda, eldest daughter of T. L. Hume, Esq., all of this city. A brilliant reception followed at the residence of the bride's parents.

I stood at the source of the majestic Trinity River;—the confluence of Clear Fork and West Fork. These streams drain, the one,—a prairie country, and, clear as crystal, it flows peacefully along its shady bed to its destiny; the other, a mountainous region;—and, more tumultuous and turbid, it rushes boldly amongst the rocks and crags with which its course is fretted. Meeting at this point, the blending is beautiful,—and the result, a majestic river of purity and strength; each tributary imparting something of its characteristics;—the one, giving its limpid purity and gentleness, receives increased vigor and velocity; and together they flow to their destiny, the Gulf,—each losing its identity in the whole.

So may these two young lives,—the one of virgin purity and gentleness, the other of manly beauty and strength, blend,—

and forming a union as beautiful, as grand, as peaceful, flow on to the great gulf of eternity, without a wave of sadness to stir, or a shade of sorrow to cloud their peaceful current. D.

N. B.—Our Dr. Merryman thinks “a Trinity” will likely result.

APOLOGETIC.—In consequence of overestimating our available space in the last form we are obliged again to omit several notices of books with which we have been favored, and also of Bartley's Test Case, which notices we had prepared. They shall appear in our next.

ADVERTISERS' NOTICES.

PORTRAIT OF GENERAL GRANT.—Messrs. Geo. Stinson & Co., the well known publishers of Portland, Me., have sent us a full length portrait of General Grant, from the celebrated photo by Anderson. It was taken when he was in his prime, and is pronounced the best and only correct picture of the great soldier extant. This responsible house has a card in this issue of the JOURNAL—they want agents; please refer to it, and write for particulars.

THE CORSET.—Most ladies think a corset is a corset; so it is; but some corsets are very injurious to health, while others are a real benefit by bracing and giving support to vital parts. White, Williams & Co., of Boston, advertise such an one, especially adapted to treatment of *functional derangements*. See the advertisement, “Madame La Chapelle's Health Preserver, and Reverse Corset.” Mention this Journal.

THE AYRE HERNIA TRUSS.—The importance of having a well-fitting truss, and one which cannot only be worn with comfort, but which will accomplish the object for which it is applied, cannot be over estimated. It can only be appreciated by those who have been called on to deal with a *strangulated hernia*. Most of the trusses on the market are either worthless or defective. At last surgical skill and ingenuity have culminated in the production of the *Ayres Hernia Truss*. Prof. Hunter McGuire, the well known authority, says: “It is the best I have ever seen for Hernia in its various forms, and I heartily

recommend it to the profession." Further comment is unnecessary. Address Purcell, Ladd & Co., Richmond, Va.

Mention this Journal.

A NECESSITY in every physician's office is a properly constructed Electric Battery. Such headway has electro-therapeutics made in Texas recently—so valuable has this agent been found in the treatment of heretofore intractable diseases, that to neglect to give ones patients the benefit of it is almost unpardonable. Read Dr. Paine's splendid article in this issue, and order a battery *at once* from "Jerome Kidder Mfg Co.," 820 Broadway, N. Y., and say we advertised you to do so.

PRIVATE INFIRMARY FOR FEMALE DISEASES, AUSTIN, TEXAS.

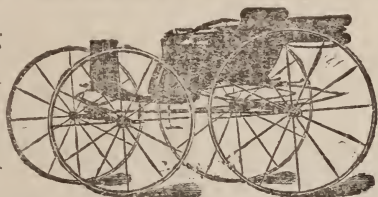
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work in spare time, or all the time. Capital not required. We will start you. Immense pay sure for those who start at once. STINSON & CO., Portland, Maine.

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PIL: BLENNORRHAGIC.

[WARNER & CO.]
 COMPOSITION.

R Terebinth Alba. 1½ grs. Camph. Monobrom. ¼ gr.
 Ext. Humuli. ¼ gr. Res. Podophyl. ¼ gr.

Dose : 1 to 2 pills.

As Prepared By WM. R. WARNER & CO., Chemists, Philadelphia.

This combination has not heretofore been published. It has been extensively used in the practice of physicians of this city and with the most satisfactory results.

It is the remedy *par excellence* for Chronic Bleorrhœa, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

It is also almost equally serviceable as a remedy for cystirrhœa and inflammation of whatever kind affecting the urinary or sexual organs.

These pills have been used successfully in the treatment of Chronic Gastritis; in fact they are indicated wherever inflammation of the mucous membrane of internal organs exists.

A Valuable Aid to Digestion.

PIL: DIGESTIVA.
 (WARNER & CO.)

R Pepsin Conc't. 1 gr. Gingerine. 1-16gr.
 Pv. Nuc. Vom. ¼ gr. Sulphur ¼gr.

In each Pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford a permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least an hour before eating; the first mentioned time is the most desirable as the effects are more decided, owing to the longer period for action, and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill, Pil : Digestiva is unacqualed, and may be taken in doses of a single pill either before or after eating.


The many flattering testimonials which have been received from the Medical Profession respecting the efficacy of these pills and their very extensive use is ample evidence of their superior properties in cases where such a medicine is indicated, and warrants us in offering them with the full assurance that there need be no fear of disappointment in results.

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DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.



Vol. I.]

FEBRUARY, 1886.

[No. 8.

"Scribimus indocti, doctique!"

ORIGINAL ARTICLES.

 CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL. 

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

POISONING BY COAL-GAS, OF TWO COMANCHE CHIEFS.

By H. W. Moore, M. D., Fort Worth, Texas.

For Daniel's Texas Medical Journal.

IT is so seldom that we come in contact with incidents of poisoning by coal-gas, that, actuated by a disposition to add my mite to the literature of our profession, I have concluded to report the following case, occurring in the noted characters of Quanah Parker and Yellow Bear, both holding the position of chief in the Quohado branch of the Comanche Indians, now resident in the Indian Territory.

On the evening of the 21st of December, 1885, the Indians referred to registered at the Pick-Wick Hotel, in this city. After taking in the town, the usual custom of that class of visitors, they returned to the hotel about midnight. Their tour

through the town was characterised by more peace and quiet than their invasions into civilized communities but a few years ago, or than would be phrenologically indicated by the well developed bump of combativeness peculiar to the men of that rapidly disappearing race.

Yellow Bear, going to his room first, turned out the light and retired to rest, little dreaming that this sleep was to be his last—that the angel of death was even then hovering over him, ready to waft his soul to the realm of immortality. In a short time his companion followed him to the room, and relit the gas, preparatory to going to bed. Just before lying down, he turned out the light, but in so doing must have unconsciously re-turned the stop-cock, thus permitting the slow escape of gas. This is the only theory by which we can account for the accident, since he claims to understand the management of this variety of artificial light.

Judging from the time they were exposed to this vitiated atmosphere, the escape of gas must have been very slow, and not equal to the full capacity of the burner, for the room occupied was very small—the door and transom both closed—which, with the window down, rendered the ventilation very inferior; and in my opinion life would have been extinct in both, several hours before the discovery of the situation, had the gas been escaping in volume equal to the full capacity of the burner.

As near as we can determine, it was about one o'clock a. m. when Quanah Parker retired, and this hour marks the commencing gaseous impregnation of the atmosphere in the room. Thus, in calculating from that time until 1:30 p. m. of the following day, these persons were exposed to the toxic action of this agent, for a period of more than twelve hours. Whereas, it has been proven by experiment that animals thrown into a room where gaseous carbon has been evolved to a point of saturation, a termination of life is reached by the victim of experiment in two or three minutes. Consequently we are justified in presuming that, notwithstanding the deficient ventilation, the escape of carbon from, and the entrance of oxygen into the room, was accomplished to a limited extent, at least; and that the accumulation of gas was gradual and slow, though the supply was, to the limited area within the room,

greatly in excess of oxygen, and furnished much more rapidly than it was possible for its elimination through the channels of exit offered by the crevices formed in connection with the window, door and transom.

Resuming the thread of our report, Quanah Parker stated, when convalescing, that he detected, soon after going to bed, the odor of escaping gas, but could not account for its presence, and, unfamiliar with the nature of the danger to himself and companion resident in this toxic agent, he drew the cover over his head to shut out the offensive odor, and was soon soundly sleeping, to be awakened later (how much later it was impossible for him to form even an estimate). He was aroused by a burning, parched sensation of the lips, mouth and fauces; a horrible constriction throughout the air passages, pain in the chest, extending down the arms to the elbow; a feeling as if there were heavy weights bearing down upon the thorax; and all the frightful symptoms of a dangerous asphyxia.

The venous system was already charged with carbonized blood, and the arteries and arterioles were gradually filling with it. He aroused his companion, mentioned his symptoms, but to learn of a similar condition there. He left his bed, but, being unable to maintain the erect position, in consequence of cerebral disturbances, he fell to the floor several times in his attempts to walk, producing contusion of the scalp. Nature gradually growing weaker and weaker, under the baneful effects of failure to decarbonize her life-maintaining fluid, was yielding inch by inch to the invading foe, until Quanah, unconscious lay prostrate on the floor.

In this unconscious or comatose condition, he remained until the situation was discovered by the chambermaid, who immediately informed the clerk and manager of the hotel. In response to a summons from them, I hastened to the room occupied by the victims of this unfortunate accident. Entering the room a little before 2 o'clock (this being the evening of the 22d of December), the following situation presented itself: Yellow Bear was lying on the floor, face downward, with mouth and nostrils pressed so firmly against the floor as to interfere very materially with the function of respiration, diminishing very much the supply of air to the lung, and greatly limiting the de-

carbonization of the blood. A sero-sanguinolent discharge was trickling from the nose, probably the result of capillary rupture dependent upon a fall. Judging from the well developed rigor-mortis and other indications, I reached the conclusion that he had been dead several hours. I can only account for the death of Yellow Bear and the recovery of his companion by the difference in age, he being nearly sixty, which, with its corresponding loss of vitality dependent upon senile decay, rendered him much less able to resist the combined influences on the system of coal-gas, the toxic accumulation of mon-oxide of carbon and the inefficient supply of oxygen so necessary for the decarbonization of the blood. Then, too, the position of Yellow Bear on the floor was, I think, a prime factor in the rapid production of his death, owing to the obstruction it offered to the free ingress and egress of air to the lung. On the other hand, Quanah Parker was a young and vigorous man. He was lying on the floor between Yellow Bear and the window, in the dorsal decubitus, with appearances strongly indicative of rapidly approaching dissolution. There was a white, frothy saliva oozing from his mouth in large quantities; his eyes were fixed in the orbit, and insensible to the touch of the finger when passed over the conjunctiva; the pupils slightly contracted; jaws firmly clenched, so much so that the application of considerable force failed to separate them; respiration irregular and intermittent; marked cyanosis, more especially during the intermission; heart's action very irregular and feeble, first sound absent; no radial pulse, and carotid pulsation very weak; capillary circulation very bad; surface of body and extremities cold, and the skin was bathed in a clammy perspiration.

After opening the door and window, with a view to producing as thorough ventilation as possible, I had the lower extremities elevated to a plane considerably above his head, wrapped him well up in blankets, placed bottles of hot water and hot bricks to the body and extremities, and a mustard plaster to the full length of the spine. Artificial respiration was commenced and continued until, with the assistance of stimulants, there was marked improvement in the respiration and circulation.

Very soon after first seeing him, I gave him a hypodermic in-

jection of fl. ext. belladonna gtt iij, fl. ext. digitalis gtt iv, fl. nux vomica gtt vj. I used the fl. ext. belladonna and fl. ext. nux vomica to avoid the delay incident to procuring a solution of atropia and strychnia (a much more elegant preparation for subcutaneous injection). I next administered nitrite of amyl by inhalation, and continued it until its physiological effect was noticeable.

The hypodermic injections were continued at intervals of thirty minutes or longer, in gradually decreasing doses until reaction was thoroughly established. The nitrite of amyl inhalations were repeated as often as indicated by evidences of heart failure. The respiratory and cardiac functions were gradually restored, after hours of constant watching and careful stimulation; though it was not until after the second hypodermic injection that we could detect the slightest pulsation of the radial artery; and for ten or twelve hours the heart's action continued very weak, failing, through a period of nearly twenty-four hours, to approximate in regularity, volume and strength, a normal condition. It was not until in the early part of the night that I discovered a returning ability to swallow, after which I discontinued the use of the hypodermic syringe, and relied upon the stomach to aid me in the introduction of remedies to the system.

I gave him every two hours through the night, combined with the belladonna, digitalis and nux vomica, carbonate of ammonia in ten grain doses, suspended in a vehicle of mucilage acacia. This mixture was well retained, notwithstanding its frequent tendency to produce gastric irritation.

With the return of consciousness and the ability to articulate, he complained of tightness and pain in the chest, and pain extending down the arm to the elbow, and also pain and fullness above the pubis. Making an examination of the region above the pubis, I found the bladder very much distended. Introducing a Nelaton's soft rubber catheter, nearly two pints of urine were passed, normal in color, odor, etc. The sense of comfort following this operation was very gratifying to the patient. Brandy and water were ordered given freely through the night, but very little was taken in consequence of his aversion to stimulants, very much to my surprise, since the Indians, as

a rule, are very fond of all kinds of stimulants, so much so as to constitute a weakness of their race.

December 23. Patient very much improved—his condition under the circumstances, in every way satisfactory. His bowels not having moved since the accident, an enema of warm water and castile soap was ordered, and followed soon after its administration by copious dejections from the lower bowels. Kidneys were acting freely—urine passed without the use of the catheter. Some light nourishment was taken during the morning. The administration of the ammonia carb. mixture was ordered continued through the day at intervals of four hours. The evening examination indicated continued improvement, with the exception of slight rise of temperature ($101\frac{1}{2}$) and very troublesome cough. Respiration, 28; pulse, 110. Four grains of Sulph. Quinia and one drop of tr. aconite root was ordered given every three hours. The following mixture for cough :

R	Ammonia Hydrochlorate	ʒij
	Syr. Senega	ʒiij
	Morphia Sulph	gr.j
	Syr. Tolu.....	ʒiv
	Aqua. Anise.....	ʒiv
	Aqua. Elix. Auranti Floris <i>ad</i>	ʒiij—M. Sig.

Two teaspoonfuls every three or four hours.

Some might object to the morphia in this case, owing to the depressing effect on the respiratory nerve centres, but the quantity prescribed is so small, the cough so incessant, and patient so much improved, that the ill effects, so slight in their nature from the quantity used, could well be disregarded, when we consider the injury which might arise from a continuance of the cough.

As a counter irritant the following was ordered applied to chest with considerable friction every six hours.

R	Ol. Sinipis	gttxv
	Ol. Terebinth ..	ʒij
	Ol. Olivae <i>ad</i>	ʒiv

The directions were systematically followed during the night.

December 24. Remarkable improvement in the condition of the patient. He expressed himself as well in every respect.

Stated that he had enjoyed a splendid night's rest, only disturbed by nurse when time to give medicine. Temperature, respiration and pulse normal, but still annoyed by cough. Auscultation and percussion yielded negative results, or, at least, but little pathological change. In fact, his condition was so much improved, although I advised him to remain here a short time longer, he could not be persuaded to do so; and departed that morning for his home in the Indian Territory. I have been informed since by parties from there that he has completely recovered from the accident, and is in fine physical condition.

The report of this case is made, hoping that it may not prove altogether uninteresting to the profession, since the report, as well as the occurrence, of such tragic accidents are somewhat rare, at least, so far as my observation of the literature on the subject extends. The successful results of treatment add to the interest of the report, in consequence of the almost hopeless condition of the patient when first seen.

Nothing original is claimed in the treatment, unless it be in the use of the ammo. carbonate, which I have never noticed recommended. The idea of its administration was conceived in the knowledge of its magnificent physiological action as a diffusible stimulant, and the well known and demonstrable fact that subsequent to the entrance of the drug into the circulation, it undergoes chemical decomposition, and liberates oxygen in a free state; which, in consequence of its affinity for, it unites with carbon, forming the mon-oxide, which, in turn, upon reaching the capillaries of the lungs, is attacked by inhaled oxygen and converted into carbon dioxide, in which state it is eliminated from the body—an important step in the decarbonization of the blood—thus furnishing us a valuable agent in the treatment of poisoning by coal-gas.

This gas, in its pure state, is a compound, composed of hydrogen carbide, but generally contains more or less nitrogen, moisture, etc.

The effect on the system is much the same under any other circumstances or conditions where we have hyper-carbonization of the tissues and blood, which, if from any cause there is failure to eliminate the *materies-morbi* from the circulation, the

venous system is first surcharged with carbon, then the arteries are filled, during which the most alarming symptoms, such as are described in this paper, present themselves; and if not promptly relieved, soon produce death.

Dr. E. J. Beall was present, and assisted me in the management of this case.

Respectfully submitting this paper for the consideration of the profession, it is with the hope that, in its details, it will not prove tiresome to those who, in their leisure, may peruse its pages.

ANTE PARTUM HÆMORRHAGE.

By J. Cummings, M. D., Austin, Texas.

Read at meeting of Travis County Medical Association, November 7, 1885.
(For Daniel's Texas Medical Journal.)

WHILE I do not find the above name now given in the text books to hemorrhage occurring anterior to labor, yet it suits the subject to which I devote this article, based on some clinical facts that have come under my observation within a recent period. Case 1 was a Mrs. H., of German descent, aged about 35 years, multipara. Was called on the night of the 31st July, 1885, and found on entering room, my patient pale, pulse feeble; features and expression all indicating extreme suffering and loss of blood. I soon learned that a German midwife had been called and that she had abandoned the case, evidently fearful of the result, and told them to send for a doctor. On examination, I found some slight loss of blood, but not sufficient to account for the blanched and low condition of my patient. I waited an hour or two and found still some hæmorrhage, but still not enough to produce the condition referred to. The pains seemed to be doing no good, the os was dilated to about the size of a twenty-five cent piece, and I felt certain that my patient would die of exhaustive internal hemorrhage, if I did not act promptly and deliver the child. I went home but a few blocks distant, and procured my short forceps, and by dilating the os somewhat, succeeded

in applying them to the child's head, and while yet in the superior strait, and delivered a dead child. I will state, there had been no movements of child in utero for several hours, and there were no other signs of life. I immediately delivered the afterbirth by manual effort, and then examined the womb over abdomen and found it very much enlarged. I kneaded the womb with my hand, and succeeded in producing firm contraction, and, to my surprise, there was immediately expelled two very large clots of blood—sufficiently large to fill an ordinary sized chamber. I now had a full solution of the cause of the condition of the case. I was still afraid that too much loss of blood had existed, and that she could not recover, but after high fever, evidently of septic origin, she had a sure but slow recovery.

Case 2, was Mrs. B; aged about 30 multipara. Called on the night of the 19th of November, 1885. She had just lost a five months' fœtus, but as the placenta was firmly held by uterine contraction, I had to deliver it by manual effort. High fever existed and had been in progress several days. She had had regular menses up to within one month before I saw her, and then twice—if not oftener—during the last month. I told them that I was afraid that the fever, if it continued, would be serious, as it might be from blood-poisoning, and after prescribing, went home about 6 a.m., but at 12 m., was called again. I visited her and re-examined the womb internally, as there were severe uterine pains. To my astonishment, I found in the womb an elongated clot, three inches by one and a half, firmly attached to fundus of the womb, very hard and consistent, of strongly ammoniacal odor when detached, and presented the appearance of, not putrid decomposition, but of decomposition of the saline matter of the blood. I now had plainly before me facts, not theory to account, not only for the miscarriage, but for the blood-poisoning as well, which was evidently the cause of the fever. After delivering the clot, I was fully apprised of the state of affairs inside, and consequently proceeded to syringe the womb thoroughly with a warm solution of carbolic acid. The detention of this clot did not leave the womb itself in a healthy condition, as considerable inflammation, both of the womb and adjacent structures

followed, and she suffered very much pain, soreness and fever, for more than a week. The intra uterine injection was repeated in person with some immediate relief to considerable uterine pain which followed the succeeding day. I have in vain searched to find a parallel case where all the causes were so manifest, where a blood clot had been concealed behind the fœtus possibly for months, and surely for weeks, producing tendency to, and final miscarriage, and endangering the life of the victim by a slow saline decomposition, because sealed from the air there could be no other kind, producing septicæmia, with its fearful results. Sims feared a small quantity of blood in the abdomen after his operations for ovarian tumors, more than pus.

From the above cases two important lessons may be deduced; in the first case, the importance of immediate instrumental delivery where intra uterine hæmorrhage is suspected before labor, and in the last case, it would certainly be proper, where hemorrhage during pregnancy existed, followed by fever of continued type, to empty the womb of its contents and save the patient of the terrible results of death from septicæmia. Cases similar to Case 1, have not received that attention from the profession that their gravity would demand. Goodell, of Philadelphia, has collected one hundred and six cases. Dr. F. Maxwell, of this county, reported to Travis County Medical Society, one case where the lady died before anything could be done to deliver the child and relieve the patient. Dr. B. E. Hadra, now of Austin, informs me of the case of a lady who died in his practice before relief could be given. I believe in any case where there is sharp ineffectual pains in the pregnant state, whether at full term or not, attended with all the symptoms of internal hemorrhage, whether there is extreme show or not, if the patient is faint from loss of blood, pulse shows feebleness, and increased frequency, with blanched complexion and impending death, then the child should be promptly delivered and the womb emptied of its contents and contraction induce if possible.

[NOTE—Readers are referred to the November number of this journal for an interesting account of “Hæmorrhage before Delivery,” by Prof. E. J. Doering, of Chicago, who points out certain diagnostic signs of great value.—ED.]

DR. OTTO RINGK'S THEORY AND TREATMENT OF DIPHTHERIA,

Translated from the German by F. A. Schmidt, M. D., Schulenburg, Texas.

For Daniel's Texas Medical Journal.

IN a late number of one of the many periodicals published in the German capital, I find an interesting article on diphtheria, by Dr. Otto Ringk. As the nature, etiology and treatment of this dreadful scourge—as given in the paper—is peculiarly novel, I thought it worth while to translate the main points of said article, and give them to your readers for what they are worth. Americans are conceded to be a practical people, having but little of the pedantry peculiar to some of the older nations, and if any *practical* results can be derived, we will have them.

Dr. Ringk is an adherent of the morbid germ theory as cause of most diseases—but, unlike the originators of this theory, invests a peculiar set of germs (monades) with the power of being instigators of diseases for which we hypothetically have several species.

He (Dr. R.) is a disciple of the late Dr. C. Huster, who, in 1868, widened the discoveries of Pasteur relative to the germs of putrefaction, also into *morbid* germs of living tissue.

He very concisely explains the changes produced by these micro-organisms after having gained access into the body and blood of the living, and shows experimentally the alteration the blood corpuscles undergo if subjected to the action of these germs. The microscope, he says, then shows them (the blood corpuscles) to have changed their rounded form to a mulberry (barbed) shape, and he explains the necessary pathological consequence of this.

He avers, that after having pierced the capillaries, the lymphatics, and through these channels having entered the general circulation, they thrust themselves into the white and red blood corpuscles—multiplying enormously—and begin their pernicious influence by changing the form of the blood corpuscles, as before explained.

This change of form, depriving them of their former elasticity, perniciously affects the function of those bodies, (the blood corpuscles). He says that they, in this condition, must necessarily become entangled among themselves, fail to pass through the capillaries, and these in consequence become clogged—the blood following—by the impetus of the heart's action—can not advance properly, and is subjected to a similar disastrous inactivity; and lastly the larger vessels fail to serve as channels for the conveyance of the life-giving fluid.

The Doctor testifies to having been present when Dr. Huster and Dr. Ludwig, of Leipsic, conducted experiments to prove that a large part (one half) of the blood of an animal could, in this way, be made stationary.

He supposes that the sometimes observed suddenly occurring fatal diphtheric cases in patients in whom the diphtheric process in the throat gave no cause for immediate alarm, are caused in this way, giving rise (being the cause of) to apoplexy of heart or brain.

He then illustrates their (the monades) effect on the human economy by three imaginary cases as follows :

Three persons in sound health and under the same conditions, accidentally acquire a simple wound (cut). Notwithstanding the simplicity and similarity in all respects, of traumatism and individuals, the healing process will (may) be different in each person. The edges of the wound of one will soon adhere, be covered by a crust, and may in fact, heal without any inconvenience to the person whatever, (by first intention). With the second individual the healing process is not quite as simple; the edges of his wound will also adhere, but not as perfectly as with the other; pus will be formed beneath the crust; still in a few days the wound will be healed, (by granulation).

Quite different, indeed, may become the condition of the third patient. Shortly after the accident, the edges of his wound begin to redden, become swollen, painfully inflamed; constitutional symptoms (fever) set in; the inflammation rapidly spreads to surrounding tissue, and attains a livid, malign hue (erysipelas). The near lymphatics become painfully enlarged, suppurative process may supervene in them, and our

patient is now in imminent danger, and the case may even prove fatal.

Dr. Ringk then mentions the *natural* gateways for these germs into the human body, i. e., nose, mouth, pharynx, and the lungs during respiration. He explains what means nature adopts to ward off these germs, by ciliated epithelium and escaping fluids—and points to the pharynx *and the tonsils* as the least qualified to guard against their introduction, in consequence of the many follicles in them—secreting no escaping fluids and interrupting the protecting epithelium. We know their (the follicles) orifices to form depressions well adapted for the harboring of morbid germs, and the natural warmth and moisture always present in these localities to tend to mature them.

The most simple cases of “monaded follicles,” the writer says, are those in which a fit of coughing expels a small lump of a yellow pus-like substance, often the cause of alarm to patients and inexperienced practitioners. Aggravated cases of the same, the Doctor asserts, are cases of tonsilitis—simple and suppurative—the peculiar condition of a granulating surface checking the further advance of the invading germs.

He compares these cases (tonsilitis) to his second imaginary traumatic case, as he does his simplest case of “monaded follicle” to his first. Describing the worst cases—answering to his third traumatic case—he says, that the invading monades, contrary to those infecting but few follicles of the pharynx, have peculiar propagating faculties, and on account of increased mobility, a potent ability to thrust themselves inward. In glowing terms he describes these cases thus :

A few micro-organisms from the outside world deposited within the depressions of the follicular orifices, soon become the parents of new generations. Comparable to a well disciplined army, millions of monades march and countermarch on their chosen battlefield—the tonsils—and soon cover the entire surface of these glands ; they irritate their tissue, causing the escape of white blood corpuscles and fibrin. Monades, blood corpuscles and fibrin unite to form a felt-like membrane covering the tonsils and surroundings. Other monades, situated directly beneath this membrane, work themselves incessantly further on, deeper and deeper, causing the well known tenacious adher-

ence of the membrane to the tissue underneath. The forming and growing of this membrane is considered the most visible symptom of a disease now having become a pure case of diphtheria in its commencing stage.

"We have now arrived," the Doctor eloquently continues, at that disease, the very name of which fills every parent's heart with fear and apprehension, but no matter how near the danger is, the mask of mysteriousness has been torn from it; we are brought face to face with this dreaded pestilence, and we will be able to successfully combat the same as soon as we can convince every parent that the greatest danger in diphtheria is in *neglecting to call medical aid in time*, and as soon as every physician can be persuaded to look upon suspicious cases of *diseased tonsils* or the *nasal cavities* as *diphtheric in character*."

"I have," the Doctor says, "adopted this course a number of years with the most gratifying results, not having lost a single case to which I was called in time;" and he challenges his patrons to contradict this assertion.

My own experience verifies this assertion:

The cases of diphtheria successfully treated by me, were those in which I was called early. In these cases my treatment remained *local* to the last. It consisted in *applying to the affected parts*—including the nasal cavities—a *saturated* solution, "in hot water, of tannin and chlor. potass., as often as the membrane formed, which would generally but require a few hours; each application would effectually and *visibly* destroy the false membrane on tonsils and surroundings.

Further on, the Doctor says: "A number of physicians of our city (Berlin) are inclined to change the name of this disease to a more appropriate one, one more in accord with exact investigation and more in conformity with this theory" (monade theory), but he objects to this, for the reason that it would tend to confuse the public, who would be apt to presume a new disease, and be liable to fall back to the old habit of seeking medical aid at too late a period. "The public," he exclaims, "expect cure, not names."

His investigations, observations and deductions therefrom, induce him to proclaim and to culminate in the maxim "that diphtheria is nothing more nor less than *local putrifaction* of

living tissue, instigated by the introduction and consequent invasion of the putrifying germs of Pasteur," the foetid exhalations of such diseased structures in themselves tending to prove the correctness of this assertion.

He, however, admits the existence of monades of increased virulence, having gained this virulence while acting in their simple capacity as putrifying ferments through local or other to us unknown influences.

The same he thinks may be true of the cholera bacillus, it being, perhaps, but a virulent form of the germ producing diarrhoea, cholera morbus, or cholera.

He relates an instance in which he has been enabled to *fix* the sudden appearance of diphtheria in a family—three adults and one child—in the suburbs of Berlin, *directly* to decaying animal matter in the vicinity of their dwelling, the removal of which at once arrested the further spread of the disease. He then calls our attention to the opinion of Prof. Virchow, expressed years ago, to the effect that the pathological processes of hospital gangrene and diphtheria were similar in character.

Dr. Ringk declares both processes to be identical.

The gentleman will not be sustained in this respect by any one of the profession who had much experience with hospital gangrene, for several reasons, the least of which, in my estimation, is that isolation of hospital gangrene cases have proven to arrest the extension of the disease *in every instance*.

All wounded would not only be exceedingly liable to contract the disease, but would inevitably fall a prey to these germs, as they are known to exist everywhere and under all circumstances in the surrounding air. It is well known, however, that hospital gangrene appears primarily among the wounded in exceptional cases, and that these are the sources of infection of others.

Again, would such close relationship not imply that diphtheretic cases should sometimes develop among hospital gangrene patients, or those coming continually in close contact with them?

During our late war I have had considerable experience with this "army pestilence," but I failed to observe the development of diphtheria in conjunction with hospital gangrene at

any time which, with some reason indicates at least the specific nature of the hospital gangrene germ.

He maintains further, that all forms of erysipelas are attributable to "monades having nomadic proclivities" infesting the skin; he being able to arrest the onward march, or rather, change the course of the germs *in every instance* by hypodermic injections of dilute carbolic acid; in other words, to cure every case of erysipelas by these means; and gives the public a valuable hint (but by an objectionable procedure) in regard to arresting (curing) erysipelas of every and even the worst forms, by applying to the diseased surface *pix liquida*, renewed every three hours.

His treatment of diphtheria is not quite as simple as his theory is novel.

He uses antiseptics in the form of turpentine and mur. tr. of iron. He says:

"With no remedy have I been so successful in combating the initiatory diphtheritic fever, caused by the entrance of 'monades' into the circulation—as I have been with the oil of turpentine."

"After having diagnosed a case as diphtheria, I administer *immediately* a dose of ol. terebinth, one tablespoonful to an adult; children in proportion. If, after the administration of this dose, the fever does not subside, or the forming of diphtheritic membrane continue, I repeat the dose every three to six hours until the desired end is accomplished, or an effect is produced on the kidneys—difficulty in micturation or largely increased or diminished quantity of urine let. The prevailing idea of the evil effects of this drug on the kidneys, he says, has been greatly over estimated; my experience being, that children especially will bear this remedy well, and better than adults; it being but necessary to closely watch its efforts as stated, and no fear or apprehension in this respect need be entertained. Besides the turpentine (he continued) I am in the habit of prescribing the following mixture:

R	Liq. ferr. sesqui chlo.....	3.0
	Aqua destil.....	9.00
	Glycerine.....	1.00, M.S.,

From a desert to half tea spoonful, according to age of patient,

every two hours: both mixtures, besides, alternately to be applied to the diseased parts with a camel-hair brush four to six times in the twenty-four hours. The nasal cavities also to be thoroughly disinfected by a mixture of turpentine eight parts and olive oil ninety parts, applied in such a way as to bring the entire surface of these cavities in contact with this disinfectant; he accomplishes this by dropping a quantity of the oil into the nose and giving the head such a position as to allow the oil to gravitate downwards and through the posterior nares into the throat.

A CASE OF URÆMIA, COMPLICATING LABOR.

By P. W. Turner, M. D., Abeline, Texas.

(For Daniel's Texas Medical Journal.)

March 10th, 1884, Mrs. W., aged 20, was in labor with second child. I was summoned about 9 a. m. A midwife had been in attendance since the preceeding evening. Patient was slightly comatose, and no reliance was to be placed in subjective symptoms; temperature 105 degrees; pulse very rapid and feeble; face was not flushed, neither was there any throbbing of carotid or temporal arteries. The symptoms more nearly resembled those of pernicious fever, but diligent enquiry into her former history led me to believe she was not the subject of a malarial attack. No œdema was perceptible, and being misinformed by one of the attendants that she had passed urine freely, and that the bowels were in a soluble condition. I was doubtful as to the nature of the case for the present, and so informed her people, withholding my diagnosis till an opportune time.

Palpation disclosed enormous distension of the abdomen with extreme rigidity; no intermittent uterine contractions could be felt. Digital examination revealed a slightly dilated os, and genital passages in a favorable condition.

I directed a warm bath in which I kept her half an hour, taking care to note any micturation which might occur, but there was none. The bath seemed to restore her to conscious-

ness, after which she called for some bread and milk, and sitting up in bed ate it with apparent relish. This was at twelve o'clock, and I took my departure, promising to return in one or two hours. By that time the os was dilating as well as could be wished, but I found a return of the coma. Resorted again to the bath with same precautions as before, and applied ice to the head, but this time it failed to relieve the cerebral symptoms. Sent for Dr. Cochran who at once perceived the gravity of the situation, and we decided on instrumental delivery without delay. The os now being well opened, the Doctor punctured the membranes, and an enormous quantity of liq. amnii came away, after which the position of the child could be made out with distinctness through the thin abdominal walls.

I then introduced a silver catheter when only *one drop of urine came*. To make doubly sure I then used Nilaton's catheter; same result. The cause of the coma was now very obvious. On questioning another attendant she told me that the patient had *not passed any urine since the day before*. Suppression of urine;—that explained all. The forceps, however, were carefully introduced, and a dead fœtus brought forth. After removal of secondines the uterus contracted firmly; the case was attended with no hemorrhage.

We administered remedies, directed to the elimination of urea, but the coma increased until four o'clock the following morning, when the grim monster claimed its victim.

This case clearly shows the propriety of putting a pregnant woman in the care of a physician several months prior to her accouchment, whose duty it would be to look after and combat any renal complications that might arise, and thereby possibly averting such finale. A life lost, and probably from this neglect. It would furthermore show the importance of investigating the condition of the kidneys, from time to time, by an occasional analysis of the urine.

NOTICE TO OUR EXCHANGES.—Those of our Conferes who have not received the Transactions of the Texas State Medical Association for 1885, and desire a copy, can get it by dropping a postal card to us or to Dr. W. J. BURT, Sec. T. S. M. A.

CULLINGS FROM CONTEMPORARIES.

“TRUTH is stranger than fiction.” Many things occur in medical and surgical practice which would seem incredible were they not, often vouched for by the best authority; and most of these occurrences only seem to show how wonderful is that thing we call the *vis medicatrix naturæ*,—the recuperative and reparative powers of the human system.

Of all those wonderful occurrences, there are few, perhaps, which surpass that related in the *New York Medical Journal* for January 30th, by Dr. E. R. Chadbourne, of

A LARGE FOECAL ABSCESS POINTING IN THE POPLITEAL SPACE AND RESULTING IN A SPONTANEOUS CLOSURE OF THE PERFORATED INTESTINE.

Mrs. —, aged 37, (June 6, 1885), had been suffering from constipation, more or less. She complained of pain in the right lumbar region and hip, and the abdomen became very tympanitic. Enemata brought away only flatus. After a while an abscess formed—notwithstanding the bowels had been duly relieved, and pointing in the femoral region, opened internally and discharged its contents under the integument and fascia of the thigh. The pus and feces escaping, followed the course of the vastus externus muscle, and having no resistance except the loose cellular tissue, burrowed or gravitated down to the popliteal space, where it again pointed and was opened. The attending physicians made, also, openings in the thigh, which was tympanitic, and from which escaped flatus, pus and feces. A drainage tube was inserted at the opening in the thigh and made to pass out at that in the popliteal space. The wound was properly treated, and in eight days the fistula in the bowel had closed, all discharge ceased and the patient recovered. The writer calls attention to a “peculiar idiosyncrasy” of the patient to the toxic effect of iodoform, she having been poisoned by the local application of first, eighty grains, and a second time, by a smaller quantity. This is a mere coincidence, and has nothing to do with the strange fact of spontaneous closure of the fistulous opening in the bowel.

A MEDICAL ICONOCLAST.

IT will surprise many of our practicing physicians to learn, on excellent authority, that they have been for many years using certain very popular drugs on an altogether erroneous belief in their effects. We refer to the Chlorate of Potassium as a "blood oxydiser," and the Bromide of Potassium, as an agent "to diminish the amount of blood circulating in the brain"—i. e., as a cerebral depressant or sedative! We copy the following from an editorial in the *Therapeutic Gazette* for January, written, we suppose, by Dr. H. C. Wood, the Editor, or by Dr. Robert Meade Smith, the Associate Editor, both of whom are good authority:

"Possibly scores of children, certainly many lives, have been sacrificed in the last ten or fifteen years to the theory that the chlorate of potassium yields its oxygen in the blood, and thereby purifies the vital fluid; a theory as baseless as it is ingenious and attractive, but which still has its advocates, and which, within a few weeks, we saw taught by a learned professor to a gaping crowd of students—a theory which led in practice to the immoderate use of the chlorate in diphtheria, and no doubt to a notable increase in the death roll.

"Another theory almost as universally believed in, and almost as groundless as the one just spoken of, is that which attributes the effects of bromide of potassium upon the nervous system to contraction of the finer blood-vessels, and the consequent production of cerebral and spinal anæmia. How many pages have been written in regard to this theory! What great discourses and imaginings concerning the nature of epilepsy and various other diseases, we have built upon it! How it still permeates neurological writings! and yet there never has been a single well observed fact supporting it. Evolved out of the inner consciousness of the neurological clinician, it has been swallowed by a profession whose gullibility is still marvelous and triumphant."

There! thus at one cruel kick Dr. Wood has demolished one of the prettiest little crystal palaces,—one of the loveliest and most fascinating little graven images to which the medical pro-

fession ever bowed down and worshipped! The theory of imparting oxygen to the blood by the use of the chlorate and chlorides has been the basis on which the treatment of a very great many diseases—especially those we call “malignant”—has been constructed. Watson’s celebrated “chlorine mixture,” for scarlet fever, and Fenner’s adaptation of it to yellow fever, and later, Dr. Wood’s own (if we are not greatly mistaken) quite celebrated prescription of the chlorate of potassium, chlorinated tincture of iron, and quinine, for diphtheria, are all founded on the fascinating idea of “oxydising the blood.” There, now! gone glimmering! gone, as the wag said, “where the woodchuck chucketh,” and nothing left in its place!—no substitute, no suggestion left, what to do instead! Now, when we encounter a case of any of the aforesaid diseases, we will feel like the boy did, when he found he had forgotten to load his gun,—only when he came up on the ducks,—got nothing to shoot ’em with. Really, Dr. Wood, you do not know the extent of damage you have done the profession by thus knocking down their “image,”—however many lives you may *think* you have saved by disarming the M. Ds. of the terrible chlorate and bromide. In other words—if chlorate potassa is not “good for” diphtheria, putrid sore throat, etc., what is? That’s what the average practitioner will want to know.

ABSTRACTS FROM FOREIGN EXCHANGES.

BIRNBAUM, of Cologne, gives the history of a woman on whom Cæsarian section was performed the fifth time. All the children were saved, but the woman died from embolism of the pulmonary arteries.

Pettenkofer, of Munich, in a criticism of Cunningham’s latest work on cholera gives the author’s views in the following summary:

1. Cholera is a disease, which may originate *de novo* anywhere; it is but a severe form of *cholera nostras*.

2. Intercourse of men is of no importance to its spreading. The agent is not adherent to men or their excretions; it is not a living virus. The disease is based on local and atmospheric influences.

3. To protect against cholera, quarantine, isolation or disinfection is fruitless. The only means is assanitation.

Pettenkofer is a bitter enemy of Koch's baccillus theory. As known, he seeks the cause of cholera in certain features of the soil, and if there were any truth in the baccillus, it will have to be brought into line with Pettenkofer's theory as one of the agents.

Klebs, on the other hand, acknowledges the importance of the baccillus, after having witnessed Cecis' experiments. His theory is that the product of the baccilli act as a poison, acting by reflex on the peripheric vaso-motor nerves, causing in this way the status algidus; somewhat like muscarin. His experiments support this view, which is set fourth already by Koch himself.

Silbermann (*Deutsche Med. Zeitschrift*) pretends to have cured two cases of excessive anæmia by hypodermic injection of blood, a method devised by Ziemssen.

Potain (*Revue de Med.*) gives instances of infection by tuberculosis of one part of a married couple from the other. Mostly the wife is the victim. He cites a case reported by Weber, of a sailor, who infected four wives he had married one after the other. Potain considers childbed as predisposing for infection in consequence of its weakening effect upon the system.

Laker (*Deuches Archiv*) gives a case in which fifty-nine heads of taenia soleum were found in the fæces of a peasant woman rolled up in a lump. In the following days two more such lumps passed, according to the statement of the patient. The individuals were mostly undeveloped.

Mikulicz (*Centralblatt fuer Chirurgie*), after stating the dangers of total extirpation of the thyroid gland (Goitre), namely, cachexia, tetania, epilepsy and paralysis of the laryngeal mus-

cles, gives a new operation, which he performed seven times with perfect results. Even a case of Basedow's (Graves') disease, was perfectly cured. His operation, which he calls resection, consists in loosening the gland in front sufficiently so as to get at the hylus, the place behind, where the nervus recurrens and the vessels are underlying. The superficial and the superior thyroid vessels have to be carefully secured before. The remaining piece takes the part of the pedicle, like in ovariectomy, and is treated like it by cat-gut ligatures and then left alone.

Some time ago a new sign of pregnancy was called attention to by Hegar and Reinl. Recently Compes (Berliner Klini: Wochensh) gives evidence of this sign as absolute certainty. It consists in a softening of the lower uterine portion, which is naturally the thinnest part. The difference between this softness and the hardness of the neck is considered characteristic. The procedure is as follows: The finger has to be inserted high up into the rectum; if not easily done, some warm water may be injected. The other hand presses the womb from outside, toward the finger in the rectum, which then can, with ease, palpate the neck and the posterior surface of the womb. The compressibility of the lower uterine segment is thus found.

Mikalicz (Wiener Kliniæk) gives a new case of cure of threatening death in acute anemia by infusion of salt water. After speaking of the good results obtained in twelve cases, by different surgeons, he states that transfusion of blood is dangerous, on account of the decomposition of the foreign blood cells causing intoxication by hæmoglobulin. As the danger mostly consists in the subnormal intravascular pressure, and to the consequent ischæmia of the nerve centres, the increase of the quantity of the fluid is the most important feature. The solution best adapted is: Chlorate of soda (table salt) ʒiiss , carbonate of soda gr. 15, water about ʒxxx .

The infusion is best done in one of the superficial veins of the arm (of course, centripetally); and any needle or fine trocar, combined with a syringe, will do. Everything has to be

disinfected, and the fluid has to be injected very slowly. One litre is a sufficient quantity.

Kaegler (*Deutsche Med. Zeitsch.*) recommends for erysipelas an ointment of resorcin, about ʒiiss to vaseline ʒ.

Lehnhartz (*Charite Annalen*) has tried antipyrine in acute articular rheumatism, and is highly pleased. He recommends it, when salicylic acid has failed, from 15 to 120 grains per day.

Very interesting statistics are given in a meeting of the Berlin Gynecological Society regarding malignant ovarian tumors. In the last nine years, among bad ovariectomies performed by Schroeder, there were 100 malignant tumors. This is 64 per cent. On these, 86 operations were finished; on 14, only exploratory incisions were made. Out of the 100, 19 died directly after the operation, 3 after exploratory incisions. Cured of the remainder for longer than one year, 19; all the others died from recidives.

CORRESPONDENCE.

OUR NEW YORK LETTER.

NEW YORK, December 10, 1885.

Editor Daniel's Medical Journal:

Sir:—I have another request for a postponement of my letter on Gynecology. There is so much here of interest in surgery that I like to jot it down while it is fresh, besides the subject of gynecology is a good deal like the large flowered goods that was worn by gentlemen a good many years since. A young swell, who had admired a piece of this kind that was displayed in a tailor's window, requested his measure to be taken for a pair of pants, to be made from the same, and to whom the tailor replies, with the dignity of his profession; "Sir, it takes five pair to cut into the pattern, and we can't take an order for less." So it is with gynecology; there are so many in it, and such a demand for tickets for operations, that the process of

working it up is slow. Besides, there is very little that is new in gynecological surgery, while in general surgery there is a great deal that is fresh. New operations are being devised and old ones revived and modified, and, if possible, the name of a German surgeon tacked on to it then.

Among the old surgical operations that have been revived is supra pubic operation for stone in the bladder, and lest some of your readers may be misled by my saying that it is an old operation revived, let me here make the distinction; the old operation was intra peritoneal, the new is extra peritoneal. I was present at a supra pubic operation for stone performed by Dr. Pilcher. The steps of the operation are as follows: After the patient was anæthetized and the parts shaved, washed and disinfected, a Nelaton's catheter was introduced into the bladder and the urine drawn off; a tape was tied around the penis to prevent fluid from escaping around the catheter; a soft rubber bag was introduced into the rectum, and twelve ounces of water pumped into this receptacle; then after, securing the tube connected with it, the stop-cock was removed and connected with the catheter, when six or eight ounces of water was pumped into the bladder, which was now distinctly visible, or at least the bulging of the abdominal wall.

The incision was made in the linea alba about three inches in length; after all bleeding points had been ligated, a narrow strip was dissected from the anterior wall of the bladder down to the mucous membrane, and about one and a half inches in length. A silk suture was passed through the muscular coat at each end of the incision so as to be able to control the bladder.

The incision into the bladder was then made with a common scalpel, and as the bladder was firmly held against the abdominal wound by both, the tension on the sutures and the pressure from the bag in the rectum, leakage into the pelvic space was practically impossible.

The stone was readily reached and removed with a pair of ordinary polypus forceps. The bladder was then explored with the finger, and the wound was closed with gut ligatures, care being taken that they did not penetrate the mucous membrane. After removing the silk sutures and allowing the water to es-

cape from the rectal bag, the external wound was closed with wire sutures, and dressed in the usual antiseptic manner.

It will be seen that a very small addition to the surgeon's ordinary case will be required. This addition will consist of the rectal bag, a small stop-cock, and a Nelaton's catheter; he being supposed to have a pair of scissors that are curved on the flat.

As a contrast to this, I saw, a few days later, Dr. Bull perform Bigelow's operation of lithoplaxy. Nothing could be stronger than the contrast between these two operations; the extreme simplicity of the instruments required in the one, and the imposing armamentarium required in the other. In the one operation every step was in sight, and no extraordinary surgical skill required—in the other a remarkable amount of dexterity is required. Both of these operators are remarkably dextrous; but from the extreme dissimilarity of the operations, no comparison could be made, even if I felt so disposed.

In comparing the supra pubic operation with lithotomy and lithoplaxy (lithotroty being no longer in vogue), it has certain very great advantages over both of these. Neoplasms and incrustations can be removed by this operation that could not be, by any other. The interior of the bladder can be inspected, and bleeding points ligated with the utmost facility. The absence of danger from the passage of urine over a raw surface, as occurs in lithotomy, and probably, also, in lithoplaxy, is greatly in its favor, and the certainty of getting all the stone is another.

In the case of Dr. Bull's but a small amount of the debris could be evacuated, even after repeated attempts, as the stone was soft, and thoroughly pulverized; it probably made no particular difference, but it might.

The fashionable operation here is for cancer of the tongue. It is a little singular, since the death of General Grant, how frequent these cases have become. I have witnessed the operation three times in three weeks; how often it has been performed here, I have no idea.

The steps in the operation are, after etherization: First, tracheotomy; second, tamponing the pharynx; third, the exter-

nal incision just below the margin of the submaxillary gland, and extending from the ramus of the jaw to the middle of the chin. The incisions are made layer by layer, and the veins and arteries are ligated as found; fourth, extirpation of the submaxillary gland, and cutting through the mucous membrane; this gives a large opening; fifth, the tongue is pulled out, split down the middle, and cut off near the root, then returned to the mouth; sixth, a stomach tube is introduced and the stomach is washed out; seventh, the external wound is closed *a la carte*; eighth, the mouth is stuffed with iodoform gauze and a bandage applied.

How any person can stand it to have their pharynx plugged, and their mouth stuffed with iodoform gauze for eight or ten days, I can't conceive; "but great is Diana of Ephesus." The operation is a showy one, and brings down the house.

How many ulcers of the tongue, due either to defective teeth or the sequellæ of syphilis I have treated, it might look like boasting to say, and if any of them resulted in cancer I am not aware of it. Of course there is cancer of the tongue, and General Grant died of it, but it has been until recently a rare disease.

WM. PENNY, M. D.

P. S.—Will give you the letter on gynecology next.

SOCIETY NOTES.

WILLIAMSON COUNTY MEDICAL ASSOCIATION.

On the 13th January ult., there was a gathering of the regular physicians of Williamson county, at the Odd Fellows' Hall, in Georgetown, on which occasion an organization was effected. A Constitution and By-Laws were adopted, and the following officers were elected, to-wit: President, Dr. J. E. Walker (recognized as the "Nestor" of medicine in Williamson); Vice Presidents, Drs. H. H. Thorp, Liberty Hill, and W. M. Burgen, of Granger; Secretary, Dr. T. W. Jones, of Georgetown; Treasurer, Dr. E. W. Walton, also of Georgetown.

Some twenty members signed the Constitution, thus coming into the fold,—in accord with, and subject to the restraints and the benefits of the State Association. We were present by invitation, and also Dr. W. J. Burt—the well known Secretary of the Texas State Association. He and “we” beg here to tender our acknowledgments for the courtesies extended to us on all hands. It was an occasion long to be remembered, by us, at least. At night there was a banquet, in honor of the occasion, at which there was the usual “flow” and “feast;” speech-making, toasts and responses, anecdotes and reminiscences were the order, and characterized by the utmost good fellowship and hilarity,—*genuine*, (no wine),—hilarity; the hours flew with flying feet, *et cetera*. We sincerely trust the example will be followed in other counties, till throughout the length and breadth of this favored land, there shall resound the note of reform and organization, and every county, thoroughly organized, shall be able to send up its brightest medical minds to enrich, still further, the Convention of our glorious State Association!

AND ANOTHER.—We are much gratified to learn as we do through our much esteemed friend (and subscriber, of course) Dr. S. Farrar Styles, of Independence, that the Washington County Medical Society, which has been under the somniferous influence, seemingly, of some manzanilla tree, and, consequently, sleeping, has caught the slogan note of reform, and has again taken up its line of march in the grand procession now in motion throughout Texas.

There is a thorough awakening all along the lines of the medical profession to the *necessity* of concert of thought and action in matters of vital importance to the profession, as well as to the people. There *must be a reform, a purification*, and advance in Texas medicine! The people of Texas must know *who are and who are not physicians*, entitled, by their *training, qualification* and education, to the *right* to practice medicine, and to their confidence—usurpers of the high and responsible prerogative—those fellows who have, to paraphrase Pollock—“stolen the livery of medicine to serve the devil in”—must “get further”—or subside. It is time that medical men were asserting *their rights*, and, amongst those rights, to be protected, to some

extent, from bastard competition is one of much importance. The lamented Bowling is often quoted as saying, "To medical men belong medical matters." Well, if medical practice is not a medical matter, what is? The right to practice medicine *should be* restricted to the hands of those who have been trained and educated to the calling; it matters not how or where, so they *are* trained and educated. In the hands of *any other*, it is a privilege more deadly than the Gatlin gun, or of nitro-glycerine. Another very important right is that of experts, or medical witnesses, before courts.

But—hello here! we have flown the track, and, under the head of "Society Notes," we had switched on to the editorial sideling, and were going at a fearful speed. We will run into the round-house, blow off steam and subside—and then back out on to the main track, open the throttle, and go ahead again on the Washington County Medical Society's revivification! Dr. Styles says:

"We got up a medical organization in March, and I was made President. We never succeeded in getting another meeting till last Tuesday, when we had quite an interesting one. Dr. Lockhart was the essayist, and he read a splendid paper on diphtheria. The discussion which followed was extensive, interesting and edifying. We think now there will be no further trouble about our meeting regularly in the future. The subject for our next is dengue, and I would not be surprised if you get a valuable paper on that subject after the meeting. We meet first Tuesday in each month. When we get under headway, you must come down and aid us with your presence and advice," etc.

CAMERON, TEXAS, Jan. 7, 1886.

EDITOR DANIEL'S TEXAS MEDICAL JOURNAL:

THE physicians of Milam county, Texas, met on the 5th inst., in the town of Cameron, and organized a County Medical Society. Dr. W. R. Kennard, of Rockdale, was elected president; Dr. W. F. Sharp, of Davilla, and Dr. D. Monroe, of Cameron, vice-president; Dr. Vol Reed, of Cameron, secretary and treasury. A committee on constitution and by-laws

was appointed consisting of Drs. J. E. Cofer, C. W. Macune and Vol Reed, of Cameron; and on motion of Dr. E. J. Powell, Drs. A. C. Walker and W. R. Kennard, of Rockdale, were added to the committee. A committee on credentials was appointed by the chair, consisting of Drs. A. C. Walker, W. N. Green and E. J. Powell. Dr. A. C. Walker was chosen to read an essay at our next meeting. On motion of Dr. C. W. Macune, the secretary was ordered to furnish a condensed report of the proceedings to DANIEL'S MEDICAL JOURNAL. Adjourned to meet again on the 19th inst. to effect a more permanent organization. Yours respectfully, VOL REED, Sec'y.

CIRCULAR--TEXAS QUACKERY.

DENISON, TEXAS, January, 1886.

Dear Sir:—As a result of inquiries thus far made, some 41 counties have reported acts evidencing incompetence or ignorance by medical impostors. Some of these are ludicrous—as, hanging patients by the heels to cure diarrhœa. Others are serious—as, treating consumption by sticking the flesh full of splinters from a tree struck by lightning. Others again are fatal—as shown by death from gashes cut in the spleen, through curiosity. Yet, 100 instances as bad and worse than these have been noted.

A full report is desired, embracing as many counties as possible. If you have not contributed anything yet, or, if in possession of any additional information, either in your own or adjoining counties, it will be thankfully received.

The time until the next meeting of the State Medical Association is short, and it is desired to get all these facts into shape as speedily as possible. Don't bother with a formal report, but jot down a few Texas facts and send them up. The little, trifling mistakes to which we are all liable, due to overwork, loss of sleep, or the inexperience of new practitioners, are not wanted, so much as the glaring defects and imposture of men utterly incompetent to practice medicine.

Respectfully yours,

ALEX. W. ACHESON.

[The above is published at the request of Dr. Acheson.—Ed.]

THE NEXT MEETING OF THE TEXAS STATE MEDICAL ASSOCIATION.

Everything indicates that the coming annual convention of this progressive society, which will be held in Dallas, beginning on Tuesday, April 26, and holding four days, will be the largest, most interesting, and most important ever yet held. The published Transactions for '85 have attracted such widespread attention, and excited such favorable comment at the hands of the entire medical press of the country, that Texas physicians who are not members of the organization have had their pride and ambition aroused, and many will attend this meeting for the first time; while the members, stimulated and encouraged by the flattering notices of the papers published in the Transactions, will strive to make even a better show. It is a fortunate coincidence that the State Pharmaceutical Association will meet at Dallas at the same time. This will attract a larger number of physicians than would otherwise attend; and also a larger attendance by agents, and display of chemicals from the houses of manufacturing chemists than otherwise. We have been notified by Messrs Park, Davis & Co., and by Mr. J. W. Lambert, of Listerine fame, that they will make exhibits. It is hoped all delinquent members will attend and be reinstated, which, it is understood, they can do by paying only the membership fee—back dues being remitted. The social feature of the occasion will be grand, as we learn that extensive and elaborate preparations are being made to entertain the large number of visitors; and the ladies, God bless them, are actively aiding the committee.

GALVESTON MEDICAL CLUB.

This organization, composed of the leading members of the profession in the Island City, held its annual election of officers for 1886 on January 4th ult., with the following result:

President, Dr. C. H. Wilkinson; Vice-Presidents, Drs. E. Goldman and A. Pope; Secretary, Dr. Wm. E. Fisher; Treasurer, Dr. I. Landergen; Executive Committee, Drs. A. W. Fly, H. P. Cook and H. West.

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was laid away with the ashes of many of Texas' departed great sons. There was a general outpouring of people to do the last sad honors to the memory of Dr. Smith,—and the funeral procession was the largest ever seen in Austin.

The following brief outline of his life is taken from the *Houston Daily News* :

THE LATE DR. ASHBEL SMITH.

In the death of Dr. Ashbel Smith, at his home in Harris county, yesterday, Texas has lost one of the most useful, estimable, gifted and cultured of her veteran citizens, medical science and general scholarship one of their distinguished ornaments, and the world at large a man of rare force, and singular completeness of self-poised individuality. Ashbel Smith was born at Hartford, Conn., in 1806, and graduated at Yale College in 1824. He began the study, and finally graduated in medicine. When a young man, he emigrated to North Carolina, and afterward went to the city of Paris in order to perfect himself in the study and practice of medicine and surgery. He came to Texas in 1837, and was soon appointed Surgeon-General of the Republic. On retiring from that position, he came to Galveston to enter upon the practice of his profession, and was one of the physicians in the first yellow fever epidemic there, that of 1839. Neither he nor any of the other physicians there had ever before seen the disease, and all regretted their lack of experience in it, and their inability to effect cures; but their success was about equal to that of those most familiar with that intractable disease. The deceased was somewhat discouraged by his experience, though he wrote a pamphlet on the epidemic, and described faithfully the practice and results. In 1842, President Houston appointed him to the office of Minister from Texas to France and Great Britain, a position which he filled with ability and honor. He continued to represent Texas at the courts of France and Great Britain until the young Republic was annexed to the United States. On his return, he accompanied the United States Army under General Taylor into Mexico. In 1852, and again in 1855, he was one of the United States Commissioners, and presided over the Board to visit and report upon the condition of the Military Institute at West Point. He was a member of the Legislature for Harris

county for several terms, both before and after the late civil war. He was among the first to volunteer for the Confederate service in 1861, and raised a company at Bayland, his home, on Galveston Bay. He was promoted to the command of the Second Regiment of Texas Infantry, served throughout the war, and was in command of the Port of Galveston on the final surrender, in June, 1865. In 1878, he represented Texas as Commissioner to the World's Exposition at Paris. His last election to the Legislature was in 1879, for the succeeding two years. [Dr. Smith was President of the Texas State Medical Association in 1881.] His only public service since has been as one of the Regents of the State University. The deceased was a man of much learning, and of large experience in public affairs and intercourse with the world. His reading was extensive and varied—historical, scientific, literary and political. His manner was polite, and his language always precise and polished. He never spoke without the use of language correct and graceful enough for the forum or the press. He never married, and his domestic habits were frugal and simple. He had no taste for pageantry or display, but found his chief pleasures in books, and the society of men of learning and intelligence. He had entered upon the eightieth year of his age, and his regular life, cheerful temper and congenial pursuits had preserved his bodily and intellectual vigor to a remarkable degree.

A LORDLY FRAUD IN TEXAS.

The "Empire of Texas" has not been wont to welcome invaders in a hospitable manner. She has been proud of her Alamos and her San Jacintos; and, doubtless, many of those who, in former days, essayed the conquest of Texas, carry to this day mementoes of their reception.

But times have changed, and we have changed with them, as the proverb goes, it seems. Texas has been captured! has surrendered! Not to an "army with banners" (which, according to the Bible, was regarded as the most dreadful thing); not with the pomp and circumstance of "war's magnificently stern

array"; but invaded, raided and captured by as magnificent an exponent of the *genius of humbug* as ever dazzled the eyes, or emptied the purses of an exceedingly gullible community. He travels in a Pullman Palace car, with all the accessories and emblazonry of Royalty. Not Pompey's triumphant pageant, with his captives at his chariot wheels, was grander, more pompous and imposing; nor were his captives more captive than the simple souls who surrendered to this conqueror.

His name was Flower; his hame—ah, go ask of "ye winged winds!" "Doctor" Flower! a magnificent blossom on the stem of a luxuriant and perennial IMPUDENCE—from away up in the land of the righteous; a bloom from the hot-houses of humbuggerly! He came down on us like the wolf on the fold; or, to use a more expressive, if less elegant figure, like a thousand of bricks! Like Cæsar, he *veni-d, vidi-d, vici-d*—and got! It was no little faded flower, however fondly dear; not a bit of it. It was a veritable sunflower of its kind; yet some there be who will hold him ever "in memory dear." As the perfume is to the rose, even so was *genius* to this Flower. He was chuck full of it; it was exuberant and abundant. Moreover, it asserted itself successfully."

Lord Bolinbroke assures us that "it (*genius*) is the same principle that gives inspiration to the poet, conception of beauty to the artist, brilliancy of argument to the advocate, as well as ingenuity to the midnight burglar, and the common swindler." This blossom was at once poet, artist and advocate, in his line of business, but, so far as we know, he was *not* a "midnight burglar." He was not even a night-blooming cereus. Nor was he a "common swindler;" far from it. He was the most uncommon swindler that ever astonished the natives in this g-a-lorious country! No sir! He disdained the vulgar method of the common herd of tricksters. He was to them what the eagle is to the sparrow hawk. No tom-tit of a ten-dollar fee for him! He swept majestically down from his Pullman-Palace eyrie, and incontinently gobbled up his five hundreds and his thousands, with an ease and grace that would have done credit to Tom Ochiltree in his palmiest days at poker. It *takes genius* to do that. Oh! he was a magnificent fraud.

It is said on good authority that a well-known citizen of——

who had been told by a learned and experienced physician that he had organic disease of the heart, and could not be cured, went to this fellow. The "Doctor" assured him of a speedy cure, and demanded \$500, which, strange as it may seem, was paid on the spot. All the victim got was a prescription. When asked if he would guarantee a cure, this lordly cuss smiled sweetly, and said, "Yes, come to Bosting and I will guarantee to cure you, but my fee will be ten thousand dollars." Thus the victim did not get "a guarantee," but he got an "assurance" (the Doctor has some left), and a prescription, and is happy,—but not well,—it is needless to remark.

Hide now your diminished heads, oh, ye disciples of Galen and of Hip! your occupation's gone. How can you consent to jog along the winding path of mediocrity, now that *genius* has gone ahead, and emblazoned and illumined a royal road to fortune and to fame! *Vive la bagatelle!*

OUR SAY ON THE SUBJECT.

We have endeavored to express our sentiments on all subjects of importance that come up in the medical world, but there is one which we are painfully conscious of having neglected. We feel as though our readers and the medical press of the country, if they ever thought about it, expect us to say something about "Pasteur and Inoculation for Hydrophobia." This subject has been a veritable "find" for the medical journals; it has been fruitful of "leaders" and of "minor paragraphs;" but up to date, the "voice of Texas" has been silent on the mighty theme.

Now, if a man have a rent in his trousers, or a hole in his shoe, he is painfully aware of it; his mind dwells on it; he is uncomfortable; and when he goes out, he is quite sure that every body sees it, knows it, and is commenting unkindly on it. It is said that Byron's consciousness of a deformed foot embittered his whole life; it was a most painful subject to him. We do not mean to say the foot was painful, but a knowledge that it was not like other people's feet caused him pain. He allowed it to outweigh—counterbalance all the glory which was heaped

upon him, all the praise, admiration and envy which the world showered on his brilliant genius and productions. This phase in human nature has always puzzled us.

But, to make the application: We are painfully aware of a neglect of duty on our part,—the failure to write a “leader” on Pasteur and his “Inoculations,” and we feel that everybody has observed it. This is the hole in our coat, our deformed foot. Well, we have seriously contemplated it. We have been like the boy who is being coaxed, and driven, and bribed to take the oil. We have tried to make up our minds to attack the subject, and have squared off at it several times; but so far, we haven’t dared to tackle it; feeling sure we *can’t* swallow it. This inoculation-with-the-marrow-of-a-dead-rabbit’s - back - bone-business is too much for our digestion. Yet all the other journals have had a whack at it; all have popped their guns at it; broadsides have been fired into it, (but at last accounts Pasteur was inoculating still,) and here *we* are, feeling that our readers are saying, “why don’t *you* blaze away?” and are surprised and indignant at our silence, and, with frowning brows, and clenched fists, are severely holding us as responsible. We feel like a culprit, a wretched sinner.

But what shall we do? Shall we endeavor, at this late day, to get off something learned about it? out with an “opinion” any how? That would be folly; all the good “opinions” have been expressed; all the stereotyped phrases, either in condemnation or approval, have been utilized, woven into editorials of more or less wind or wisdom; and there is nothing left, in the way of stock, on which to construct an editorial! Shall we apologize? Worse than ever; for, perhaps, after all, may be, most likely, nobody has noticed the omission on our part, and it is only our vanity that makes us think they have—but, all same, we feel like there is a rent in the rear of our journalistic trousers, that our tripod-ic foot is crooked (ahem!), and we are uncomfortable, and *must* say something to relieve our mind (or our foot? or the hole in our pants?) The fact is, we *haven’t* any opinion on the subject; it is past our comprehension; but here goes:

In the first place, according to all rule, precedent and former observation, the introduction of dead animal matter into the

circulation of a living human being *ought* to produce blood poisoning, to say nothing of local trouble; and, as the introduction of a particle of this same back-bone marrow into the economy of a cat or rabbit seems to kill that creature pretty quick, *why* does it not kill the man or boy? Is it because the man or boy has been bitten by a mad-dog and the cat hasn't? And does the poison of the mad-dog neutralize that of the spinal marrow? Suppose it should happen that the dog wasn't mad? Eh!

Seriously, the process seems opposed to all reason, experience and common sense; and had any other than Pasteur or Koch proposed it—from whose lips the world has learned to look for words of wisdom only, had an *unknown* seriously tried to prevent the development of rabies by inserting under the skin of a man or boy a portion of the spinal substance of any dead animal, much less that of one which had died violently of hydrophobia, he would have been thought crazy! Has *Ferran* been so soon forgotten?

American physicians are by Pasteur like Catherine was by Petrucio; when Petrucio declared "'tis the moon" which shone so brightly at noon, Kate swore to it.

We are a set of flunkies!

EDITORIAL NOTES.

IMPORTANT! THE LATE COL. (DR.) ASHBELL SMITH.—Although Dr. Smith had not been in active practice for many years, he was still regarded by many as the "Nestor" of Texas medicine. In consideration of the very general esteem in which he was held, we announce that *in our April number we will publish an excellent engraving of him* from a photograph taken when he was in excellent health, and the best one of him, extant; and at the same time, we will publish a *complete biography of the distinguished gentleman*, which Judge Golthwaite and Dr. D.F. Stewart, two of his most intimate friends and associates, have kindly consented to prepare.

The April number of the Journal will, therefore, be *very valuable* and much sought after, and as a limited number (only

500 in excess of our edition) will be published, those who have not already done so, should *subscribe now*, in order to secure a copy. It will pass into history; the picture we have, being the last Dr. Smith ever had taken, and is an excellent likeness—as he appeared in *his eightieth year*.

A JOURNALISTIC ELSLER.—The Bible tells us how David of old got himself warmed up; but it took *two* to do it. The modern David of the ancient and venerable *American Practitioner*, having “woed and won a giddy girl,” the *Medical News*, has warmed up in a most surprising manner, and the *issue* is a sprightly youth—“just like its pa,” but “a little more so;” quite an improvement on the *Am. Prac.* aforesaid. Announcing the coming on of a “performance,” which, he says, is to be unusually attractive, (we suggest to call it “May and December”), he says:

“And so the curtain rises on the enlarged and newly decorated stage, while the new combination [“them’s um,” we suppose] steps up to the footlights, and makes the initial bow.”

How realistic! How suggestive of a *ballet* performance! While, in imagination we can almost hear the *cha-cha-cha* of the fiddle, we can see the rejuvenated Miss Fanny, redolent of “bloom of youth,” brave in tinsel, and with the merest intimation of skirts, skip on the fantastic with a surprising agility, and without a hint of the *rheumatiz*, turn a *pirouette*, and flash a moment before our raptured and astonished gaze; while we, the journalistic bald-heads, occupying the *front seats*, exclaim, “*bwavo*,” oh, “*bwavo!*”

PIRACY AND OBSTINACY.—DANIEL'S TEXAS MEDICAL JOURNAL accuses the *American Medical Journal* of the unpardonable sin of plagiarism. This is a grave charge, and, unless refuted, will seriously affect the exchange list of the accused.—*St. Joseph Medical Herald*.

The *American Medical Journal*, under head of “Original Communications,” produced two of the papers which had been written for, and published in this journal; and, in addition to the mention of it, alluded to by our St. Joseph contemporary, we took occasion to write to Dr. Pitzer, the editor, calling his

attention to the matter. To our letter the gentleman did not even accord us the courtesy of a reply. Exchanges can govern themselves by these facts.

EXTRAORDINARY ANNOUNCEMENT FOR 1886.—“ You pay your money and take your choice ” of any of the following sterling journals at commutation rates with ours :

DANIEL'S TEXAS MEDICAL JOURNAL, \$2, clubbed with *Gaillard's Medical Journal*, \$5, the two journals for \$5.50!

DANIEL'S TEXAS MEDICAL JOURNAL, \$2, clubbed with the *Philadelphia Medical Bulletin*, \$1, both for \$2.50.

DANIEL'S TEXAS MEDICAL JOURNAL, \$2, clubbed with *Atlanta Medical and Surgical Journal*, \$2.50, both for \$3.50.

DANIEL'S TEXAS MEDICAL JOURNAL, \$2, clubbed with *Kansas City Medical Index*, \$2, both for \$3.

The five leading journals of America, representing the North, East, South and West, all for \$9.75.

DR. GAILLARD'S OLD STUDENTS, of whom there are a great many now practicing in Texas, should take advantage of the above reduced rates, and subscribe for the *Journal*, and thus testify their appreciation of their old master and friend. He has five handsome sons coming on to perpetuate his name.

THE FLORIDA MEDICAL AND SURGICAL JOURNAL, From the land of fruits and flower comes as bright a blossom, added to the bouquet of medical journalism, as has been contributed by any State; a blossom which is not only fragrant with that essence of intellectuality which men call genius, (*hereditary* in this instance, and scintillating in the writing of a worthy son of a noble sire,—a sire said to have been born with a pen in hand), but redolent of promise of much and good fruit. We welcome it with all the warmth of our southern nature, and will watch its unfolding and fruition with a pleased and interested eye. From this land of *Summers* perennial, the world will expect “spicy” breezes,—and, by the way our friends are working, and, by the way they have begun, we predict there will be none disappointed. We beg to acknowledge as graceful a compliment at the hands of our Florida fledgeling as it has ever been our good fortune to receive, and here and now, with the assurance that

its sincerity has sunk it deep into our heart, we make our prettiest bow, and elevate our new silk hat, which was presented to us Christmas day. We are yours to command, Brother Summers.

A DISGRACEFUL ACT.—*The Philadelphia Medical Bulletin* says the Philadelphia Medical Society consists of some five hundred members; that in October last, in accordance with the provisions of the by-laws, a list of delegates to the American Medical Association had been nominated, and that recently a minority of the Society got together, set aside the regular ticket, and substituted one known to be in the interest of the "bolt-ers," thus riding over and trampling under foot the Constitution and By-Laws of the Society; and disregarding all precedent, elected these men, some of whom had been, for months, suspended for nonpayment of dues, and others were not members at all. The scene is described as having been boisterous, and was characterized by the cat-calls, and other concomitants of a political ward meeting. For shame! We look to see the majority assert its rights, and no doubt right will prevail in the end.

BUREAU OF HEALTH.—The Senator from the Falls River district, in Massachusetts, has introduced a bill to prevent the introduction of contagious and infectious diseases into the United States, and to that end, to create a Bureau of Health, under the auspices of the Department of the Interior. There is to be a "commissioner" chosen from civil life, who is to receive a salary of \$4,500. The government is to detail army medical officers to serve as inspectors when and where necessary, or if the "exigencies of the service" require it, civilians may be employed, etc. This is intended as a substitute for the National Board of Health. In our opinion this is a sensible move. Why should there not be a "Commissioner of Public Health," as well as of Agriculture or of anything else? Is not the preservation of the public health a paramount consideration, upon which *all else* depends? Success to the bill!

The committee on awards of the American Institute Fair, New York, have awarded the Medal of Superiority to the Je-

rome Kidder Manufacturing Company, 820 Broadway, New York, for their 1885 exhibit of Electro Medical Apparatuses. For thirteen years the Dr. Jerome Kidder Machines have received the highest awards from the American Institute over all competitors, and wherever they have exhibited in competition.

BIBLIOGRAPHY.

BOOKS AND PAMPHLETS RECEIVED.

A Treatise on Nervous Diseases—Their Symptoms and Treatment, a text-book for students and practitioners, by Samuel G. Webber, M. D., Clinical Instructor on Nervous Diseases, Harvard Medical College, etc. New York, D. Appleton & Co., 1885; pp. 415.

This work seems to have been designed for a kind of compendium of nervous diseases—as the author says, to furnish a practitioner with what he most needs to know for diagnosis and treatment of cases occurring in practice. To this end all theories and long discussions have been omitted—even contributions to the sum total of knowledge have not, in every instance, been credited; only facts, accepted facts, are stated, and stated briefly. It is not, therefore, an exhaustive treatise, as the name would imply, but a kind of summary of known facts or accepted teachings. Therefore, it is not, as the author says, a “book for the specialist,” the condensation having been carried, it may seem, too far. But, says the author, a more extensive description would have required an increase in the bulk of the book, and would thereby have defeated the main object, which was to submit what is most essential for the study of nervous diseases within as small a lump as possible. It is good reading.

Milk Analysis and Infant Feeding: a practical treatise on the examination of human and cow's milk, cream, condensed milk, etc., and directions as to the diet of young infants. By Arthur V. Meigs, M. D. Cloth; pp. 102. Philadelphia: P. Blakiston Son & Co., 1885. Price, \$1.

This little volume contains an amount of useful information and a number of practical suggestions as to artificial feeding of infants, in cases where, from any cause, the child is deprived

of the mother's breast; a *very important* subject, when we consider that by far the largest number of infants who die, do so from gastro-intestinal troubles, the result of *errors in diet*, and those deaths constitute about twenty-five per cent. of the whole, from all causes. It will pay any physician to avail himself of these suggestions and the information embodied in this modest little volume.

Lectures on Diseases of the Nose and Throat, delivered during the Spring Session of Jefferson Medical College, by Charles E. Sajous, M. D., Lecturer on Rhinology and Laryngology etc., etc., illustrated with one hundred chromo-lithographs from oil paintings by the author, and ninety-three engravings on wood, Philadelphia: F. A. Davis, Attorney, Publishers, 1217 Filbert street, 1885, p. 416; cloth \$4.00, Leather \$5.00.

The young house of Davis comes to the front with this valuable and attractive book, gotten up in the highest style of the modern bookmaker's art. It is selling rapidly, and fills a niche in the requirements of every physician's practice. The plates are superb; each one having been drawn from photographs of the larynx and posterior nares, etc., made by Dr. Sajous' own instantaneous process, which is a marvel of ingenuity; and colored by himself in oil. One valuable feature of the book is the author's prescriptions, which he gives in detail, with an analysis of their action.

In addition to the subject proper, which is treated with a most satisfactory thoroughness and attention to detail, there is a chapter on hay fever, in which is given the Doctor's treatment, which attracted so much attention at the time it was given to the profession in separate form, on account of his singular success in the management of this intractable disease. On hay fever, as on diseases of the throat and nose, Professor Sajous is an acknowledged authority, both in Europe and America.

This handsome work is sold only by subscription, and at the extremely low price of \$4 in cloth. It will constitute both an ornament and useful addition to any library.

We have received the following works, which we hope to be able to mention more at length when we have had an opportunity to examine their contents:

From D. Appleton & Co., 1, 3 and 5 Bond street, New York, a *Text-Book of Ophthalmoscopy*, by Edward G. Loring, M. D., illustrated.

From P. Blakiston Sons & Co., 1012 Walnut street, Philadelphia, a *Compend of Medical Practice*, by Hughes.

From the Secretary, J. Berrien Lindsley, Nashville, Tenn., *Second Report of the Tennessee State Board of Health*.

From Boykin, Cramer & Co., Baltimore, *A Doctor's Experience in Three Continents*, by Edward Warren-Bey, M. D., etc.

From H. Campbell & Co., 140 Nassau street., New York, *Bartley's Urinary Test Case*.

This is one of the most useful articles a physician could have; indeed, it is one of the most valuable aids to diagnosis yet devised by the chemist. By means of the contents of this little case, which can be carried in a vest pocket, the physician can, at the bedside, take the specific gravity of the urine—estimate the quantity of urine passed, the color, reaction, specific gravity, solids passed, and the presence or absence of albumen or sugar. Now the test for sugar has always been a difficult, tedious and unsatisfactory affair, and there were few druggists and fewer physicians who could do it, or even knew what constituted the test, so complicated were the steps necessary; but here in this little arrangement, all is simplified. The case contains a correct urinometer, a heavy glass test tube, serving as a urinometer and test tube, a package of litmus test papers, a pipette for convenience of handling the urine, two vials to contain test powders, and a spoon. Each bottle contains sufficient powders for fifty tests. A small hand-book of instructions, formulæ, etc., accompanies each case. Price, \$2 by mail, post-paid. [This is not a book, but here is a good place to notice it.—ED.]

The Use of the Microscope in Clinical and Pathological Examinations, by Carl Friedlander, Privat-Docent in Pathological Anatomy, at Berlin; second edition, enlarged and improved, with chromo-lithographs, Translated, by permission of the author, by Henry C. Coe, M. D., M. R. C. S. L. R. P. (London), Pathologist to The Woman's Hospital, New York. D. Appleton & Co., New York, 1, 3 and 5, Bond street, New York; 1885.

The name of the distinguished author of this work is sufficient guarantee of its worth. To those who appreciate the aid

furnished by the microscope in clinical and pathological investigations, this work is invaluable; to all, it will prove interesting and instructive. The scope of the work is indicated by the following reference to the table of contents:

Chapters Nos. 1 and 2 give a description of the microscope, its accessories, objectives, Abbe's illuminating apparatus, etc.; chapter 3 embraces micro-chemistry and the re-agents, dyes, etc., used in microscopv. There are too many good things in the book to attempt an enumeration. Chapters 4 and 5 describe other methods of preparing tissues for examination with the microscope, and how to observe living tissues, to-wit: the circulation of the blood, etc. Chapter 6, which is devoted to a description of examination of fluids, is admirable, to-wit: blood, sputa, pus, urine and exudation; the technique of preparing, staining, mounting and examining these fluids is given in this chapter. Chapter 7 is devoted to the examination of the solids of the body—tumors, etc. This valuable little volume will be found of absorbing interest to the student of pathological anatomy and microscopy. It is turned out with the usual attention to detail that characterizes all of Appleton's publications. McL.

YOUTH'S COMPANION.—This valuable and interesting publication, which has been before the people some fifty years, having stood the test of time and criticism likewise, grows better with age. Young persons of both sexes should have appropriate literature and plenty of it. Nothing tends to shape the character and to refine the thoughts so powerfully as one's early reading. It is a serious matter, the kind of literature parents permit their children to get hold of. We recommend the *Youth's Companion* as chaste and instructive, and advise parents to get it for their little sons and daughters. Perry Mason & Co., 41 Temple Place, Boston, proprietors.

ADVERTISERS' NOTICES.

CAULOCOREA.—Dr. Eagan, of Racine, Wis., in an article in the Medical Brief on Caulocorea and the ingredients that make

up the same, says: There can be no doubt of the efficacy of these remedies, as evidenced by the reports of the most distinguished gentlemen of the profession, and the question arises, Why are these drugs not in more general use? The answer is trite, Unless combined with correctives and aromatics to disguise the vile and nauseous taste and appearance, patients cannot be induced to take them. Such is the experience of the profession. As a matter of fact, uterine tonics and sedatives act better when combined than when given in Galenical prescriptions.

Dr. Lowell, realizing this, and requiring for his own use a preparation efficient and at the same time pleasant, has presented to the profession a combination of the best known uterine tonics and sedatives, under the name of *Caulocorea*. In dysmenorrhœa we have cases where the flow is both excessive and deficient in quantity. By the curative influence of *Caulocorea*, these two opposite conditions are alike relieved. For pains in the back and headache, the above may be relied on as a speedy dispeller. In many cases of prostatorrhœa and spermatorrhœa it has been equally successful.—*Dr. J. J. Caldwell in Gaillard's Medical Journal.*

See advertisement in this number.

“TO BE (vaccinated) OR NOT TO BE?” is not so much the rub, as where to get the virus? If any should ask you—as they do us—“you should answer—you should tell them” that there is a vaccine agency at Washington City, under the auspices and official inspection of this great American—the best government the world ever saw,—and that that prince of skillful physicians, Dr. Ralph Walsh, has charge of it. There is where our efficient health officer and “we” get “ourn”—and that should be sufficient guarantee, as we are “powerful particular.” Having been, ourself, a Confederate surgeon, we have seen direful results follow the use of “impure” or doubtful virus. Get the the best—no family should be without it—just now, and while children do not exactly cry for it, they do not object to being vaccinated, if they know Dr. Walsh sent the stuff. Don't say we told you, or Walsh might take his “ad” out as being superfluous.

THERE, NOW!—We had just written an “ed.” recommending everybody to get vaccine virus from the National Establishment at Washington—when *here comes* another whole page advertisement from that famous house of John Wyeth & Bro., Philadelphia, calling attention to their virus, which is guaranteed absolutely pure, and prepared after a careful study of the process in every civilized part of the world. Now we are in a fix—as we can, and do, conscientiously recommend it. We will have to resort to strategy—let us see. Two old maids, over fifty, living together; one asked Ned which he thought was the older; Ned temporized by saying, “You mean—which of you girls looks the youngest?” “Yes.” “Well, you both look like each other’s youngest sister.” Good for Ned. Both of these places is the best to get vaccine virus! Don’t give us away, gentle reader, and as there is lots of S. P. in—San Antonio and elsewhere—there will be demand enough for virus in Texas to divide between our two excellent advertisers. See John Wyeth & Bro.’s whole page advertisement in this number, and read it, please.

I have used Peacock’s Bromides in my practice with success. A little girl 12 years old had been afflicted with epilepsy since she was three months old, having epileptic convulsions nearly every day, until I put her on Peacock’s Bromides. *Since then she has not even had a symptom of one! It is surely a great remedy.* JEFFERSON WILCOX, M. D., Hazlehurst, Ga.

I take much pleasure in bearing testimony to the remedial effects of Peacock’s Fucus Marina. I am better pleased with its action than anything I have ever used as an antidote to malarial poisoning. J. T. HERNDON, M. D., Keysburg, Ky.

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AUSTIN, TEXAS.

Will be open on and after Dec. 15, 1885, by

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PIL: BLENNORRHAGIC.

[WARNER & CO.]
 COMPOSITION.

R Terebinth Alba..... $1\frac{1}{2}$ grs. Camph. Monobrom..... $\frac{3}{4}$ gr.
 Ext. Humuli..... $\frac{3}{4}$ gr. Res. Podophyl. $\frac{1}{8}$ gr.
 Dose : 1 to 2 pills.

As Prepared By **WM. R. WARNER & CO.,** Chemists, Philadelphia.

This combination has not heretofore been published. It has been extensively used in the practice of physicians of this city and with the most satisfactory results.

It is the remedy *par excellence* for Chronic Blennorrhœa, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

It is also almost equally serviceable as a remedy for cystirrhœa and inflammation of whatever kind affecting the urinary or sexual organs.

These pills have been used successfully in the treatment of Chronic Gastritis; in fact they are indicated wherever inflammation of the mucous membrane of internal organs exists.

A Valuable Aid to Digestion.

PIL: DIGESTIVA.
 (WARNER & CO.)

R Pepsin Conc't.....1 gr. Gingerine.....1-16gr.
 Pv. Nuc. Vom..... $\frac{1}{4}$ gr. Sulphur $\frac{1}{8}$ gr.
 In each Pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford a permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least an hour before eating; the first mentioned time is the most desirable as the effects are more decided, owing to the longer period for action, and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill, Pil : Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

The many flattering testimonials which have been received from the Medical Profession respecting the efficacy of these pills and their very extensive use is ample evidence of their superior properties in cases where such a medicine is indicated, and warrants us in offering them with the full assurance that there need be no fear of disappointment in results.

WM. R. WARNER & CO.,

Manufacturers of Soluble Coated Pills in all their Variety,

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Sent by Mail on receipt of price, and Supplied by all the Leading
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DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.


Vol. I.]

MARCH, 1886.

[No. 9.

“*Scribimus indocti, doctique!*”

ORIGINAL ARTICLES.

 CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL. 

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

ALCOHOLISM.

[Read before the Galveston Medical Club, at its meeting, February 8, 1886, by W. C. Fisher, M. D., and requested to be published.]

For Daniel's Texas Medical Journal.

MR. PRESIDENT AND GENTLEMEN :

I N the selection of a subject for the paper which I am to present to-night for your consideration, I have been somewhat at a loss to know what would be of most interest to you, so have decided to make a few remarks on the pathology, symptomology and treatment of that most common and serious disease known as Alcoholism.

This may be defined as a series of morbid phenomena, both mental and physical, produced by the use of alcoholic liquors. There are two great classes of conditions produced by alcohol ; first, that which is known as acute alcoholism, which is the result of a large quantity taken in a short time ; and second, chronic alcoholism, which is the result of the protracted use of large quantities of this subtle agent.

We will first deal with the acute form. It is useless for us to discuss that condition, generally known as drunk, which will, on the withdrawal of the liquor, and a good sleep, correct itself, in the course of twenty-four or forty-eight hours, without any medical treatment. That condition known as "dead drunk," often resembling either opium narcosis or apoplexy, we will mention, to show the diagnostic difference between them. In this state we often have the most profound sleep, relaxation of the muscles, congested face, blue lips, contracted pupils, slow stertorous breathing, slow bounding pulse; and the breath, as well as the whole body, gives forth an aroma very suggestive of the alcoholic beverage which had been taken. When a case is brought to us, it is very necessary to make all inquiries as to the individual's habits, customs, etc.; in other words, obtain all the information we can before giving an opinion, or prognosticating the result. We often have to deal with a hybrid condition, where the individual who has been freely indulging, seeks relief from his condition by the opium route; then it is, of course, impossible to tell which is producing the coma, and only time and patience will tell the sequel. In opium narcosis there is no aroma given off from the breath, unless the patient has taken either laudanum or paragoric, and these are so familiar to every physician's organ of smell that he would not doubt for a moment the poison taken; and then the narcosis produced by opium or any of its preparations is not so prolonged as that from alcohol, and unless relieved by the proper antidotes and therapeutical measures in a very short while, will take the unfortunate individual to the happy hunting ground. Apoplexy is generally very sudden in its invasion, and is accompanied most often by dilation of the pupils; but, of course, there are exceptions to this rule, depending on the portion of the brain affected; there is also generally paralysis, which is absent in the two other conditions.

The treatment of this condition is often best carried out by letting the patient sleep it off; but where the coma is very profound, it may be necessary to use such derivatives as a drop or two of croton oil on the tongue, a fly blister to the nucha, and a capsicum enema; if the respiration be much embarrassed, it may be necessary to stimulate the phrenic nerves with an elec-

tric current; this, however, will seldom be the case. Then the chances are that in a reasonable time the individual will awake from his Rip Van Winkle sleep, and call for his toddy; in other words, the prognosis is good.

Another condition under the head of acute alcoholism, is that known as acute alcoholic delirium, or mania-a-potu, which we observe in a highly nervous individual after heavy debauch, and especially in one who has had serious trouble, such as great financial losses, family troubles, and in one who has been greatly enervated by loss of sleep, deficient alimentation or overwork. In such a person we often have the wildest delirium, accompanied by hallucinations and illusions; and unless the patient be controlled, he may do injury to himself or those around him. This is to be distinguished from what is known as delirium tremens in that it is not accompanied by the characteristic tremor, and the pathological changes which exist in the latter, but is due to the direct action of the alcohol on the brain, which does not suffer any appreciable lesion. Unless this condition soon be controlled, it may possibly end in alcoholic mania, especially in one with a predisposition. The indication for treatment is to quiet the patient as soon as possible by producing sleep, and this is best done by administering hyoscimia in 1-10 or 1-40 gr. doses, hypodermatically, full doses of the bromides and chloral; of the latter drug I am very cautious, for at times it has a very depressing action on the heart, and, besides, is very uncertain; it is always well to combine it with full doses of digitalis and capsicum, not only as a precautionary measure, but also because they have a sedative action in alcoholism.

We will now deal with that second great condition, known as chronic alcoholism, the definition of which I gave in my introduction. In the victim of this disease we have before us a number of pathological changes; scarcely an organ or tissue escapes, and the symptoms are numerous and characteristic. I will not tax your patience with the pathological phenomena which are observed in the dead house, for they are too well known to all of us who have held many autopsies, and are thoroughly set forth in all standard works on pathology; and I will endeavor to be brief with the symptoms that we most often observe, for I

already feel that I have tried your patience beyond endurance. The subject of this unfortunate disease soon loses respect for himself and all the world, and his only thought is for something to drink; after a while his memory grows weaker, his judgment becomes less accurate, and he is unable to concentrate his thoughts, to fix his attention, associate ideas—in other words, he is failing mentally. He is neglectful of both his family and business affair, and becomes careless regarding his personal appearance. He daily feels the need of more stimulant, in order to “*keep out.*” Soon his appetite fails him, and gastritis is set up, which is attended by retching and vomiting of glairy mucus, etc.; this is especially the case on getting up in the morning, and is somewhat relieved after the morning toddy. The tongue is now apt to be red, and is very tremulous; in fact, there is no general tremor. The face, as a rule, becomes bloated, and heavy looking, with the characteristic nasal appendage; the lower extremities are œdematous, owing to changes in the liver; and the abdomen for the same reason may become ascitic. The patient experiences peculiar sensations, such as drumming in the head, ringing in the ears, and, later, we have such changes in the nervous system that the patient suffers with paresis and with hallucinations, especially on first retiring on rising. The heart is apt to become fatty, and the kidneys, like the liver, to become cirrhotic.

The treatment in the early stages of the disease, before organic changes have taken place, may be most beneficial, and curative, provided we can get the co-operation of the patient, and his consent to give up liquor; such is very seldom our good luck. We have many promises made and broken, and we, as doctors, have very little confidence in them. However, occasionally a drunkard will stop in time, and, by the judicious management of the physician, he may be made an ornament to society and a useful citizen. If possible, remove him from the enticing influences of his numerous friends, who worship at the shrine of Bacchus, and make his surroundings as pleasant as possible; and if his “*craving*” for liquor be great, give him an occasional toddy, or glass of wine; a mild tonic, and a good stimulating diet.

When organic changes, such as cirrhosis of the liver and kid-

neys, brain lesions and heart affections occur, their only treatment is by the gradual withdrawal of the prime etiological factor, in the hope of staying the disease, and direct our treatment to the palliation of the symptoms as they arise, and the judicious alimentation of the patient. A cure in these cases is impossible, but we may, by careful treatment, make their sufferings comparatively slight and their life much more enjoyable.

We will now consider briefly that state called Delirium Tremens, which, in the language of one of our most eminent pathologists, is "an acute alcoholic delirium due to an unusual consumption of spirits in a subject of chronic alcoholism; or occasionally it is produced by the sudden withdrawal of the accustomed amount of stimulus; the stomach is disturbed, food and drink are rejected, and hence the nervous system is left unsupplied; an attack may also be induced by some strong moral emotion or excitement, or by an accident or injury."

After a continued debauch or much mental or physical excitement, the trembling of the chronic condition is increased; the individual is much excited, has a wild expression, no appetite, is unable to sleep, or only gets "cat naps," and wakes with a wild start; he has hallucinations and illusions of the most peculiar kind, and of every conceivable variety; sometimes they are of a most agreeable nature, at others they are most horrible, and throw the patient into the wildest state of excitement, and we are told that there are, besides visual illusions, those of smell and hearing. At first the pulse is rapid, but rather full, but in the course of several days (perhaps two or three) the pulse becomes weak, and shows marked depression; and now the patient has a considerable rise of temperature, with a dry, cracked tongue, low muttering delirium, and involuntary discharges. At this time pneumonia is apt to complicate the case, and is frequently the immediate cause of death; rupture of some cerebral artery is apt to occur, and also cause a fatal termination. The duration, provided no complications arise, is generally from ten days to two weeks, when the patient either recovers or dies. In some instances it is prolonged considerably.

The prognosis, provided the patient has not been too long

addicted to alcoholism, and is well nourished, is good, if he is judiciously treated. There are many different plans of treatment suggested by different authors—some believing in the absolute withdrawal of stimulants, and the use of cerebral sedatives; others in the moderate allowance of alcohol; others in heroic doses of digitalis, and a few give immense quantities of capsicum, and pay strict attention to the patient's alimentation.

A plan that I have found most successful is to put my patient in a room by himself, attended by *one good, reliable* nurse. If there is much irritability of the stomach, I try every means in the world to quiet it as soon as possible, so that I can give sufficient nourishment; if the stomach rejects everything, I resort to rectal alimentation. In some cases I find it advisable to allow some little liquor, in order to quiet the stomach, and enable the patient to digest that which he eats, and also for the purpose of diminishing his "craving;" and when there is much depression, as indicated by the heart's action, it becomes absolutely necessary.

In the majority of cases which I have seen, together with our esteemed President, in hospital practice, we found the total withdrawal of alcohol, firm nurses, and dram doses of tr. capsicum and valerian work wonders, together with good nourishment. The capsicum tones up the stomach, and also has a sedative action on the brain, and is itself a most excellent stimulant.

Now, gentlemen, thanking you for your attention and kind forbearance, I will bring this uninteresting paper to a close.

ON THE TREATMENT OF ORCHITIS BY DIVISION OF THE TUNICS OF THE TESTICLE.

By *A. S. Wolf, M.D., Brownsville, Texas.*

For Daniel's Texas Medical Journal.

ORCHITIS as a result of gonorrhœa is so frequent that it is of peculiar interest to the surgeon.

Parenchymatous orchitis scarcely ever exists without epidid-

dymitis. This inflammation precedes orchitis. In order to extend itself to the testis, the inflammation must affect the epididymis;—be it understood that I refer to that affection consequent on gonorrhœa.

In cases following blows on the organ, or wounds of its structure, the reverse may happen; we may meet with parenchymatous orchitis before we have epididymitis; we can easily conceive the existence of the first inflammation in such cases, without the coincidence of the second. The tumor, however, formed by the inflamed testis, is less voluminous than when caused by epididymitis.

Parenchymatous orchitis, like epididymitis, recognizes as its cause most frequently, an existing gonorrhœa, or one that has recently disappeared. It is a common observation that when inflammation of the testis supervenes in gonorrhœa, the pain in making water and urethral discharges ceases, or undergoes considerable diminution, but returns as the orchitis subsides.

The testis is not much enlarged, owing to the unyielding nature of the tunica albuginæ; its vessels are congested. The epididymis is enlarged, especially at the lower part, to twice or three times its natural size, and feels thick, firm and indurated. This enlargement depends on the presence of exudation matter. The coats of the *vasa deferens* are thickened and the adjacent vessels injected. The tunica vaginalis is inflamed, and its cavity contains the usual effusion.

Orchitis is characterized by a painful swelling. Inflammation of the testis and epididymis, often involves the spermatic cord, and especially the *vas deferens*.

Gonorrhœa injudiciously suppressed by astringents or saturnine injections into the urethra, may extend by a succession of continuity to the ejaculatory canal, *vesicula seminalis*, *vas deferens*, and thence to the *epididymis*; the spermatic vein often participates in the misfortune by becoming varicosed.

Inflammation of the testis is far more frequently met with as a consecutive affection than as a primary one. The gland is directly connected through the medium of the *vas deferens* with the urinary organs, the lining membrane of its numerous minute ducts being continuous with the mucous membrane of the urethra. Any irritation, therefore, affecting that part of the urethra

where the vasa deferentia terminates, is liable to be propagated to the testis, and causes it to inflame. Acute orchitis, being a frequent sequel to gonorrhœa, it may supervene at all periods, during its early and acute stage, as well as during its termination, though it more frequently commences when the pain and discharge begin to subside.

In epididymitis the swelling forms the larger portion next to the testis, and lastly in the tunica vaginalis. The form of the partial tumor referred to is that of the testis—exaggerated, it is true.

The inflamed organ presents a swelling in front of the epididymis and behind the serous effusion, the swelling is as if it contained coagulated fluid. When the tunica vaginalis is emptied, the testis appears to occupy the place of the liquid, and this swelling, previously pear-shaped, assumes a round form.

The pain and local heat are of the most violent form. The pain has this peculiarity, that it spread upwards and downwards, extending to the kidneys, and corresponding points below. The color of the skin is generally slightly modified, but in some cases it is exceedingly red, or even violet color.

It has been remarked that the cord is less liable to be affected in cases of parenchymatous orchitis than in instances of simple epididymitis.

Fever is generally present; there is sleeplessness, nausea, colic, and vomiting comes on, adding considerably to the suffering of the patient.

We all know what a terrible ordeal the sufferer must undergo in inflammation of the testicle. After laying in bed for several days, constant application of ice, or the converse (warm applications may be resorted to), the unfortunate wretch has to be purged, then evaporating lotions to be applied, and what not? Then, when matters begin to mend, the misery which awaits him, the prolonged torture he has to undergo when the organ is left to the attendant, be he ever so skillful in strapping.

Fourneau Jourdan advises painting the scrotum with arg. nit., while a stripe of vesication is excited over the adjacent femoral artery.

Noble Smith, of St. Mary's Hospital, advises caustic and

evaporating lotions; and many others have wrung the changes on different treatments with more or less success.

If we consider the ill effects and the evil consequence that may follow, to one who is suffering from orchitis, the danger to which he is liable, even to the impairment of the organ, leading, may be, to impotence, anything, or any one who will suggest a plan of treatment which promises to shorten the suffering and danger to one suffering from orchitis, old as it may be, should receive due consideration.

The prognosis is not severe when we loose no time in destroying that which gives it particular character, namely, strangulation.

This was successfully accomplished by my countryman, and, as far as I know, for the first time, Dr. Vidal de Casis, who recommends incision, and reports four hundred cases without untoward accident. This mode of procedure found favor with Dr. Cullelier, of Paris, Dr. Mum, of Middlesex Hospital, London, and Dr. Smith, of King's College Hospital, London.

It consists of making an incision of 0.01 centimetre, layer by layer down to the albuginæ; there being no serosity within the tunica vaginalis, union without suppuration takes place between the testis and vaginalis at the incision. Should there be some serous infiltration in the latter, a small incision, without necessitating division of all the layers down to the albuginæ, may be sufficient to afford immediate relief. The pain ceases, the fever decreases, and the patient soon falls asleep, although he has been unable to rest for days.

There is nothing alarming to the patient, in the little operation; it should be classed with iridectomy in acute glaucoma, an operation essentially done for the relief of tension, the fibrous sclerotic of the eye, and the tunica albuginæ testis having at least a family likeness.

No further application is necessary other than a laudanum poultice applied to the scrotum. The patient confined to his bed, with the testis raised on a small pillow between the thighs.

For fear of being accused of diffuseness, I spare the space of your valuable journal and the reader the enumeration of some sixty cases, during a long practice, treated by incision as recommended by Dr. Vidal de Casis. The following two cases will,

I hope, be sufficient to prove the great value of the old practice, all the other cases offering about the same characteristics.

J. H., a carpenter, 28 years of age, a strong and healthy young fellow, came under my care under the following circumstances: He contracted gonorrhœa about three weeks before he had received treatment from a druggist; the last was an injection zinci. sulph. The discharge was nearly stopped; the testicle, however, became swollen and painful. He kept at work, but on the third day the organ gave him so much pain that he became alarmed, and applied to me. I found him in bed suffering great agony, the testicle enormously swollen, the scrotum violet in color. The acute stage had not yet passed off. Without waiting for the acute symptoms to subside, I made an incision as practiced by Dr. de Casis. A few hours after he went to sleep, and that was the last of the case, having had no further trouble with him.

W. H., age 19; twice gonorrhœa before. For the last and third one he took the same medicine as that which was prescribed for him by a regular physician on previous occasions. The discharge was nearly gone, and, pleased with the success of his own doctoring, went about his usual avocation, necessitating much exercise. After two days, the testicle began to hurt him, and soon the pain was so acute that he went home, and sent for me. I found him with a great deal of constitutional disturbance, he had not slept for two days, the discharge was entirely stopped. I immediately made an incision through the dartos and through the tunica vaginalis. There was some exudation of fluid, which made its escape at the incision. I applied a laudanum poultice, and that was the last of that case.

Some ten days after he called at my office. The discharge of the urethra had re-appeared, which which soon yielded by appropriate treatment.

I am free to state, that in all my cases, nothing has supervened to make me lose faith and confidence in incision for orchitis. Of course there is nothing new or startling in the practice. All are familiar with the division of the fibrous tissue of the testicle; but may I not ask, without being impertinent, how many practice it?

I advance no new theory, extoll no new remedy. There

is nothing original in the foregoing. I merely wish to call attention of my fellow practitioners to a treatment, old as it may be, that possesses unusual merits, in cases of parenchymatous orchitis.

Still further, I believe it is of some importance to record our individual experience, above all, referring to subjects on which there is paucity in our literature. Few, if any, of the systematic writers make reference to Dr. Vidal de Casis' procedure and treatment. It is as a reminder that this paper suggested itself to me.

Besides, there is not a fact nor an observation, nay, scarce a book, or an article so badly furnished in the medical literature, from which some good may not be gathered, if sought for in the right and kindly spirit. Among the veriest dross some good may linger. From these littles a magnificent whole may one day be formed. There is not one fact too insignificant for preservation, till all, united by some master mind, some peculiar genius, who, in the summing up of all, creates a whole.

PUERPERAL ECLAMPSIA.

By J. W. Carhart, M. D., of Lampasas, Texas.

For Daniel's Texas Medical Journal.

SHOULD an apology seem to be needed for the presentation of a subject as familiar to the medical profession as puerperal eclampsia, we have only to refer to the statement of Leishman, in his work on Midwifery, p. 660, viz.: "The maternal and foetal mortality arising from this disease are (is a) subject(s) of great and obvious interest, since about thirty per cent of mothers have hitherto succumbed to its effects, direct or indirect."

Since the ablest writers on the subject differ widely in their views as to the pathology of puerperal eclampsia, we shall not attempt to enlighten our brethren in regard to it; but a few suggestions as to the ætiology of the disease and our duty as physicians, may not be out of place.

It is not yet a fully established fact that albuminuria is the

cause of eclampsia, but it is certain that albuminuria and puerperal eclampsia seem to be mutually dependent; that is to say, where we find puerperal eclampsia we invariably have albuminuria; and where we have a certain per cent of albumen in the urine of pregnant women, we are just as certain to have eclampsia.

Braun claims that albumen appears in the urine as the result of the inflammatory affection of the kidneys, known as Bright's disease; and that, as a result of this, the blood is poisoned with excrementitious matter from the urine, especially with urea, and that puerperal eclampsia results from uræmic poisoning. Others, however, have shown that the presence of urea in the blood, in considerable quantities, does not give rise to eclampsia.

Whatever, then, may be the true pathology and the real ætiology of puerperal eclampsia, the interdependence of the two conditions, albuminuria and this affection, it is a fact of such vast importance that we are justified in emphasizing it, and in inferring certain duties which we as physicians are sacredly bound to observe.

According to the statistics of England and the Continent, there is one case of eclampsia in every 350 labors. At first sight it would seem a little difficult to harmonize these figures with the statement of Leishman, that thirty per cent of mothers succumb to this disease, directly or indirectly. Assuming, however, that those perishing of puerperal eclampsia bear, on an average, $11\frac{2}{3}$ children each, the figures would harmonize.

The relative frequency of the disease may be divided into three periods, in the following order: Pregnancy, labor, after delivery. The disease is thought to be less dangerous after delivery than during the other two epochs.

It frequently happens that a physician is called after labor has actually commenced, and then sees the woman for the first time. It not infrequently occurs, in the practice of midwives, that the woman is actually in convulsions before a physician is summoned, when he must carry the case to successful issue, and gain some applause, or else the woman dies on his hands, and he suffers in his reputation, to some extent.

In many cases a physician is engaged a month or two before expected confinement; but he is given to understand that his services will not be needed until the event occurs, as "she is in perfect health."

If a request be made for a specimen of urine, it is either refused, or the request, through carelessness, is not complied with. Thus the large number of mothers and children who perish in the hands of ignorant midwives is added to by the ignorance and obstinacy of expectant mothers and their friends and the carelessness of physicians.

Whilst it is true that a complete cure of albuminuria could not be effected, though the physician was summoned at an early stage of pregnancy, it could in many cases be so modified and alleviated as to insure the comparatively safe passage of the mother through the ordeal of confinement, and give to the physician a chance to fortify himself against unjust criticism, in any event.

The recognized treatment for albuminuria being clearly presented in all the books on midwifery, and accessible to all, we will not consume time by a reference to it here, further than to say that we have had good results in the use of the following:

R Chloral hydrate.....gr. x—Sig.

Three times a day.

In connection with the following, where there was cardiac weakness or renal inadequacy:

R Tinct. digitalis.....ʒj

Fluid Ext. Scillæ.....ʒss

“ “ Conii.....m ʒ 2

Water q. s.....ʒjj—M. Sig.

Teaspoonful twice a day.

Of course, if spasms occur, chloroform, by inhalation, to avert the attacks is the sheet anchor; and in occasional instances blood-letting can be resorted to with good results.

Pilocarpine may be used with good results when the heart's action is not too much depressed, as was done by W. C. Fisher, M. D., of Galveston, Texas, and reported in the *Texas Courier-Record of Medicine* for January, 1886, p. 189. His formula was as follows:

R Pilocarpine muriate.....gr. ss
 Sp'ts frumenti..... $\bar{3}$ j
 Aqua ad.... $\bar{3}$ ij—M. Sig.

Teaspoonful every three hours.

On Sunday morning, January 31, 1886, at 3 o'clock, I was summoned to attend Mrs. E——, in confinement. She was white, a native of Texas, twenty-eight years of age, a primipara. I had no knowledge of her, and never saw her until I entered her room.

On making the usual examination, I noticed that there was œdema of the feet and legs, and that there were varicose veins, and that there had been a number of varicose ulcers on both legs. I expressed surprise to her lady friends in attendance that she had not had a physician sooner. The ladies told the husband, who spoke to me about it; to whom I made the statement that she should have had a physician months before, and that, although I was apprehensive of some trouble, I hoped she would come through all right. The labor was no more severe than I expected, in view of her age and the fact of her being a primipara.

She was safely delivered of a well-developed child, without the use of instruments and without laceration. The labor was somewhat tedious, but not unusually so; and she behaved badly and suffered herself to become considerably excited. The placenta came away in about thirty minutes, without any difficulty, and the uterus contracted firmly, and every thing was in as favorable condition as could be desired.

I left the house at 10:30 a. m. At 2:30 p. m. the husband rushed into my office and said his wife was dying. I was at her bed-side in a few minutes, and found her pulse regular and strong, the patient rational, but suffering from severe headache. The ladies in attendance, a dozen or more, were very much excited, and could not give an intelligent account of what had happened; but I inferred that she had had a spasm. My fears were confirmed, for in a few moments she was seized with another attack. I applied chloroform as soon as respiration was sufficiently restored to warrant it. I remained with her most of the time until 9:30 p. m., when I succeeded in warding off the attacks. At this time the pulse was strong and regular,

and there was every indication that she would recover. There were twelve women and three boys present in the room, several men outside, and a number of carriages at the door. Two other physicians had been sent for without my knowledge, and soon appeared upon the scene. One of them was of such repute that I would neither counsel with nor recognize him. He had been called at the suggestion of some of the neighbor women. The husband and immediate friends wished me to remain in charge of the case, but desired me to recognize the obnoxious practitioner. I assured them, as did also my friend, Dr. J., that she would recover, with proper treatment, and we withdrew from the case. She has not yet recovered.

The following suggestions would seem to be pertinent :

1. What, if anything, can be done to induce parties to engage physicians earlier to attend obstetrical cases, and to encourage a test of urine for albumen.

2. Are physicians justifiable, under ordinary circumstances, in refusing to attend obstetrical cases, when called at the last moment, to women they never saw before, and of whose condition of health they know nothing?

REPORT OF CASES OF ENLARGED SPLEEN TREATED BY HYPODERMIC INJECTIONS OF ERGOTINE. (FROM MEMORANDA)

By C. L. Gwyn, M. D., Galveston, Texas.

For Daniel's Texas Medical Journal.

Case 1. Tommy Clarke, Texan, age 13 years, from a coast country. Tertian intermittent fever, duration of disease about five years, with intermissions of three to five months; spleen chronically engorged and enlarged, enlarged beyond and below the umbilicus. Used xv gtt solution of ergotine, five times over the spleen, at intervals of four or five days. Discharged cured July, 1878.

Case 2. — Long, Harris county, age 12 years, intermittent fever; general anæmia and enlarged spleen. His family were unable to give any definite account of duration of disease. Quinine, arsenic, iron, and tonics generally, afforded but temporary relief; used solution ergotine, xv gtt hypodermically,

once every week for four weeks. Discharged cured September, 1878. This patient is still living with his parents, tenants in the neighborhood, and has not been unwell a day since discharged.

Case 3. Louis Weaver, Texan, aged 12 years, malarial purpura hemorrhagica, with epistaxis, the hemorrhage only appearing during febrile exacerbation. Gave quinine and injected ergotine; gave three injections of xx gtt three weeks apart for his enlarged spleen. Discharged cured September, 1879. This patient during the past year had an attack of intermittent fever, which yielded readily to quinine.

These cases were of sallow complexion, so much so that their friends accused them of being dirt-eaters. The sallowness has all disappeared, and they are now as hearty and ruddy as well can be.

I used Bonjean's ergotine, rubbed down with just sufficient glycerine to make it fluid enough to use with the hypodermic syringe, and supposed that xx gtt would represent about three grains.

These cases were treated in 1878 79-80. Since then I have used injections of ergotine, and liq. ergotæ purificatus in some twenty odd cases, and have had but one abscess to follow its use, and it has caused intense pain in but one case, and in every case successfully.

The use of ergot in the above manner, I believe, was first suggested by Da Costa.

I do not wish it understood that I abandoned treatment by quinine and tonics while using the ergotine, but that these cases proved rebellious to treatment until the hypodermic needle was used.

CULLINGS FROM CONTEMPORARIES.

NOVEL METHOD OF ENTERING THE BLADDER WHERE ALL OTHER
MEANS FAIL.

DR. WILLIS P. KING, of Sedalia, Mo., gives (*Courier of Medicine*, March, 1886) an account of how he first succeeded in introducing a catheter into a child, after repeated

efforts to enter the bladder by other means. This case was not a stricture, but simply obstruction to the urethra by the pressure of an abscess in the perineum. Recently he had a very bad case of permanent stricture, where there was total occlusion of the urethra, and when all means failed to pass it, even to the filliform bougie, and external urethrotomy was apparently inevitable, the Doctor thought of his first case, and proceeded to adopt the same principle, though in a different manner; in the child's case the Doctor used his mouth for the fountain syringe, and received the urine in his eye; in the latter, he used a syringe and caught the urine in a vessel. Introducing a silver catheter as far as it would go, and pressing the urethra tightly to it, he filled a syringe, with a conical nozzle, with warm water, and, introducing the nozzle into the catheter, forced the water swiftly out. After doing this two or three times, and finding that part of it, at least, went through, he pressed the catheter in, and, to his surprise and gratification, it entered the bladder. After which he passed a Goulay's divulsor and divulsed the stricture; getting in next a No. 16, and then a No. 18 (Am. Size) bougie.

We suggest to Dr. W., if he is ever similarly situated, and his method fails, which it must do in some old tough narrow and tortuous stricture, to try the method which served us successfully in an emergency, a small—the smallest size—fiddle string. It will, if softened at the end and oiled, pass through the narrowest and most tortuous canal (where a bristle will go), and more over, swelling with moisture, it dilates the stricture; next introduce the largest size fiddle string. These expedients are well worth remembering by isolated practitioners, for they never know when life may depend upon a knowledge of such resources.

INOCULATION GONE MAD--WHAT IT WILL COME TO.

Oh, the doctors now a look of wisdom wear,
As with earnestness together they declare,
That the only sure salvation
Is in quick inoculation,
When a deadly scourge develops anywhere.

They'll inoculate for cholera, and when
 There's diphtheria about they'll cut again ;
 And, in saving you from harm,
 They will carve your upper arm
 Till you think you have escaped a lion's den.

Against hydrophobia and fever too,
 They will wisely undertake to poison you,
 And, it seemeth very clear,
 In the future we shall hear,
 Of this remedy for pure mania a potu.

They will give it for sweet love's consuming fire,
 For red-countenanced and eyeball-glaring ire,
 And the evil of divorce
 They will cure by this, of course.
 And prevent the fabrications of the liar.

—*Columbus Dispatch.*

The U. S. Government should send "a commission" to investigate the above "methods"—and by all means get Holt of it, if it will "take"—especially that method of inoculating that will "prevent the fabrications."

CORRESPONDENCE.

OUR NEW YORK LETTER.

GYNECOLOGICAL NOTES FROM THE N. Y. HOSPITALS AND POLYCLINIC.

NEW YORK, Feb. 17, 1886.

ED. DANIEL'S MEDICAL JOURNAL :

ACCORDING to promise, I will give you a few notes on Gynecology in New York. I shall treat the subject in a general way, leaving description of special operations for some future time. My reason for this is, that there are no radically new operations in this branch of surgery, and the operations in vogue have been described with such minuteness of detail, by Thomas and Emmet, as to leave little or nothing for a letter writer.

In my desire to give your readers something entertaining, and wishing to be instructed myself, I attended a meeting of the Academy of Medicine, to listen to the reading of a paper on

“Free Drainage of Pelvic Abscesses,” by a professor of gynecology, and to the discussion of the same.

There are but few subjects of greater interest to the general practitioner than this, and I naturally expected to learn a great deal that was new, at least so far as concerned the surgical treatment of this supposed to be formidable disease.

Imagine my surprise, when I listened to this essay. The essayist frankly admitted in the course of the discussion that there was nothing new in it. But there was something new in it after all, for the essayist alluded to the case of Dr. Polk, where he tried the external iliac artery to gain access to a small pelvic abscess; an operation that has been repeated in the journals, and criticised favorably and otherwise, but always with credit to the boldness of the operation.

There was something else that was new, in spite of the refreshingly candid denial of the essayist. That was, that in his extensive practice, he had never had a case to terminate fatally. After reading Simpson, Thompson, Tait, et omne generis, this candid admission bears on its face the true stamp of modesty; otherwise it might be inferred that the essay was written for the opportunity of saying just this, and nothing more.

In the course of the discussion, one of the members gave the history of a case in which an abscess was produced, or if one existed, it was made greatly worse by efforts at aspiration, and this would hardly be worth relating, were it not that this member has since publicly confessed that the apostle of free drainage was the consultant.

Another professor took up the subject from a different standpoint; that of difficulty in diagnosis. He said that he had under observation two cases that he was in the habit of bringing before his class as typical cases of ovarian tumor. They had all the rational and physical signs, but to his surprise they both proved to be cases of pelvic abscess by opening spontaneously. The professor could not omit the opportunity of having a back-handed lick at the country practitioner. He related an incident where a country practitioner said to him that, so far as his observation went, cases of pelvic abscess always terminated fatally. Now, this is one of the little playful methods by which we let the provincial brother know his inferiority. In

fact, we gynecologists feel that we occupy a position like the priests of old, that we are a profession set apart to prevent the female portion of the population from going to utter destruction, and nothing but our excessive modesty prevents our letting this be known.

Do not infer from this levity that there are no earnest workers in this field. The Titans still remain, except the master spirit, that has departed. The field has been closely harvested, but with the inevitable result of over crowding this specialty; and we find a large number of young men who, waiting for the mantles of the great to fall on them, have grown gray waiting.

Of operations there are the usual ones. Ovariectomies are, as a rule, performed earlier than formerly, and the result is that they are not so showy as formerly. Tait's operation is having a run, if I may use a theatrical expression. It has been my misfortune not to have seen what I would call a diseased tube removed in the operations that I have seen performed.

Emmet's operation for lacerated cervix, as you know, has found its legitimate position, and is performed quite frequently. Alexander's operation has not met with much favor here, and in fact, it is applicable to an extremely limited number of cases. Emmet's operation for lacerated perineum is frequently performed. It is somewhat difficult to perform, and still more to describe.

All these operations, so far as can be done, are performed under strict antiseptic precautions. Where this is not practicable antiseptic dressings are used. WM. PENNY, M. D.

VON BRUN'S BANDAGE.

FORT WORTH, TEXAS, March 6. 1886.

ED. DANIEL'S TEXAS MEDICAL JOURNAL :

I HAVE received a number of letters of inquiry as to the mode of preparation of Von Brun's bandage or gauze, mentioned several times in my report as chairman of Section on Surgery at the Houston meeting of Texas State Medical Association.

Will you be kind enough to publish the following :

R	Carbolic acid.....	10 parts.
	Resin.....	40 “
	Castor oil	4 “
	Alcohol.....	200 “

The resin is to be pounded and slowly added to alcohol, with constant stirring. When solution is complete, add carbolic acid and castor oil. In this menstruum I place cheese cloth. After a few hours, or when needed, tear into widths desirable, roll and keep in oiled paper or rubber tissue. I use this commonly over borated, sublimated, or salicylated cotton, or gauze, or jute, or wood wool, etc.

Now and then I make the bandage by adding large amounts of resin. Then I find the same useful in fractures of forearm of children, having premised starched binders' board, etc.

This can be cheapened by substituting benzine for the alcohol.

E. J. BEALL, M. D.

Note.—See page 187-189, Pilcher on Wound Treatment.

A RARE CASE.

COMANCHE, TEXAS, Feb. 2, 1886.

ED. DANIEL'S MEDICAL JOURNAL:

THE following case occurred in my practice December 30, 1885: Mr. R. was confined of her fourth child, breech presentation. Labor was soon terminated without any unusual trouble. Upon examination of the child, however, which was a large, well developed male, I found the right arm off, just below the elbow. A small cartilaginous appendage, somewhat resembling the thumb or finger, projected from the stump.

No clue to the cause.

Yours truly,

C. F. PAINE.

ABSTRACTS FROM FOREIGN EXCHANGES.

DOLERIS and Poney (*compt. rend. hebd.*) come to the following conclusions:

I. Micro-organisms are sometimes found in the bladder, independent of albuminurea.

II. Albumen is found in about five per cent of pregnant women. In these strepto cocci are always found.

III. The blood of such women contains the same micro organisms.

IV. In some cases of eclampsia and albuminurea these cocci were present in blood and urine, in proportion to the gravity of the attack.

Godlee reports in *Med. Times and Gazette* two cases of incarcerated hernia in children, respectively five and six weeks of age. Both were operated on with good results.

In the Berlin Medical Association a woman was exhibited with a supernumerary mammary abscess in the axilla. Dr. Friedland recommended extirpation, as such erratic parts have the tendency to carcinomatous degeneration, which advice was supported by Prof. Bardeleben's statement.

SOCIETY NOTES.

AMERICAN MEDICAL ASSOCIATION.

PHILADELPHIA; 1400 PINE STREET, S. W. cor. Broad.

THE Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday and Friday, May 4, 5, 5 and 7, commencing on Tuesday, at 11 a. m.

“The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representatives in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

“Each State, County and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resi-

dent members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.''

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries *are, by special resolution*, requested to send him, annually, a corrected list of the membership of their respective Societies.

SECTIONS.

“The Chairmen of the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. * * * *.”—*By-Laws*, Art. II, Sec. 4.

Practice of Medicine, Materia Medica and Physiology: Dr. J. T. Whittaker, Cincinnati, Ohio, Chairman; Dr. B. L. Coleman, Lexington, Ky., Secretary.

Obstetrics and Diseases of Women and Children: Dr. S. C. Gordon, Portland, Me., Chairman; Dr. J. F. Y. Paine, Galveston, Texas, Secretary.

Surgery and Anatomy: Dr. Nicholas Senn, Milwaukee, Wis., Chairmann; Dr. H. H. Mudd, St. Louis, Mo., Secretary.

State Medicine: Dr. John H. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary.

Ophthalmology, Otology and Laryngology: Dr. Eugene Smith, Detroit, Mich., Chairman; Dr. J. F. Fulton, St. Paul, Minn., Secretary.

Diseases of Children: Dr. W. D. Haggard, Nashville, Tenn., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Oral and Dental Surgery: Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

A member desiring to read a paper before a Section should forward the paper, or its *title and length* (not to exceed twenty

minutes in reading), to the Chairman of the Committee of Arrangements, at least one month before the meeting.—*By-Laws.*

Committee of Arrangements.—Dr. Le Grand Atwood, St. Louis, Mo., Chairman.

We give the above in full for the information of the Texas Profession, and especially of those who desire to attend the meeting or contribute a paper to any of the Sections.—Ed.

EIGHTEENTH ANNUAL CONVENTION T. S. M. A.

FOR years, the Texas State Medical Association had a mere nominal existence, and hung together, with a small membership, only through a kind of enforced enthusiasm on the part of a few zealous workers. With the extension of railroads, and the rapid settling up of the country, and latterly the successful inauguration of a live HOME MEDICAL ORGAN, it took on a newness of life, and its growth and progress in the last four or five years have only been exceeded by the awakening of interest in medical matters everywhere witnessed and experienced. The T. S. M. A. may be said to be on a boom! Its published volumes of Transactions have been applauded by the medical profession of America and by the medical press, not alone for the excellence of its get up, mechanically, but for the excellence, and number, and variety of the papers written and contributed by its live members. The Transactions for 1885 have been pronounced by some of our exchanges as second only to that of the New York State Medical Association; while its papers have been copied into the medical journals far and near.

This year there will be a larger and more enthusiastic attendance than usual. We learn from our canvassers throughout the State, that there is a general and wide spread interest being manifested in the approaching meeting, and that "everybody is going." Well, they should go. There are more inducements to go than usual. First, Dallas is a central railroad point; can be reached from any point, and, no doubt, reduced rates will be secured; it is centrally located; it is a fine and attractive city, noted for its hospitality. The committee of arrangements have spread themselves, and such an entertainment as will be

given the delegates, was never before seen ; and the ladies, too, will grace the occasion with the charm of their presence ; 2nd, it is understood that all delinquent dues for which members have been suspended, will be remitted, and suspended members reinstated on the same basis as new members. We suggested that, as an inducement, and the President informs us he will recommend it in his message, which is tantamount to having it done ; 3rd, the State Pharmaceutical Association meets at the same time and place ; also the Physicians' Mutual Benefit Association of Texas will hold a meeting of members present and elect a board of directors, etc.

At this meeting of the T. S. M. A. it is supposed the organization of the 9th International Medical Congress will be discussed. This alone will attract many. Delegates are to be elected to the convention of the American Medical Association at St. Louis, which occurs only one week later, to-wit : May 4. We hope our friends will lay down the saddlebag and all else, and meet with us. Christmas comes but once a year.

BIOGRAPHY OF COTEMPORARY PHYSICIANS OF TEXAS.

WE are much pleased to learn through Messrs. Dixon & Netherly, the publishers who have charge of this work, who are now canvassing the State in its interest, that they are meeting with the utmost favor everywhere, and that three-fourths of the desirable material for the work is being secured. We publish below some of the names of physicians whose biography (some with and some without portrait) will appear in the work. As it is intended to make a thorough canvas and a complete success of the work, Mr. Dixon tells us that the appearance of the work will be somewhat delayed. However, the success of the work is assured. It will be illustrated with handsomely executed portraits of prominent physicians.

Those who desire to contribute their biographical data, from which the editor can write their biography to go in the collection, should correspond at once with Messrs. S. H. Dixon & Co.

The following is a partial list of those whose biography will appear in the work, in addition to those previously published ;

the last fifty have been very recently contributed. Those marked * have sent in their photograph. Time is slipping away. Don't neglect this matter any longer.

- *Dr T J Heard, 1st President Texas State Medical Association,
 * " Ashbell Smith, Ex " " " " "
 * " R H Harrison, " " " " " "
 " J H Pope, " " " " " "
 * " S F Starly, " " " " " "
 " A G Clopton, " " " " " "
 * " H C Ghent, " " " " " "
 * " H W Brown, " " " " " "
 " D R Wallace, " " " " " "
 * " A R Kilpatrick, " " " " " "
 " E P Becton, President " " " " "
 " J D Osborn, State Medical Examiner Knights of Honor,
 " R M Swearingen, State Health Officer,
 * " W J Burt, Secretary Texas State Medical Association,
 " S H Stout, " J W Douglass, " W M Monson,
 * " G A Feris, " G W Kerr, " J M Morrison,
 " T C Osborn, " W G Jameson, " A H Ketchum,
 " S F Styles, " Eug Clark, " J A McQueen,
 " L H Hardy, * " R Menger, " J S Lipscomb,
 " O Morse, " F R Martin, " J S Holland,
 * " J Cummings, " A G Pendleton, " J S Pugh,
 * " M A Taylor, " P C Woods, " J P Barnett,
 " W W Reeves, " E Gazley, " B S Glass,
 " M D Sterrett, " Jared Wilson, " C C Black,
 " R T Knox, " J P Stephens, " V H Reid,
 * " S R Burroughs, " T S Pettey, " S E Carrington,
 " Pow Jordan, " S T Lowrey, " I R Johnson,
 * " J M Fort, " E De Steiger, " G M D Patterson
 " E A Swepston, " C Salms, " I W Royston,
 " W C Welch, " Dan'l Lines, " E N Shaw,
 " H H Darr, " J D Reid, " J M Hons,
 " M M Myers, " J R Black, " J A Fields,
 " J K Mayo, " W M Burger, " W A Lockett,
 " E J Beall, " W W Urban, " J Y Vermillion,
 * " O Eastland, " J H Morrison, " C C Rutherford,
 * " W T Baird, " C W Legrand, " J R Williamson,
 * " W H Park, " W P Fleming, " Luc'n Campbell.
 " W P Powell, " D Monroe,

Others of the above have spoken to have their portraits inserted, but photos are not yet to hand.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

THIS Society meets annually at the time and place of meeting of the A. M. A. The convention will be held this year at St. Louis, on the Monday evening preceding the meeting of the American Medical Association, which takes place *the first Tuesday* in May, being the fourth day, and *not* on the *second Tuesday*, as so persistently stated by most of our exchanges. Our genial contemporary of the *American Lancet* proposes that the event be commemorated by a dinner, at which the business of the meeting can be discussed along with the viands; and our sage friend of the amalgamated *American Practitioner and News* goes him better by adding that the papers can be listened to by the members while they enjoy their *post prandial* Havanas. We wish to second the motion and the amendment, and now call on our confreres of the press to vote for both. Let the arrangement committee, of which Dr. Atwood is chairman, make all preparations for our dinner; and let it be understood that each guest is to pay for his own dinner. In this way the genial editors can combine business with pleasure, and have a good time generally, and nobody will feel the cost. The committee can arrange the programme, which should be announced prior to assembling at St. Louis. We sincerely hope to see a fuller attendance than is usual on such occasions.

THE P. M. B. A. OF TEXAS.

DURING the session of the Texas State Medical Association, which will be held at Dallas, in April 24th prox., a meeting will be called of all the members of the Physicians' Mutual Benefit Association who are present, during a recess of the former. The Secretary and Treasurer will make a report of the business of the Society and its present status. On that occasion, too, it is proposed to elect a Board of Directors or Trustees; and, perhaps, to make some alterations of, or additions to the Constitution and By-Laws. Members will please make a note of this meeting.

CIRCULAR.

\$100 GOLD PRIZE FOR BEST ESSAY, BY TEXAS STATE MEDICAL ASSOCIATION.

CLEBURNE, TEXAS, February 22, 1886.

My Dear Doctor:

AS chairman of the Committee on "Prize Essays," I would call your attention to the resolution, adopted at the last session of the State Medical Association, offering one hundred dollars, for "the best original Essay or paper on any medical subject," to be decided at the next annual meeting. We trust you will take a deep interest in this effort of the Association to arouse greater interest in the meetings and favor the Association with an article.

The Essay should be headed by a motto in the English or German language, without the author's signature, and enclosed to the chairman of the committee, with motto endorsed. Then the author's name with his motto, should be enclosed in a separate envelope, which is not to be opened, if paper is rejected. The essay should be in the hands of the committee by the 20th of April, 1886.

Yours Respectfully,

JAS. D. OSBORN, Chair'n,
D. R. WALLACE,
S. D. THURSTON,
H. K. LEAKE,
E. L. THOMPSON,
Committee.

TRAVIS COUNTY MEDICAL ASSOCIATION.

AT the regular meeting of this Association, held in Austin March 4th inst., the following delegates were elected: To the American Medical Association at St. Louis, Drs. R. M. Swearingen, T. D. Wooten and F. E. Daniel; to State Medical Association at Dallas, Drs. J. W. McLaughlin, R. M. Swearingen, T. J. Bennett, B. E. Hadra and F. E. Daniel.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

THE TUG OF WAR.

“We but catch at the skirts of the thing we would be,
And fall back on the lap of a false destiny.”

—OWEN MEREDITH.

It is generally believed a desperate battle is to be fought in the Medical Convention at St. Louis in May. The American Medical Association and the Code of Medical Ethics are to be assaulted by an overwhelming force of wily and desperate men, especially packed for the occasion; the same who, allied with the new code men, at New Orleans, attempted to capture and run away with the Association, and failing, called those who defeated their plot, “plotters and schemers,” etc., and accused them of doing just what they failed to do. These gentlemen, mostly city specialists, allied to the new code men and a few army aristocrats, finding the Code of Ethics interfere with the

exercise of their money-making schemes—chief amongst which is consultation with any, and everybody, who will bring a fee, would do away with it. Hence the war on the only national medical organization in America. The demand for admission of new code men into the International Medical Congress through the doors of the American Medical Association, is only a pretext for this assault. They know that their demand, their ultimatum that the American Medical Association shall rescind its action had at New Orleans with reference to the organization of the Congress, and the restoration of the original committee to the *status quo ante* New Orleans, is preposterous, and will not be listened to; they know that the Association cannot honorably, and, therefore, will not, recede from the position taken; and that is just what they want. That will, then, they think, give them the pretext for the assault. Why, we ask, are these gents so concerned for the admission of new code men—men who have voluntarily withdrawn from affiliation with the regular profession, into the Congress as delegates from the Association which they have left? Is it because Dr. Shoemaker told *he truth*, and they are *honor bound* to make good their promises to Jacobi and company, made at Copenhagen, that if they—J. & Co—*would not defeat the acceptance of the American Medical Association's invitation to the Congress to meet in America, they would see that Jacobi and his new code friends were appointed to office in the Congress?* or is the admittance or refusal of these men a mere pretext, as we have said, to make war to the knife on the code, the only restraining influence they recognize, in the temptation to consult with quacks?

We are not advised as to the mode of attack contemplated; but the recent capture of the Philadelphia County Medical Society, whereby delegates in the interest of this plot were made to set aside the regular constitutional nominees, will give us some insight into the tactics they will employ; and which the South and West will be called on to defeat—a second time.

The necessity that the South and West should send their very best men to the front—charged to stand by the Association in the assertion of its rights, and who *are loyal to the code*, is, therefore, apparent. At New Orleans, the Texas delegation, the largest on the ground, stood by the decision as a man. They

were not prepared to admit that the profession of medicine in America is resident solely in New York, Philadelphia and Boston; and could not quietly submit to having the Empire of Texas left entirely out in the cold, and without representation in the Congress, seeing she is so largely and so well represented in the National Association. This time, the Texans will be called on to, not only stand by the Association, but to do some fighting in its behalf, we opine. Hence we exhort our County Medical Associations, and our State Association to send as delegates, only such men as are not *afraid to speak out* in defense of the right. God is with the right. Our cause is just, and must prevail. We must defeat the medical communists at St. Louis, or forever bid adieu to honorable medicine in America. These *soi disant* medical "leaders" have staked their all on the die, and will lose. They have clutched at the skirts of medical autocracy—would-be dictators, and have fallen back on the lap of a (just) destiny. They have illustrated Shakespeare's "vaulting ambition" o'erleaping itself. They have treated the American public to a leap of unprecedented elasticity and stretch, and missing their mark, and have fallen into a quagmire from which all the sophistry of the *New York Medical Record* will never be able to extricate them. After the St. Louis Convention, they can face Shradly & Co., and, in the language of the Mikado, exclaim: "Here's a pretty how d'ye do,"

HOW DOES JOURNALISM AID THE DEVELOPMENT OF THE MEDICAL PROFESSION.

The *New York Medical Journal* says that "it regards the great distinctive service of American medical journalism as shown mainly in its counteracting influence in removing the pedantry shown in the medical colleges, and encouraging the expression of original thought in young men." Surely, it were a great thing to remove the stupidity engendered by medical schools, and to draw forth the powers of original thought which are dormant in the young doctor. Of the truth of this view we have no question, nor can any editor of any experi-

ence or success fail to have many personal experiences in this sort of work. In the very best sense of that term, the medical editor is a teacher; and this, too, in causing others to work for the common good. The education follows from the efforts of the young doctor to learn something of profit or interest to the profession, and then place this before the profession in the most attractive shape. The medical editor, in order to make his journal a success, is compelled to get the best work expressed in the best way. Most of the older members of the profession have never learned to write, and as they become burdened with the cares of a large business, it becomes impossible for them to learn the art of writing. Much they possess of positive value to the profession, but from the defect of not being able to write with comfort, their knowledge dies with them. The medical editor can get little help from them. There are a considerable number of the members of the medical profession who could not write a decent article, if they had any distinct ideas to put in it. Obviously, the medical editor can do nothing with this class. But there is another class of doctors, who have the general culture and the brains, but are too modest to think of writing for the benefit of their seniors. From this class, the medical editor draws most of his working collaborators. By encouragement, by personal solicitation, by aid in matters of reference, by stimuli of ambition, of professional pride, by appealing to the sense of his obligations to do for the general profession that which lies in his power, many of this class are brought into active service in medical journalism. Having encouraged to habit of expression, the editor stimulates the habit of original research. Of course, different individuals will be stimulated in different directions. So, at last, the editor will have writers in every portion of the field of the art and science of medical surgery. Hence, it comes about that the editor sends men to work with the microscope, in the chemical laboratory, in the pharmaceutical laboratory, in the physiological laboratory, in the anatomical room, in the hospital, in the dispensary, in the tomes of medical literature of every language and of every age. In short, he has these men at work in every field congenial to them, and such that they can reach it.

In a very real sense, an editor is like a captain of a ship—he shows his abilities not so much in what he does himself, as in what he can get others to do. That there are not more really good medical journals, is due to the fact that there are really few medical men having the power of getting others to work in the fields leading to medical journalism.

When a young doctor has begun to realize that he can talk to the entire medical profession, life and study take an entirely new aspect. The day of small things is past, and the day of an enlarged and enlarging manhood has come to him. One who does realize this truth will never write a poor article for publication. The poor articles come from quite a different sort of men. These the medical editor gradually weeds out.

Of this direct and indirect influence upon the conduct of medical colleges, and upon medical societies and medical publishers, writers of medical books, and the relations of medical men, we have not time to speak. But in all these things the medical journal is the means by which the process of both good and bad education goes forward. Out of all these educational processes the medical profession is slowly rising higher in its development.

To every young man who would make the most of his powers, we say: think, observe, and write for the medical press constantly. It may be that one article a year is all that any particular person can produce. It may be that longer time will be required, but whether the time be long or short, be sure to begin and keep up the habit of correct thinking, constant study and correct and frequent writing.—*Detroit Lancet*.

BRING IT HOME, AND ASK HOW HAS JOURNALISM BENEFITED THE
PROFESSION OF TEXAS.

We produce the above excellent article entire, for the benefit of our readers. We endorse every word of it, and we desire to make an application of its truths to the Texas profession. We wish, also, to emphasize the last paragraph, to impress upon the fledgelings, especially, that they do not know what powers they may have, untried; and to start them in the way of their

development. First learn to *think out* your subject. *Scribendi recte sapere est et principium et fons*—"the principle and source of good writing, is to think correctly"—observe closely and get into a habit of jotting down your observations.

With reference to the benefits of journalism, we ask our readers to look back a few years, and to contrast the present status of the Texas profession with what it was at the time when there was no medical journal published in Texas. How many local societies have been stimulated into existence? how the State association has developed; how many practitioners who never wrote a paper before, have come into prominent notice through their contributions to the Transactions of the State association, and to the Texas Medical Journal. (See article, "18th annual meeting T. S. M. A.") One article published in this journal (Dr. Wilkinson, Treatment of Carbuncle), has been made the subject of a *leading editorial* in the *Journal of the American Medical Association*; and taken up again, and discussed editorially in terms of commendation in that excellent and able periodical, the *American Practitioner and News*. These articles have circulated and been read all over the world, in Europe and America; while we have had the satisfaction of seeing articles by inexperienced and, heretofore untried writers, in the Transactions, copied far and near.

Verily, the medical journal, properly sustained and managed, is a powerful factor in the development, advancement and progress of the profession; and practically, an educator of physicians. See, too, the fact, a most promising feature of the future of the Texas profession;—every year, Texas students take first honors at the several colleges. Those young men must learn to write for the medical press.

We take this occasion to thank our patrons for the liberal support they have given us in our effort to found a Home journal of a high order. To that support is largely due the brilliant success it has achieved at eight months old. Continue the good work, and the influence of the *Journal for good* will be even more marked than it has been.

“YE FESTIVE BOLTER.”

“There can be no doubt,” says the pungent *Louisville Medical Herald*, “as to who are pulling wires,—‘the fine Italian hand’ of ‘*ye festive bolter*’ is plainly visible in the misty background. These malcontents propose to go to St. Louis next May, with a cut and dried delegation, where they expect to *swallow* the entire American Medical Association, and then place the “Old Code” on top of that *august body* to keep it down. We warn our friends to remember the old maxim that ‘the price of liberty is eternal vigilance;’ and that ‘forewarned is forearmed.’ *Do your duty*, and the result will be all you desire.”

We say amen to the above. At New Orleans the American Medical Association, almost to a man, were generous enough to acquit the Billings-Hays-Committee of *intentionally* transcending their instructions and authority in proceeding, as they did, to organize the International Medical Congress—though none of them could help feeling a sickening sense at the modesty (?) with which they appointed *themselves, first*, to everything they could absorb;—but we are satisfied now, especially in the light of recent developments, that it was a case of misplaced confidence, and that the assumption of the authority to make *any* appointments, or to do *anything* beyond deliver the invitation of the A. M. A. to the Congress, and report back “yes or no,” was deliberate and intentional—a bold attempt to bulldoze and control the profession of America and the Association. And, moreover, they spurned the Association (whence they got their existence and *any* power,)—most contemptuously; an assumption of leadership, which, in their arrogance, they never *dreamed* anybody would question, much less *object* to; and when *Texas* had the temerity to mildly protest that *all* the civilization of America is not in the New England States; and that the American Medical Association, being a representative body, the Congress should be also—those gentlemen were never more surprised;—and when it was seriously proposed to (and was done,) appoint a member from each State, to be added to their immaculate committee, with instructions to take off all those New Code names—make the committee disgorge some of the offices they had swallowed, and scatter the balance a little more

evenly, and equitably amongst the *representation* in the A. M. A., behold! they get mad, and accuse Texans and others who had been so outraged, of being a lot of unknown nobodies—a lot of schemers and plotters who “captured” the Association! That is more like the thief joining in the cry “stop thief” than anything else. Then these immaculate seven wise men disdained to affiliate with their co-committeemen from the States, and resigned! The rest is known too well to repeat. The committee which was thus left alone in possession of the field—after having organized, or nearly organized, the Congress—did a very foolish and weak thing; they *begged* these immaculates to come back; and got snubbed for their pains;—good! Now the demand is,—the ultimatum presented for the consideration of the profession of America—that they will all step aside, acknowledge their imbecility, their utter incapacity to organize anything, and let the i. s. w. m. (that means the immaculate seven wise men), whom the pungent *Louisville Medical Herald* so irreverently calls “*ye festive bolters*” step to the front, put all the new code men back on the list, reabsorb their quota of the principal offices,—and *restrict* the representation in the Congress to God’s country;—in short, to make us—all of us—“eat crow! This, gentlemen delegates to St. Louis, is what you are to expect, and then, if you do not consent,—they will try *first* to outvote you with their packed delegates—the Association and the Code are to be destroyed—busted up—as being too democratic! The fact is, these gentlemen do not care a button for the new code men, whether they are appointed to the Congress or not;—that is only a pretext, as we have said elsewhere, for making vigorous war on the Code—the Code is the burr that sticks in their craw, and hinders the swallowing of consultations with quacks—and that’s what’s the matter with Hannah!

CONGRATULATIONS.—We extend our congratulations to our young Mississippi friend, Dr. E. A. Nealy, who, having graduated with first honors, and delivered the valedictory also, at the Memphis Medical College, is made Associate Editor of the *Mississippi Valley Medical Journal*.

EDITORIAL NOTES.

HOMŒOPATHIC GRAMMAR.

During the "rib" controversy which was carried on in the *Statesman* recently, between the city physician of Austin, and the editor of the homœopathic journal (?) the following choice sentence occurred, written by the latter. In that controversy, it will be remembered, this homœopathic surgeon (?) was accused (on his own statement, as charged) of having removed the twelfth rib of a man who was shot in the spinal column, in search of the ball, which it was alleged the h. s. had said he would "find lodged in the abdomen." This article has nothing to do with the case, but is intended only to show with what facility this surgeon-editor—President of the State Association of forty homœopaths—uses the king's English :

"We have extracted no ribs that we recollect of. It does not belong to our 'pathy' no more than to theirs to make such egregious blunders as that would have been."

"Recollect of" is decidedly weak ; but "does not no more," must be a high potency attenuation. When a man who is unacquainted with the simplest rule in grammar—that two negatives destroy each other, and are equivalent to an affirmative"—mounts the tripod, and essays to edit a journal, "an eligible opportunity," as Mr. Pecksniff would say, is afforded the public for witnessing the "ears" protruding from the lion skin.

Apropos: Our Dr. Merryman saw the above, and, like the "late lamented," he said it "reminded him of the anecdote of

THE NAMELESS KNIGHT.

Dr. Merryman says he once witnessed a negro tournament, *a la mode* mediæval "chivalry." The herald—a burly darky—proclaimed the name of each Sir Knight as he entered the arena and took his turn. One fancifully clad and be-plumed darky, on a "fiery steed," was announced as the "Gallant Knight of the Seven Silver Moons;" another was the "Knight of the Iron Mask;" another the "Knight of the Golden"—something or other, and so on. Presently came an unknown and

unnamed "Knight," a diminutive, queer-looking little cuss, as black as a coal, who looked like a monkey on horseback. As he entered, the herald asked for his title. The "Knight" whispered something, whereupon the herald shouted "Dis here one is de Knight of 'do-de-best-he-kin!'"

So, Dr. Merryman says our homœopathic "Knight" just "does the best he can."

In the journalistic field, adorned by such "Knights of the Quill" as Davis, Bell, H. C. Wood, Wile, Piffard, Connor, Matas & Bruns, Watson, Baldwin, Yandell, Miller, Eve, Westmoreland & Gray, Jaggard, Lanphear, Foster, Sim, Hays, Shoemaker, Edwards, Shrady, Brinton, Porter, and the peerless Marcy and others— all Princes of the Pen, our little friend on his homœopathic mustang cuts a sorry figure, with his sorry knowledge of the English language.

"W'ad some power the giftie-gi' us—to see *ourselves*," etc.

TEXAS CARRIES OFF THE HONORS. (AS USUAL).

We are pleased to note in the *Southern Practitioner* (Nashville), in an editorial account of the commencement exercises of the Medical and Dental Departments of the University of Tennessee, the names of two Texas students who won first honors, to-wit, Dr. R. W. Freeman, valedictorian, and Dr. E. G. Stuart, faculty medal for excellence in all branches—first prize; and moreover the *Practitioner* pays one of the gentlemen, Dr. Freeman, the valedictorian, the compliment to say:

"The delivery of Dr. Freeman's address was listened to with the most wrapped attention shown by any audience that ever occupied the halls, notwithstanding that its halls have reverberated, echoed, and resounded to the tones of Edwin Forest, Edmund Kean, McCullough, Jefferson, and others of the best readers of the English language."

We have not the honor of the acquaintance of either Dr. Freeman or Dr. Stuart, nor do we know their post office address; but we extend to them our hearty congratulation on the handsome manner in which they have "held up" the Texas corner, and sustained her reputation—for this thing of first honors to Texas students is getting to be of yearly occurrence;

and we extend to them the right hand, and bid them welcome to the ranks of honorable medicine. We look to see them adorn the profession they have chosen, and will watch their career with interest. Hurrah for Texas!

‘ “THE ASSOCIATION CAPTURED,” AND LED ASTRAY.

“Dr. D. W. Yandell made his first appearance as a delegate from Kentucky in 1856, then in '57 and '59. His name does not appear again [in the transactions] (nor his State) till in 1871, when, in San Francisco, he was elected President. Neither his State nor he had any claims to the honor. It was, so report said, due to designing, ambitious, selfish and industrious plotting that the Presidency was awarded him. Since that time * * [he] has attended only four meetings, and since 1874, *none at all*. [Eleven years] With the exception of his address as President, no other contribution appears from his pen to the Association. In his address he says ‘The Association is making our profession one in heart throughout our borders.’—*Truth, in Journal A. M. A.*

Now the doctor says “disappointed office seekers” “captured” the A. M. A., and at New Orleans “led it astray;” and forsooth, he will help “bust it up.”

Reading the above, inspired our Dr. Merryman’s muse, and he handed us the following :

WHO ?

Who was it captured the A. M. A.,
And with it badly got away,
And now, for shame, says “*nix-for-stay?*”
Dave Yandell.

And who, when he had President been,
Had no more *use* for ‘t;—left it then;—
Now charges others with his sin?
Dave Yandell.

Who joined “ye festive bolters,” when
They flew the track—disgruntled men!
And acted like a setting hen?
Dave Yandell.

Who, of the immaculate eight bereft,
The Congress work has done the “heft,”
And at St. Louis will *not* get left?
Shoemaker!

THE (SELF) ELECT.

“We thank Thee, oh, Lord, that we are not as other (Doctors) are.” Drs. Delafield, *President*; Pepper, Loomis, Draper and Tyson (Secretary) of Pennsylvania and New York; and Welch, of Baltimore, and Howard, of Canada, and Minot, of Boston, have constituted themselves “a new National Medical Association” (to take the place of the present A. M. A.—whose funeral at St. Louis is now being plotted.) They graciously announce that they will receive ninety-two more, of their own selection, into the inner temple; then shut the door. Ah! but it’s to be fine!

This is the most beautiful illustration we have ever seen of Josh Billings’ story of the stump of the tail wagging the dog! says Dr. Merryman. This is an association *as is* an association, and like unto it there is nothing in the heavens above, nor in the waters beneath—no, not anywhere! Selah!

The *New York Sanitarian* pays us the following handsome compliment:

“DANIEL’S TEXAS MEDICAL JOURNAL is one of the most progressive and cogent periodicals on our exchange list,—always fresh in both matter and manner.”

The *Kansas City Medical Index* says: “Dr. Daniel has made a new departure in medical journalism, meeting with unprecedented success. His journal is the *most intensely original* periodical that reaches our table.”

A GREAT ADVANCE IN SURGERY.

The *New York Medical Journal* gives the report of a case where amputation of the thigh was successfully performed without chloroform, ether or other general anæsthetic, cocaine alone being used—locally—after the method of Dr. Corning; by arresting the circulation with a tourniquet, and thus prolonging the anæsthetic effects of the drug. Those of our readers who have not done so should read Dr. Corning’s paper on prolonging the effect of cocaine.

ABBREVIATING PRESCRIPTIONS.

An old practitioner, a friend of ours, who invariably writes his prescriptions in English, and in full at that, gives as a reason that on one occasion in a prescription he wrote, "Aqua. font.," and the druggist, reading it "aquafort.," actually put up sulphuric acid—"aquafortis!"

A GOOD SHOWING.

The report of the Secretary at the annual meeting of the Directors and Faculty of the New York Polyclinic, held at the College Building, on January 28, 1886, showed an attendance upon the clinic in that institution, since the opening on November 7, 1882, of 709 physicians.

The ratio of attendance upon the various departments is shown in the following list of tickets sold since November, 1882, up to January 28, 1886: Gynecology, 461; Surgery, 412; Medicine, 313; throat, nose and ear, 300; diseases of children, 273; diseases of eye, 250; diseases of skin, 234; diseases of mind and nervous system, 207; Physiological Chemistry, 173; Obstetrics, 163; Pathology (laboratory only recently opened), 15. Total, 2801. The attendance for the present session is in excess of any previous term.

Dr. E. J. Beall, of Fort Worth, requests us to say that he will leave for New York about the 20th inst., for "a six weeks' course of study and observation in that great medical center;" and that, having made such trips, and being perfectly familiar with everything incident to such a trip, and moreover desiring company, he will undertake to chaperone a party of medical gentlemen, bent on the same purposes. He can give them all desirable information as to expenses, where best to go on arrival, etc.; what to see and how to see it, etc.; and to this end he desires to open correspondence with such physicians as contemplate the trip.

Dr. F. T. Paine, late of Comanche, Texas, who, it will be remembered, has contributed several papers to this journal on electric treatment of disease, and who is the author of the paper

on *Salix Niger* in the transactions of the Texas State Association, which has attracted such wide attention, we are pleased to say, has removed to Austin, and opened an office for practice. His practice is limited to treatment of diseases of nervous system and generative organs in male and female, by electricity.

MARRIED.

In Galveston, January 19, 1886, Dr. H. P. Cooke, City Physician, to Mrs. Carrie Evans, daughter of the late Willard Richardson, Esq.

On the 11th of January, 1886, Dr. G. W. Radford, of Hookerville, Burleson county, Texas, to Miss Willie Williams, of Caldwell, a sister-in-law of Dr. H. H. Darr, Ex-First Vice President Texas State Medical Association.

Dr. Z. W. Baker, our genial friend and subscriber at Temple, took unto himself a fair bride on the 6th inst. We tender our congratulations.

BIBLIOGRAPHY.

BOOKS AND PAMPHLETS RECEIVED.

A Compend of the Practice of Medicine—Physician's edition based on the revision of the Quiz-Compend edition, including a very complete section on skin diseases, by Daniel E. Hughes, M. D., Demonstrator of Clinical Medicine in the Jefferson Medical College, Philadelphia; Fellow of the College of Physicians of Philadelphia, etc., pp. 399. P. Blakiston, Son & Co., Philadelphia.

This book says more in a small space than any work now out. It is well arranged, well written, and comes right up to date. The busy practitioner cannot do without it. The reputation of the author is a sufficient guarantee of the work's merits.

We note that the *Medical Analect*, published by G. P. Putnam's Sons, has passed into the editorial management of Dr. R. W. Amidon.

The *Kansas City Medical Index* comes to us for January, entirely changed in shape, appearance and style, and greatly improved in every way, and enlarged to 100 pages. The improvement shows the enterprise, pluck and ability of those gentlemen now at the editorial helm, Drs. Elston and Lanphear. We wish them great success. See club rates.

HOW TO USE LISTERINE.—A man may have a fine microscope and it will be useless, without some knowledge of how to work it to advantage. So—Mrs. Hale found it necessary to tell people how to cook a hare; a hare or a turkey would be perfectly useless unless we know what to do with it. So with Listerine. True, anybody could sprinkle it on; but Mr. Lambert, the benefactor, has done another benefaction by telling physicians *how to use* Listerine to get its best results, both internally and externally. But, as Mrs. Hale began her directions about cooking the hare with—"first; get the hare,"—we suppose the first step in the matter in hand will be to procure a supply of Listerine, (and here we may remark that no physician who pretends to be up with modern surgery and practice can afford to dispense with this valuable deodorizer, and antiseptic), for, experience has demonstrated it to be the best and safest antiseptic for internal use in all zymotic and febrile diseases, as well as in wounds and ulcers, etc. The book gives minute directions. Sent free on application. Mention this journal.

The Prairie Queen, a monthly magazine for the family circle. \$2.00 a year, single copies 20 cents. Edited by Mrs. W. B. Brooks, Mrs. J. H. Richardson and Miss Nannie E. Burts, Fort Worth, Texas; Prairie Queen Publishing Co.

We have received vol. 1, No. 1 of this new candidate for favor in the literary world, and it looks to have made a fair start, judging from the favorable press notices we have seen. It is gotten up in a very neat, modest style, and the table of contents embraces a pleasing variety of miscellaneous reading, romances, poetry, fashion notes, domestic receipts, etc., such as are usually found in family magazines. We extend to our young friend the right hand, and wish them success. It does look as if a literary magazine of a high order would meet with

encouragement at the hands of the Texas public, but somehow all such efforts, so far as we know, have failed for want of it. Better luck to the *Prairie Queen*.

Practical Human Anatomy, by Fanuell D. Weisse, M. D., Professor (1863 to 1865) to the late Valentine Mott, M. D., LL: D., Emeritus Professor of Surgery and Surgical Anatomy Medical Department of the University of the City of New York; Professor of Anatomy N. Y. College of Dentistry. Illustrated by 222 colored plates, and containing 321 figures. William Wood & Co., 56 and 58 Lafayette place, New York, 1886.

This work is especially designed as a working guide for students, and a ready reference for surgeons, and is admirably adapted to the purpose. It is much fuller than Gray's which for years has been the standard and which was thought to be about as near perfect as a work of the kind could be made. But there is one deficiency in Gray's which is well filled in the admirable work before us—the anatomy of the perineum. The dissections of the female perineum alone are worth to a surgeon the price of the book. Dr. Weisse has followed Gray's general plan, but has simplified many of the branches and divisions, and the book in its entirety, surpasses in point of practical utility anything ever before offered the profession.

The student of anatomy is taught all about the dissecting instruments, and the several steps in the progressive dissection of each part, and taught how to see and study each tissue involved in dissection; and is guided by lines showing where incisions are to be made for their reflection in order to advance to a succeeding stage, each part being numbered, and their "relations" clearly shown. The illustrations of the anatomy of the regions and viscera of the body, are well executed plates with the names of the parts printed upon them in clear type, so that as a book of reference a practitioner can use it to advantage without much study or search. In our judgment, this work is a desideratum to the surgeon's library long needed. The mechanical execution of the work is in a high degree artistic, and is a good specimen of Wood & Co. manufacture.

Diseases of the Ear: The Diagnosis and Treatment of, by Owen D. Pomeroy, M. D., Surgeon to the Eye and Ear Hospital;

Ophthalmic and Aural Surgeon to the New York Infant Asylum; Consulting Surgeon to the Paterson Eye and Ear Infirmary; Member of the American Ophthalmological and Otological Societies, et., with ten illustrations, second edition, revised, with additions. New York, 1886: D. Appleton & Co., 1, 3 and 5, Bond street; pp, 408. Cloth.

This book is designed, it seems, especially for the use of the general practitioner, and not for the specialist, and, as such, is admirably adapted to his wants. It is very elementary—beginning at the beginning, and therefore adapted to the beginner as well as the general practitioner. The domain of medicine is so broad and rapidly widening, that the impossibility of a thorough cultivation of each and every department by one man is generally recognized, yet such are the surroundings of most physicians that they are *compelled* to know *something* of the more advanced ideas on every possible subject. In the country a practitioner cannot send his ear cases to an aurist and his eye cases to an oculist; he must treat them himself, and if he does not know how, he gets badly left; he *must* know how, and that is what this book is for, with reference to ears—to teach him how to diagnose and treat its various diseases. Every country practitioner and those in small towns—in fact, every doctor who wants to treat ear diseases—would be better prepared by having read Dr. Pomeroy's very excellent text book. As to the execution of the work, Appleton & Co. know how to turn out books for neatness and for wear. Send for it.

Electricity in Medicine, practical suggestions respecting the varieties of electric currents, and the uses of electricity in medicine, with hints relating to the selection and care of electrical apparatus, by Ambrose L. Ranney, M. D., professor of Anatomy and Physiology of the Nervous System in the New York Post Graduate Medical School and Hospital, etc., etc. New York: D. Appleton & Co., 1, 3 and 5 Bond St., 1885; cloth, p. 147; price \$1.00.

This valuable little work is offered the profession as a guide to the study of electricity in disease; it is the A. B. C. of the subject, as it were, for one cannot comprehend a treatise on the diagnosis and treatment of nervous diseases without a knowledge of electricity and electrical apparatus. This little book is therefore a brief summary of such information as the talented

and experienced author who has *for years* been instructing graduates in the use of electricity in medical practice, deemed most essential to the proper use of that potent agent in practice.

ADVERTISERS' NOTICES.

Read Battle & Co.'s advertisement, BROMIDIA, the hypnotic, and PAPINE, the pain relieving principle of opium, without its narcotic effect—a desideratum long sought.

Attention is called to the Colorless Solution of Hydrastis—one of the greatest triumphs of the Pharmacists' skill, and a product long sought in vain. Now that this valuable drug is robbed of the property of staining, it should be generally used wherever a tonic astringent to the mucous membrane is required. It has no equal for chronic leucorrhœa. Mention this journal.

THE CORRECT THING TO HAVE.—There is nothing more important in the practice of medicine than a *correct diagnosis*; and amongst all the means of diagnosis, there is none so useful and so necessary as a correct and reliable thermometer. There are worthless instruments in the market, and physicians are often cheated and disappointed in the purchase of a thermometer. To such of our readers as have realized this fact, and at the same time appreciate the correctness of the above postulate, we beg to say the thermometer made by John Barry, No. 62 Fulton St., N. Y., is the best and most reliable instrument you can get. Mr. B. has had long experience in the manufacture of this instrument and realizes the importance of a thorough seasoning of the glass prior to the finish, in order to prevent shrinkage. The "Barry" thermometer is now the standard of excellence, as well as of reliability. See his advertisement and order a thermometer of him, or his agent, J. J. Tobin, at Austin. Mr. Barry has sent us one of his celebrated make, guaranteed three years in seasoning and certified by Yale College. Thanks.

If low price, quick transit, and superior quality are inducements in the purchase of surgical instruments, send to ISAAC PHILLIPS, Atlanta, Ga., for what you want. Prices and quality speak for themselves. What we mean by "quick transit" is you can order an instrument from Philips and get it in three and a half days! Not so, New York or elsewhere. See his new advertisement for prices.

TRYPsin FAIRCHILDs' is now offered as a solvent for Diptheretic Membrane. The well known properties of this principle of the Pancreatic Juice give the strongest grounds for anticipating success in its application for this important purpose. Trypsin acts quickly and powerfully upon Fibrin and Fibrinous Membrane. It is not dependent upon the inter-action of acid as is the case with Pepsin. It is most active in a slightly alkaline media. It may be applied with spray or brush. In practical use the results have been very encouraging. Messrs Fairchild Bros. & Foster wish to respectfully announce that, owing to the great cost of this product and their inability to more than keep pace with the actual demand, they cannot offer samples. It may be obtained of the principal drug houses in this country and is dispensed in $\frac{1}{4}$, $\frac{1}{2}$ and 1 oz. bottles with full directions. Correspondence will receive prompt attention.

Electro Therapeutics.

F. T. PAINE, M. D.,

(Late of Comanche) Austin, Texas,

Limits his practice exclusively to

Diseases of the Nervous System, and Genito Urinary Organs, male & female, by means of Electricity, and Medicinal Agencies.

Office over Finklea's Drug Store. Ladies' entrance, parlor of Avenue Hotel.

To the Medical Profession of Texas: Having determined to confine my practice in future to the treatment of the above named diseases, by means of electricity, in its several means of applications, and being equipped with all the necessary apparatus and appliances to do so, I would respectfully invite the cooperation of my professional brethren throughout the State. To physicians who meet with cases not amenable to the usual medicinal course, and where electricity seems to promise good results, and who are without electric and electrolytic apparatus I would say I will be pleased to correspond on the subject with the view of receiving such cases for treatment.

Respectfully,

F. T. PAINE, M. D.

TO PHYSICIANS PRESCRIBING

PIL: BLENNORRHAGIC.

[WARNER & CO.]

COMPOSITION.

R Terebinth Alba..... $1\frac{1}{2}$ grs. Camph. Monobrom..... $\frac{3}{4}$ gr.
 Ext. Humuli..... $\frac{3}{4}$ gr. Res. Podophyl. $\frac{1}{8}$ gr.

Dose : 1 to 2 pills.

As Prepared By **WM. R. WARNER & CO.,** Chemists. Philadelphia.

This combination has not heretofore been published. It has been extensively used in the practice of physicians of this city and with the most satisfactory results.

It is the remedy *par excellence* for Chronic Bleorrhœa, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

It is also almost equally serviceable as a remedy for cystirrhœa and inflammation of whatever kind affecting the urinary or sexual organs.

These pills have been used successfully in the treatment of Chronic Gastritis; in fact they are indicated wherever inflammation of the mucous membrane of internal organs exists.

A Valuable Aid to Digestion.

PIL: DIGESTIVA.

(WARNER & CO.)

R Pepsin Conc't.....1 gr. Gingerine.....1-16gr.
 Pv. Nuc. Vom..... $\frac{1}{4}$ gr. Sulphur $\frac{1}{8}$ gr.

In each Pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford a permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least an hour before eating; the first mentioned time is the most desirable as the effects are more decided, owing to the longer period for action, and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill, Pil : Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

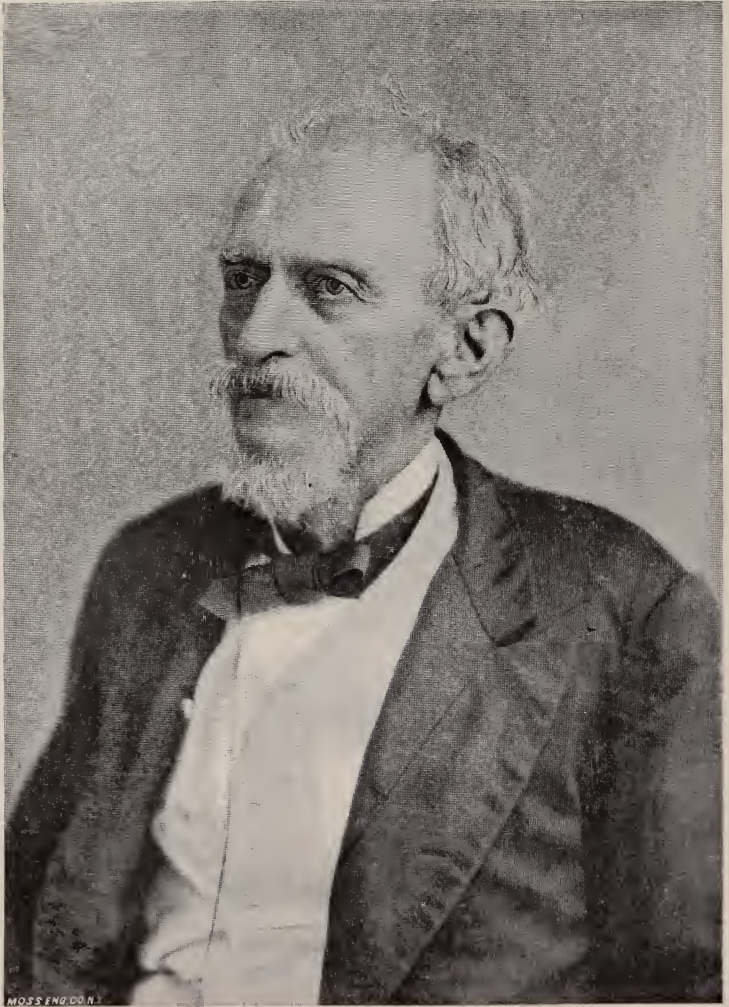
The many flattering testimonials which have been received from the Medical Profession respecting the efficacy of these pills and their very extensive use is ample evidence of their superior properties in cases where such a medicine is indicated, and warrants us in offering them with the full assurance that there need be no fear of disappointment in results.

WM. R. WARNER & CO.,

Manufacturers of Soluble Coated Pills in all their Variety,

PHILADELPHIA AND NEW YORK.

Sent by Mail on receipt of price, and Supplied by all the Leading
 Druggists of Texas.



DR. ASHBEL SMITH.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

Vol. 1.]

APRIL, 1886.

[No. 10.

"Scribimus indocti, doctique!"

ORIGINAL ARTICLES.

 CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL. 

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

"And the good through all the ages,
Lingering in historic pages,
Ever gleam and grow immortal." * * *

LIFE AND CHARACTER OF DR. ASHBEL SMITH.

By James D. Lynch.

For Dantel's Texas Medical Journal.

Among all the varied compositions of human character, there is no blending of virtues so rare and so admirable as that which constitutes the patriot and philanthropist--which eliminates all idea of self from human actions, and devotes an individual to the service of his country and the welfare of his fellow-man. The memory of such men should not be permitted to perish. They belong to two worlds--they belong to Heaven for rewards, and to Earth for examples. The beacons of virtue which they have kindled and left unextinguished--the sparks which continue to flash along the pathway of departed worth, belong to

every generation that afterwards crosses the shores of time. It is the sacred duty of the people, and of the State, to cherish and preserve the memories and deeds of their eminent dead; for the achievements and characters of its great men constitute the history and the glory of a nation. Hence, to review and record the deeds and qualities of those who have enjoyed the highest esteem of their fellow-citizens, is a custom which has found sanction in every age, and to which we owe the great lessons of virtue and the beacons of individual greatness, which have shed their hallowed light upon the pathway of succeeding generations, and pointed man to a higher and nobler sphere.

If this cherished remembrance be praiseworthy—nay, glorious—in regard to those who gave honor to the hoary-headed nations of antiquity, how much more so in regard to those who, like the subject of this sketch, have rocked the cradle of their country, taught it to walk and to stand up, and took a prominent part in the establishment of a great empire.

Ashbel Smith, a Texas patriot, scientist and philanthropist, was born in Hartford, Connecticut, on the 13th of August, 1806. His family was connected with the Seymours, of Connecticut, and the Adamases, of Massachusetts, two of the oldest families in New England. His early advantages were excellent. He was placed, at an early age, in the Grammar School of his native city, and, after thorough preparation, was sent to Yale College, from which he was graduated in 1824. Being of an ardent and enterprising disposition, he entered at once upon the task of carving his own fortune, and soon after leaving college immigrated to North Carolina, and located in the town of Salisbury, where he began the study of law; but finding, at the expiration of a year, that his health was broken by the arduous application which he had bestowed upon the exacting preparation at that time required for admission to the bar, he abandoned the law, and determined to devote himself to the more congenial practice of medicine. Having attended medical lectures in New Haven, and also in the city of New York, he returned to Yale College, and graduated in the medical department of that institution. In order to acquire a yet more comprehensive knowledge of surgery and the treatment of diseases,

he soon afterwards repaired to Paris, France; and having enlarged his skill and experience by his attendance on the hospitals of that city, he returned to North Carolina and began the practice of medicine in Salisbury, where his personal and professional accomplishments ordained him every success. But the star of the Young Republic of the West had taken its place solitary, but bright, in the firmament of nations;—he was attracted by its twinkling, and sympathized with the noble spirits who were still gallantly defending its shrine, and determined to go to their assistance. In June, 1837, he arrived in Texas, and was soon afterwards appointed Surgeon-General of the Texan army. In the spring of the ensuing year, he was appointed, in company with Mr. Irvin, then Secretary of State, to effect a treaty with the Comanche Indians, whose chiefs, with a hundred warriors, had visited Houston, at that time the Capital of the Republic, upon a spying or reconnoitering expedition. This they accomplished so effectually as to preserve, for a long time, the safety of the border settlements.

In December, 1838, as there was apparently no further need of active military operations, Dr. Smith resigned his position as Surgeon-General, and settled in Galveston, where he resumed the practice of his profession. In September, 1839, yellow fever appeared for the first time as an epidemic in that city. None of the physicians there had ever seen a case of the disease, and Dr. Smith found himself battling with an unknown enemy, and one whose onset it seemed almost impossible to successfully encounter; but he consecrated all his energy and skill to his efforts to stay the ravages of the fatal malady. He made strenuous endeavors to master a knowledge of its character. He made numerous autopsies, carefully observed the effects of the various remedies employed, and subsequently published a treatise, presenting the results of his investigations as to the true character and proper treatment of the disease, which was reprinted in the leading medical journals of both America and Europe, and was considered of great value to medical science.

His general practice was no less elevating and beneficent. His scientific knowledge, minute observation, and penetrating judgment enabled him to detect every climatic modification or

aggravation of disease incident to the peculiar atmospheric agencies of the Gulf coast and local influences, and to discern every novel relation of cause and effect which they presented. In every subsequent epidemic he came forth, volunteered his services, and threw himself in the breach between the people and the pestilence.

Subsidiary to his professional skill, he was peculiarly fitted by nature for the functions and sphere of a physician. His high character for candor and truth, his well known philanthropy, as well as knowledge—his flowing sympathy and kind manners, reassured his patients, gained their confidence, and continually inspired them with the strength of hope—a treatment more effectual than all the pills and pellets of the laboratory, and it was the sesame of his great success.

He loved the profession of medicine, for its scientific scope, and because he saw in it only the continual realization of active benevolence. To alleviate the sufferings of humanity, to give ease to the agonized, and strength to the weak—to gladden, as well as prolong, human life, was, to his generous heart, the source of the greatest satisfaction and happiness, and he gave to it the highest exertion of his thought and action. He never sank the man in the physician; but at all times identified his feelings with the wishes, hopes, comforts, anxieties and pains of the afflicted. But he was not permitted to pursue an uninterrupted professional career. His healing skill was needed in another sphere. His country demanded his services, and his patriotism promptly responded to the call.

In the beginning of the year 1842, the foreign relations of the Texas Republic were in such a strained and unsettled condition as to seriously threaten the permanency of its independence. The United States government had positively and categorically rejected the overtures of the Republic for annexation to the Union, and Mexico was making preparation for the most formidable effort to reconquer the country; and, although France, England, Belgium and Holland had recognized the independence of Texas two years before, they now occupied an indifferent, if not an alienated, attitude. Ratified copies of the treaty with England had not yet been exchanged, and France was thrown into almost hostile relations by the action of her

Charge d'Affairs in Texas, M. DeSaligny, which sprang from a most trivial circumstance. A servant of the French Minister killed a pig that was depredating upon his horse trough, and the owner of the pig, who was also the proprietor of the hotel, chastised the servant; for which M. DeSaligny caused him to be arrested. He was released upon bond; and he then ordered Saligny to leave his premises. The Minister caused him to be again arrested, and he was released as before. M. DeSaligny was exasperated at what he considered inadequate punishment for the violation of his privileges, and, being unable to obtain any further satisfaction from the government, he promptly demanded his passport, and returned to France.

In this posture of affairs, Dr. Smith was appointed by President Houston, in February, 1842, Minister to the courts of France and Great Britain. This mission had for its special objects the settlement of the French embroglio, mediation between Texas and Mexico, the exchange of ratified copies of the treaty with England, and the establishment of the confidence of the European powers in the ability of Texas to maintain its independence. For these purposes President Houston, who was an excellent judge of persons, could not have made a more judicious selection than in choosing Dr. Smith. His dignified and courteous manners, his polite, emphatic and classical address, the winning suasion of his conversation, abetted by his republican simplicity, gained him a cordial and welcome consideration in every European circle, while his ardent patriotism inspired the intensity and perseverance of his efforts.

On his arrival in London, in May, 1842, he found that a strong pressure was being brought to bear upon the ministry, adverse to the exchange of ratifications of the treaties, by the anti-slavery party, which preferred the re-conquest of Texas by Mexico to the maintenance of its independence while tolerating the institution of slavery; but he promptly and courageously protested against any interference on the part of the government of any foreign power in the domestic affairs of the Republic, and received satisfactory assurances of the absence of any such intention or desire on the part of Great Britain, and the ratified treaties were exchanged. He also found that two powerful ships of war, the Guadaloupe and the Montezuma, were

being built in England for the Mexican government ; that they were to carry the heaviest armament of the period, to be manned by British sailors, and commanded by two distinguished officers of the British navy, who had already obtained leave of absence for that purpose. These vessels were to be sent to Vera Cruz as soon as completed, to act in concert with a Mexican army of invasion, and lay waste the Texas coast. Dr. Smith promptly presented to the Earl of Aberdeen, the British Minister of Foreign Affairs, a strenuous and energetic protest against the injustice of permitting these vessels to leave English waters for such destination and purpose ; and so earnest and cogent were his exertions that restrictions were laid on the commanders of the vessels, and they were finally sent to Mexico without men or armament ; which greatly disconcerted the Mexican plans. Dr. Smith also learned while in London that the Spanish government had dispatched a man-of-war to the West Indies with instructions to be in readiness to aid Mexico, and had also promised it additional naval support. He immediately sought an interview with the Spanish Minister in London. This dignitary, however, disclaimed any knowledge on the subject, declared that he did not desire to have any, and referred him to the Captain-General of Cuba. But Dr. Smith left him with a thorough impression on his part of the correctness of his information, and the perfect knowledge of the Minister in regard to the matter.

Having accomplished the objects of his mission to London, Dr. Smith proceeded to Paris, and was received by the King and Royal Family, as he expressed it, "with quite obliging inquiries." He had carried a propitiatory letter from the Texas Secretary of State to the French court, in regard to the imagined affront to M. DeSaligny, expressing the wish that he should return. He was accordingly instructed by the French court to resume his post in Texas, and that ended the difficulty.

These events changed the whole aspect of Texas affairs, both at home and abroad. France and Great Britain now took an active and earnest interest in the permanency and welfare of the young Republic, and were willing to adopt vigorous measures to mediate peace between Texas and Mexico. But they still feared its annexation to the Union, and on the return of

Dr. Smith to London, in June, 1844, the Earl of Aberdeen said to him that they had repeatedly pressed on Mexico their good offices in favor of peace, based upon the independence of Texas; but he added: "You cannot expect us to beat the bush for the United States to catch the bird." He had previously told Dr. Smith that Great Britain desired to find in Texas a market for her merchandise "without having to climb over the United States tariff."

Prompted by these views and fears, Lord Aberdeen proposed to Dr. Smith "to pass a diplomatic act," in which Great Britain, France, the United States, Texas and Mexico should be invited to participate; but not, however, with any expectation that the United States would accept the invitation. The object of the proposed act was to establish peace between Texas and Mexico, and the permanent separate independence of Texas, of which the signatory parties were to be the guarantors.

The French government promptly accepted the proposition, the King giving his consent to Dr. Smith in person while the Texas Minister was paying him a visit of courtesy on the eve of his departure for London; and President Houston instructed his Secretary of State, Dr. Anson Jones, to forward instructions to the Texas Minister to conclude the act on the terms proposed by Lord Aberdeen. But Dr. Jones was then the President elect of the Republic, and, instead of sending the instructions, he sent Dr. Smith leave of absence to return to Texas. His failure to forward the instructions can only be accounted for upon the grounds that he desired to make the diplomatic act a measure of his own incoming administration. Dr. Smith was really opposed to the act, and advised adversely in regard to it. He feared the powerful and permanent influence to which it would subject the Republic. He likewise opposed annexation, until he saw that its consummation was a certainty. He then voted in its favor, for the reason, as he said, "that in an irreversable act he would not, in sentiment, be separated from his people." But the proposed diplomatic act was attended with potent results. It was this that caused the people and government of the United States to so suddenly and earnestly favor the policy of annexation; and it changed the whole destiny of

Texas. Had this act been consummated, Texas would to-day be an independent power; since it would have precluded her from ever surrendering any portion of her sovereignty.

The services of Dr. Smith in Europe were of great benefit to his country. His course was wise, cautious, and judicious, and the unswerving fidelity, the untiring zeal and the consummate skill with which he pursued the promotion and subserved the interests of his country, are worthy of the highest meed of praise, and places him among the most accomplished and successful diplomatists.

He was himself fully conscious of his diplomatic merits, and could not withhold a pardonable expression of his own just satisfaction. In November, 1844, when he saw that his work was accomplished and his mission finished, he requested to be recalled, and wrote from Paris to Dr. Jones, the Secretary of State: "As I am about to return home, allow me to indulge in a feeling of pride, so far as to say, that I leave behind me, at the courts to which I have been accredited, a reputation for capacity and conduct of which I am not ashamed."

In February, 1845, he was appointed Secretary of State by President Jones, and soon afterwards signed a preliminary treaty of peace effecting the recognition and independence of Texas on the part of Mexico, which had been induced by the influence of the British and French governments. This treaty was carried to the City of Mexico by Captain Sir Charles Elliot, British Minister to Texas, and was immediately approved by the President of Mexico, and ratified by a large majority of the Mexican Congress. But this peace, so long desired, came too late to affect the current of affairs in Texas. The Congress of the United States had already passed a joint resolution authorizing and soliciting annexation, and the people were too enthusiastic at the prospects of Texas becoming a State of the Union to care anything about their relations with Mexico, and Dr. Smith was burnt in effigy at Galveston for expressing his judgment in opposition to the measure.

Early in April, after the action of the United States Congress had rendered annexation a certainty, Dr. Smith was sent by President Jones to Europe, for the purpose of explaining to the governments which had interested themselves in the welfare of

Texas, the new position it had assumed in regard to annexation, and to express its gratitude by tendering to them the courtesy of a formal farewell. Yet this honorable mission was denounced by impatient annexationists as an effort to invoke the armed intervention of France and England, and even to receive the reward of treachery from them.

When these events had run their course, and annexation was consummated, Dr. Smith retired to his plantation, near Galveston, and devoted himself to the pursuits of agriculture and the pleasures of a refined literary and scientific taste. But he was not permitted to remain long in this repose; the Mexican war engaged his interest, and he accompanied the army of General Taylor throughout its campaign in Mexico. After his return, he several times represented Harris county in the Legislature. His services in this capacity were highly efficient, and made a lasting impression upon the policy and progress of the State. In 1855 he was chairman of the House committee on public debt, and always prided himself on having procured the passage of the act by which the revolutionary debt of Texas was honorably discharged. In a speech in behalf of this bill, and in opposition to the policy of scaling the debt, he said :

“ Texas, Mr. Speaker, has achieved the highest military renown. From the storming of Bexar down to the brilliant gallantry of Captain Walker and his comrades, who, with sword in hand, cut their way forth and back through the Mexican army, there is nothing in the history of all the nations of the world more glorious than the renown of Texans for valor on the battle field. On that monument which stands in the porch of this capitol, which greets us every time we enter this hall, are inscribed the names of some of the heroes and of some of the battlefields of the olden time in Texas. For my own part, Mr. Speaker, I have not approved of the taste which has embraced in the inscriptions on our monuments the names of the heroes and battlefields of ancient Greece. The valor, the military renown of Texas, needs no comparisons with other nations to render them illustrious. They can stand alone; and they do stand in proud pre-eminence by the side of any that the long long line of history, ancient or modern, can furnish the world.

But, Mr. Speaker, we have another battle still to fight; an-

other victory, I trust, is now to be achieved. It is that we place the reputation of Texas for honesty and integrity on as lofty a pedestal, and make it as glorious and renowned throughout the world, as pure, as white, as bright as her escutcheon of military valor.''

In addition to his legislative services, he filled, during this period, several positions of honor and importance which his reputation invoked. In 1852, and again in 1855, he was appointed chairman of the board of Commissioners appointed by the President of the United States to visit West Point and report the condition of the Military Academy.

When the civil war began in 1861, Dr. Smith was one of the first to volunteer his services in the field, and was elected captain of a company known as the Bayland Guards, which was attached to the second regiment of Texas infantry. He became colonel of this regiment upon the death of the gallant Rodgers, at Corinth. He was in nearly all the battles fought in Mississippi, and was wounded at Shiloh. He was in the siege and surrender of Vicksburg, and, on being exchanged, was ordered to organize a regiment in Texas, which grew into a brigade. At the time of the surrender, he commanded the defense of Galveston, and was sent by the Governor of Texas, in company with Judge W. P. Ballinger, to New Orleans, to arrange terms of capitulation with the Federal commander, and on his return made a formal surrender of Galveston to Admiral Thacher and Comomdore Sands.

He now once more returned to his plantation, which was situated almost inaccessibly at the head of Galveston Bay. Here, like the placid waters which spread their calm surface before him, as if they, too, had sought repose here after having been long lashed and billowed upon the raging bosom of the Gulf, he found that rest from the strife and turmoil of war which his advancing years now so much needed. But he said not to his country, like Simon of Athens, "Come not to me again." He was still ready to respond to any call which Texas might make upon his services. In 1866, he was again elected a member of the Legislature. In 1876, he was appointed, by Gov. Throckmorton, one of the judges of the Centennial Exposition, and, in 1878, he was appointed, by President Hays, Commissioner

for Texas to the Paris Exposition, and was chosen as one of its presiding officers. He was also, in 1882, President of the Texas State Medical Association, to which he was warmly attached. In 1879, he was again, and for the last time, elected to the Legislature. At the expiration of his term, he was appointed one of the Regents of the University of Texas, and held that position at the time of his death, which occurred on the 21st of January, 1886.

In attempting to analyze the character of Dr. Smith, one will be met at the threshold by a uniformity and consistency so woofed and cemented as to baffle the keenest edge of metaphysical penetration. It was composed of a blent bulk of mingling qualities and well balanced influences, guided by a ripe judgment, and expanded and rounded by the breath and spirit of culture and development; a well defined arching and blending of virtues that constitute the patriot, the philanthropist and the accomplished gentleman; qualities which can be best weighed, measured and defined when radiated into the motives and springs of action.

Dr. Smith always cherished an ardent and unselfish public spirit. He loved his country and his fellow man. As patriotic as Regulus, he would at any time have given his life for the good of his people. As faithful as Cincinnatus or Washington, he would never have accepted his own aggrandisement at the expense of the welfare of his country, and as brave as Jackson, he would never have yielded a principle without manly defense. He identified himself with every scheme of patriotism and benevolence within his reach, and he always held his purse in the open hand of charity.

His literary and scientific attainments were of a high order; indeed he was the most polished and classical scholar the writer has met with in the annals of Texas, and it would be well for some of those who claim superiority in this respect to study the weight of his ideas and his manner of expressing them. He was familiar with the varied schools of philosophy. He had listened to the voice of the ages, and studied the hand-writings of the time. He had searched the museums and mausoleums of the old world, and his investigations were in the interest of truth. His religious convictions were firm and de-

cided, and he took issue with every theory or supposed development of science, that disputed the truths of scriptural revelation. In an excellent address on the permanent identity of the human species, which, as the substitute for Mr. Webster, he delivered before one of the societies of Yale College in 1848, he drew a fine comparison between what he conceived to be the truth and fictions of science—or, rather, the truth and falsity of its interpretation. He contended that whatever may be the dogmas of casuists, or the infatuations of scientific skeptics, man is still the man of the Bible, no older, no younger, nor different. That he is the same to-day that he was in the morning of his creation, and his image is as unchangeable as the model after which he was made. The mummies of ancient Egypt, the sculptured marbles of ancient Greece and Rome, proclaim that men and women four thousand years ago, were of the same stature that they are at the present time, and that the same manly beauty and female loveliness, the same strength and grace, the same models of perfection of the human form which delighted the ancient Greeks command our admiration to-day. Man has never been known to reach the height of nine feet. The tallest Patagonian measured by the Spanish navigators was but seven feet one and a quarter inches in height—not as tall as a man named Porter then living in Kentucky. That the hero described by Homer as heaving a stone on the plains of Troy, which ten men could not move, in his degenerate days, was but a practical myth, and soldiers of Troy were no larger, no stronger, no braver than those of Buena Vista and the Valley of Mexico.

Nor has the race of man improved or deteriorated, either in mental powers, morals, or emotions. The countenance of the statue of Niobe expresses the same horror, mingled with all a mother's frenzied anxiety for her children that would characterize her to-day under similar circumstances, and the other members of the group portray the same similitude. That if a comparison be instituted between the mental powers of the human race in all former periods and the present time, the same equality will be discerned. Homer and Shakespeare, Euclid and Newton, Socrates and John Locke, Pythagoras and

Kepler, all exhibit in their several spheres of thought the same intellectual capacity.

In rare conjunction with the candor, depth and dignity of his discourse, Dr. Smith possessed a pulsating soul of humor and a piercing wit, which were continually excited by his good nature. But they were always wreathed with flowers and in no wise impaired the weight and influence of his views, nor the force and gravity of his expression.

He was once summoned to testify as an expert as to the cause of death on the trial of a person charged with murder. There were many ludicrous circumstances connected with the case, and in giving his testimony he said that there were several hypothesis in regard to the matter which he would present in numerical order. "For instance," said he, "there is hypothesis number one," which he proceeded to explain, "and next there is hypothesis number two," which he likewise humorously explained, and so on until he had presented and defined a half dozen or more hypotheses. The jury, in the face of positive evidence as to the killing, brought in a verdict of not guilty, and when asked how could they render such a verdict under the circumstances, the foreman replied that after hearing the evidence of Dr. Smith, the jury felt satisfied that the man died with *hypotheosis*.

Dr. Smith was exceedingly polite in his manner, precise and polished in his language, and in the company of ladies was one of the most gallant of men. He possessed a high wrought sense of honor, and being as chivalrous as Bayard, he never faltered in front of duty, he never drew back in face of responsibility, and was quick to resent any insult or indignity that outraged his sensibilities. He cared nothing for the displays and gewgaws of fashion and outward show, and his attire, while always neat, was always plain.

While attending the Congress of Physicians held in Philadelphia a few years since, he was riding on a street car, in company with Dr. Stuart, of Houston, and other gentlemen, who were dressed in the tip of style and fashion. The car was crowded and they were standing on the platform, engaged in conversation, when a lady approached without attracting their attention. The car driver, observing that Dr. Smith had

a more homely appearance than his companions, seized him roughly by the arm, and cried out, "Make way for a lady!" Upon which Dr. Smith jerked a small knife from his pocket and pointing it ominously at the throat of the astonished driver said to him, in the suppressed, earnest tones of wounded honor, "Dare you, sir, to teach me how to be polite to a lady!"

The domestic habits of Dr. Smith were frugal and abstemious, and it was this temperate regimen that enabled him, though of slender physique, to preserve his health and vigor to the age of four score years. He was always contented and all his surroundings were lighted up by the sunshine of his intellect and cheerful temper. He was never married; yet he possessed not the peculiar eccentricities which usually belong to those who grow old in celibacy. If his sentiments were never soothed and softened by the touch of conjugal affection, they bore the silent chastening of a sad memory, wrought by the living image of a first and only loved, and never forgotten one. After his death a small package was found in careful preservation, upon which were inscribed the words, "Never to be opened, but to be placed over my heart after death." The solemn injunction was sacredly observed, and the little package sleeps with him in his bosom. It was said to contain the picture of a young lady he loved in his youth in Connecticut, and a letter written with her blood; but the secret lies buried with him, and there it will remain until the reminiscences of earthly things are called up in the reunion of eternity.

Dr. Smith was an earnest friend to the cause of public education, and was a vigorous advocate of normal schools and the interest of the State University. He appreciated the fact that the virtue and intelligence of the people form the pillars of republican government, and that a people to be free must have a knowledge of their rights and the duties they owe to society.

His views on all subjects were carefully formed from study and reflection; hence he was firm in his convictions, and as to a question of duty he was utterly immovable. He was one of those *justi ac tenaces propositi viri* of Horace, whom neither the thunders of Jove, the storms of Boreas, the frowns of Rulers, nor the applause of the populace can shake from the fixed purpose of their firm resolve; and this solidity of mind and im-

mutible determination he exercised in all the relations of life. A few years previous to his death, he was bitten by a rattlesnake, and he conceived that iodine was the proper remedy for the poison. He could not be induced to seek any other means of relief, and persevered in its use until he cured himself with that drug alone.

He had no fears of death. He viewed it as simply a change from old to new, from age to youth, from darkness to light, from eve to morn, for those who walked in the path of faith, a transition from this to a better world; and he died as he had lived, like a Christian and a philosopher.

His remains were reverentially escorted from his former home on Galveston bay to Austin, where they were placed in state, and every honor and respect was paid to his obsequies. They were then deposited in the State cemetery by the side of many of his old friends and compatriots, who had been laid there before him.

CORRESPONDENCE.

OUR NEW YORK LETTER.

MECHANICAL TREATMENT OF HERNIA.

NEW YORK, April 1, 1886.

EDITOR DANIEL'S MEDICAL JOURNAL:

THE importance of the mechanical treatment of hernia was ably demonstrated in an essay read by Dr. De Yarma, before the New York Academy of Medicine, a short time since.

It was my intention to give extracts from the essay, together with a running commentary. As the essay and the discussion on it has not been published, I will have to quote from memory.

The essay dealt only with the palliative treatment, while the discussion took a much wider range.

The position taken by Dr. De Yarma that hernias were with very few exceptions benefited, and that a large per centage of hernias even of long standing can be cured, was a bold and much needed advance in surgery.

The dictum has been so long and generally accepted that hernias, except in children were practically incurable, that a defense of mechanical surgery was much needed.

The position taken by Dr. De Yarma that the inguinal canal is not closed by adhesive inflammation, under the pressure of a truss, was a new departure from the teachings of modern surgery, and I think the time has fully arrived for this departure.

That this view is correct I think will be generally admitted by all who will carefully study the anatomy of the inguinal canal. It will be evident that the amount of pressure exerted on the walls on this canal cannot be greatly in excess of the resistance of the abdominal viscera, and even if it were, it would still remain to be proven that simple pressure produces inflammation. The pressure of a boot may produce thickening of the skin, but no pathologist would dream of calling this inflammation. Constant pressure causes atrophy by absorption; intermittent pressure causes hypertrophy from irritation. The pressure of a truss pad does produce thickening of the skin, but it would be as correct to call a bunion inflammatory as this.

Again the anatomy and physiology of the inguinal canal appear to be both lost sight of. The canal contains, besides the cord and its vessels, nothing but areola tissue. Inflammation of areola tissue is attended with the formation of pus; this is usually the case, if not always. That the formation of a phlegmon in the inguinal canal is a very rare occurrence, I think that all who have had considerable surgical experience will admit. I have seen one case that occurred in the practice of a surgeon, a strong believer in the adhesive inflammation theory.

In his efforts to close the inguinal canal at the internal ring, he used a truss with a stiff spring and a conical ivory pad. This was applied over the internal ring, the object aimed at being to invaginate the external parieties and set up adhesive inflammation and close the canal at its commencement. A better instrument, if the theory was correct, could hardly have been devised; but out of some eight or ten cases that he had under treatment, inflammation occurred in only one, and that in this manner. In this patient, a sharp attack of erysipilas occurred, commencing at the point where the truss pad was applied. This resulted in the formation of abscesses along the cord. After the

abscesses had run their course, and their cavities had closed, it was found that the inguinal canal was closed, and the hernia had ceased to exist. Of the remainder of the cases none were benefited and some were made worse by dilating the internal ring. This surgeon told me subsequently that in his hospital experience while a surgeon in the English army, he had seen quite a number of cases of hernia cured with the ordinary truss, and believing in the theory of adhesive inflammation he had devised the truss which proved such a failure.

Having seen the unfortunate results of experiments to close the inguinal canal by adhesive inflammation, I was fully prepared to endorse Dr. De Yarma in utterly repudiating this theory, and I believe that the acceptance of his views will be of the greatest advantage both to the profession and to those afflicted with hernia.

The inguinal canal is only a potential cavity, which during the descent of the testicle, is patent. The testicle at that time is small and soft; after its descent the canal contracts somewhat, the cord is left to fill a part of the space, and a growth of moderately firm areola tissue fills the remaining portion of the canal. It is then no longer patent.

Infancy, as we all know, is the time of the most frequent occurrence of hernia; this is before the physiological changes that I have just enumerated, can take place; but, it is a well attested fact that any appliance that will retain the hernia in the abdominal cavity at this time will cure ninety-five per cent. of these cases. What stronger argument could be adduced in favor of the position that I have taken? The principle then underlying the mechanical treatment of hernia, consists in giving physiological rest to the canal; that is, in keeping the hernia reduced day and night until the canal has ceased to be patent.

When we come to scientifically consider the problem from this standpoint, we may reasonably hope for cures in a large number of cases that at present we consider incurable without other surgical procedure.

Dr. De Yarma has made another advance in the mechanical treatment of hernia by devising a method of taking the exact contour of the pelvis. This he does with a lead tape about

thirty inches long and one-half inch wide and one-eighth inch thick. This he moulds to the pelvis; commencing with one end applied over the internal ring, he carries his tape across the abdomen, then over the pelvis between the crest of the ilium and the trochanter major back to the center of the sacrum. This is then slipped off sideways and placed on a sheet of paper, the inner side gives the guide for a pencil mark which completes the diagram.

In double hernia the tape does not extend across the abdomen, but the end is placed over the ring of one canal and the tape is carried to the center of the sacrum. The diagram is then traced on paper and the process is reversed from the other; the two united diagrams give the shape for the spring.

The Doctor repudiates the French pattern of truss entirely. The elastic truss he considers of value as a night truss only. The English pattern, in which the spring crosses the abdomen, he prefers for single hernias. In my opinion this form of truss has but one serious objection—a tendency to produce hernia on the opposite side.

In the discussion on the essay from which I have just quoted, it was a singular oversight that heredity was not mentioned as one of the causes of hernia; nor was the size, firmness or lateness of the descent of the testicle as a cause alluded to. An abnormal length of the omentum as a cause was not mentioned, although the president suggested that stretching or elongation of the mesentery might be a factor in its production. Diarrhœas of infancy and laborious occupations of adult life were evidently from their obviousness omitted.

The Doctor's object in reading the essay, as is mine in this running commentary, is to place the treatment of hernia in the hands of the profession where it belongs; and I hope I will be pardoned for saying a few words on the subject of trusses and pads.

It has been said and repeated so often that, "there has been no changes or improvements in trusses, only slight alterations in the pads," that I wish to make here a denial of this sweeping assertion. Those making this statement are either wanting in knowledge of mechanics, or of the various appliances that have been designed for the purpose of retaining hernias. All

of these have at least one object in common; that of control of the hernia, and this is about all they have in common.

It is true that a vast amount of ingenuity has been displayed in altering and improving the pads, without always improving their form or making them more effective. I shall discuss this subject after briefly noticing some of the more common forms of truss in actual use; and the mechanical principles involved in their construction.

We may divide appliances for the treatment of hernia under three heads: 1st, supports; 2nd; trusses for the retention of hernia; 3rd, trusses for the retention of hernia, and in addition, the closing of the canal permanently; so called radical cure trusses.

Reasoning a priori upon the evolution of this class of prathetic apparatus, we naturally infer that the first appliance of this kind consisted of a simple suspensory for large scrotal hernias. This was a waist belt and scrotal bag of leather or cloth. This has undergone but little change in material or form, and is still found servicable in a limited number of cases of irreducible scrotal hernia.

After the discovery of rubber, elastic webbing has in some cases been substituted for either the belt or bag, and if properly fitted, of decided advantage in selected cases. This was the oldest and simplest form of support, no effort being made to retain the hernia in the abdominal cavity. Notice the two distinct mechanical principles involved; in the one there is simple support; in the other an effort is made to reduce the hernial protrusion by elastic compression.

The next step in the evolution of this class of apparatus, we assume to be the non elastic belt with a soft pad. The surgeon had made two discoveries—one, that he could reduce a majority of hernial protrusions; the other, that he could retain the hernia by bridging the inguinal canal with his finger. In the natural process of reasoning, he arrived at the idea of substituting a mechanical device for his finger. What so simple as a leather belt with a pad. A large pad and a soft pad were essential for even moderate success. The perineal strap so obviously essential was the result of experiment.

The history of this appliance is veiled in the mists of an.

tiquity. It was revived by an English surgeon by the name of Mackmain, in the early part of the present century; and, although mentioned in some text books on surgery, I have been informed that it has been patented in this country. The discovery of rubber made a change in this appliance by the substitution of an elastic for the non elastic belt. This truss was used in the South during the war, but has since been patented. Metal springs were used for trusses long before the discovery of rubber. Two forms of metal spring trusses have been manufactured and sold so extensively that an impression prevails that all metal spring trusses are but slight modifications of these. Of the first of these, the French pattern has the credit of being the oldest form of metal spring truss; in this the spring acts from the same side as the hernia, and requires a large pad. It is better adapted to hiding than retaining a hernia. The second, or English, pattern is generally preferred by surgeons. This is also called the long arm truss, on account of the spring crossing the abdomen. This form of spring forms the basis of nearly all the so-called radical cure trusses in use.

To demonstrate the fact that there are other forms of truss springs in use, and involving entirely different mechanical principles, I will mention two, differing radically from these, and from each other. One of these, the White's lever truss, has a rigid bar of iron in place of pelvic spring; the spring is straight and short, the pad rotates on a pivot moving in the arc of a circle. It appears to be well adapted to those cases of hernia complicated with undescended testicle. The other is known as Ritter's radical cure truss. This has a spring crossing the anterior surface of the body, which is bent so that the convex side comes in contact with the abdominal walls. The spring carries two pads placed on short arms. A leather belt covers the spring. Tightening the belt reverses the arch of the spring, forcing the pads back upon the inguinal canals. The pressure is nearly constant. This truss has had a reputation of being very successful as a radical cure truss in adults.

It would appear from the number and variety of truss pads, that ingenuity has exhausted itself. But every once in a while some inventor brings out a new one, which, of course, solves the problem of the radical cure of hernia. There are large pads

and small pads, soft pads and hard pads, pads with a universal joint, stationary pads attached, either to the end of the spring or to a short lever riveted on to it. Pads of all forms, pads to represent the end of a finger, pads to represent the ends of four fingers, plain ovoid pads, ovoid pads large at one end and small at the other, pads made to dip down into the internal ring, pads with a ridge on the face, circular pads and cup-shaped pads, rubber pads to be filled with water, or to be inflated with air, pads made of an external oval ring and an internal ovoid pad, and so on to the end of a chapter which would fill a volume. But there is one thing noticeable in looking over an assortment of trusses—that is, the preponderance of plain ovoid pads; and we have not far to go for an explanation of this. Said a tailor: “The cutting of the shoulder seam of a coat straight, worked a revolution in the manufacture of clothing. It enabled the manufacturers to average the human body, and produce their goods on a large scale.” So in the development of the hard ovoid pad—a nucleus was formed around which crystalized the manufacture of trusses on a large scale. And, while this has taken from the instrument maker, it has given nothing to the surgeon. There is one thing, however, that it fairly demonstrates; that is, the facility with which a hernia can be retained. It is about as philosophical to use this form of pad as to wear shoes both made from the same last. When the science or art of truss fitting comes to be taught as it should be, the surgeon will both adapt the shape of the truss spring to the individual, and also adapt the pad to the space to be covered. This he can do by mapping out the size and location of the internal ring and the inguinal canal on the surface of the abdomen with a common blue pencil. Then, as the object is to retain the hernia in the abdominal cavity, he, with the knowledge that it is most easily accomplished by bridging the inguinal canal, will be able to design a suitable pad for each case.

As the text books on surgery direct a well fitting truss, but fail to say what that is, I will give a brief outline of the requisites of such a truss.

1. It shall retain the hernia in the abdominal cavity.
2. It must not give great discomfort to the patient.
3. It must remain in position after being fitted.

4. It must allow the pad to follow the respiratory movements of the abdomen.
5. It must not produce a hernia on the opposite side.
6. It must be easily fitted.

WM. PENNY, M. D.

SOCIETY NOTES.

EDITOR DANIEL'S TEXAS MEDICAL JOURNAL:

THE "Texas State Medical Association" will convene in Dallas, Texas, April 27th at 10 a. m.

There are many questions involved in the manner of conducting the proceedings, to make them pleasant as well as beneficial to each member. It is also well to be informed of important questions likely to come before the body for action. I propose briefly to allude to a few, only, of such matters in this letter.

1st. There is an amendment to the by-laws, pending, reducing the annual dues from \$5 to \$2.50. In my opinion it will be an unwise measure to adopt it, and would reduce our finances below a healthy standard.

Our association holds an honorable position among the sister societies, and it has largely been through our transactions that this place has been obtained. The articles themselves, and the beautiful and tasteful manner of presenting them, have received favorable comments from the profession all over the country. This could not have been accomplished with an empty treasury, and in my opinion the contemplated reduction of dues will cripple and retard our prosperity. I propose however to lighten the burden of obligations by abolishing one by-law and amending another.

1st. Strike out the by-law charging members of a local society one dollar annual dues. It is not right to charge a member an extra fee of \$1 for the privilege of belonging to a local organization, because the tendency of this would prevent in a measure, the organizing of the profession into county societies and their affiliation with the State association.

2nd. Reduce the admission fees, to the State society to \$2.50.

This will have a favorable influence in bringing more members into the association. To pay the present price of \$5 admission fee and \$5 annual dues prevents many good men from uniting with us.

3rd. The duties of the judicial council as now managed, are entirely too onerous. The members complain that they are deprived of nearly all the pleasure and benefit of the general sessions. I suggest the following plan as one way to partially remedy this.

The judicial council is composed of 12 members; my suggestion is, to divide the council into two committees. Take the first six on the list as committee No. 1, and the other six as committee No. 2.

Refer all applications for membership to committee No. 1. Refer all questions of an ethical and judicial character, and complaints and protests and credentials of delegates to committee No. 2. Each committee being smaller will do its work promptly, and any difficult or very important matter could be referred to a full council for adjudication.

4th. The judicial council requires applicants for membership to submit their diplomas with their applications. This is a considerable hardship and annoyance, and I believe the same end could be accomplished by a modification of the rule so that a member of any local society, (whose constitution and by-laws require their members to be graduates and observe the code of ethics of the A. M. A., and which society is in affiliation with the State association;) could furnish a certificate, duly authenticated by the society, without requiring the old diploma to be produced.

5th. The committee on medical necrology, consisting of a member from each county, is and always has been, inefficient; and as a result of it, we have no biography of a number of deceased members. I propose that the association appoint an efficient man to collect and present a brief biographical sketch of every deceased member, at our next annual meeting, and that the sum of \$50 be donated for this work.

Hoping these suggestions will receive proper deliberation, I am yours truly,

W. J. BURT, M. D.
Secretary T. S. M. A.

MINUTES

Of the Second Monthly Meeting of the Bell County Medical Association Held in Dr. L. T. Battes Office, Belton, Texas, March 3, 1886.

The Association was called to order by the President Dr. Frank Allen, of Belton.

On roll call the following gentlemen answered, to-wit. Drs. Frank Allen, H. C. Ghent, L. T. Batte, J. B. Fitzpatrick, Jos. W. Hunter, R. P. Talley and A. C. Enochs. Drs. R. R. Farr, A. S. Nunn, of Belton, and C. T. Simpson, of Temple, were present by invitation.

The work of the Association was very much interfered with by the unavoidable absence of Dr. Taylor Hudson, who was recording secretary pro tem, at the last monthly meeting, he having failed to send in the minutes as recorded by him.

Dr. S. Farris petition for membership was duly received and referred to the Board of Censors.

Dr. Ghent read a paper by request, on "The Diagnostic Grunts of Children," for which the thanks of the Association were voted him by motion of Dr. Fitzpatrick.

Dr. Talley moved to amend motion adopted at the last monthly meeting to-wit. "That each member of this association is hereby earnestly requested to furnish the corresponding secretary with a complete list of his patrons who do not, will not, or can not, pay their bills for medical services in a reasonable time; these lists to be recorded by the corresponding secretary in a book for this purpose, and by him held subject to the inspection at any time, of any one contributing to the same," by adding that all practicing physicians in Bell county, be requested to contribute to this non-pay list of names, and that they, who do so contribute, be allowed the same privileges in regard to said lists, as if members in fact of the association. And that also the Belton Journal and the Temple Times (newspapers published weekly in Bell county) be paid from the funds of the association, to publish one time, that the Bell County Medical Association had, according to the first law of nature, to-wit: "self defense" adopted the policy as set forth in this motion and its amendment. This motion to amend pre-

vailed, and Dr. Talley then read a long list of non-pay patrons. No other member present had a list ready to report, but all promised to report at next meeting. In the section on obstetrics, etc. Dr. Fitzpatrick reported a case of triplets, all boys, the second delivered still born, three distinct bags of water and one placenta. Dr. Hunter said that he had delivered a great many twins, and had never, in such cases, found only one placenta, or only one bag of waters; i. e. always a placenta and a bag of waters for each child.

The following gentlemen were appointed to report on sections at the next monthly meeting, to-wit: Practice of medicine, materia medica and pathology, Batte. Obstetrics and disease of women and children, Russell. Medical jurisprudence, Haley. State medicine, Fitzpatrick. Gynecology, Ghent. Association adjourned to meet 1st Tuesday in April next.

R. P. TALLEY,
Recording Secretary.

PROGRAMME

Of the Eighteenth Annual Meeting of the Texas State Medical Association, at Dallas, April 27, 28, 29 and 30, 1886.

April 27th—Address of welcome by Hon. John Henry Brown, Mayor of Dallas, at 10:30 a. m.

Immediately thereafter an address by Dr. S. D. Thruston, in behalf of the Dallas County Medical Society, followed by Col. W. L. Crawford, for the citizens at large. Reply by the President of the State Medical Society, and opening of the Society with prayer by Rt. Rev. Bishop A. C. Garrett.

The Society, in a body, will attend the opera, at 8 p. m.

April 28th—Address of the President, in Merchants' Exchange, at 8 p. m. Banquet at 10 p. m.

April 29th—Address of Dr. A. G. Clopton, essayist, at Merchants' Exchange, at 8 p. m. Ball at opera-house, at 10 p. m.

April 30th—Homes of resident physicians open from 3 p. m. to 9 p. m., to the members of the Association.

H. K. LEAKE,
Chairman Committee on Programme.

We are requested by Chairman Chilton, of the Arrangement

Committee to state that the Grand Windsor and the St. George Hotels will give reduced rates to members of the association, during the meeting.

NO REDUCTION IN FARE TO DELEGATES.

WE are in receipt of a note from Dr. J. H. Smith, Chairman of the Committee on Transportation, at Dallas, requesting us to announce that, "Gov. Brown, as spokesman of the Traffic Association, (in reply to a request for special rates to delegates to the State Medical Convention, to be held at Dallas, April 27, *et seq.*) informed the committee that no reduction will be given to delegates or others attending the Convention."

"The sins of the father shall be visited upon the children even unto the third generation." Even so it seems that the sins of a brother who sued the Santa Fe road for (imaginary) damages incurred while traveling on a complimentary pass, are to be visited upon the entire medical profession forever. Reduction was refused at Houston. The request was made while the above occurrence was fresh in the minds of the railroad officials, and it was supposed to be in resentment of the suit. We can imagine no other cause for refusing to physicians what is very generally extended to every other class of persons who meet in convention in Texas, and which, in other States, is always courteously given to them. This *may be* pluck, but it strikes us as bad judgment. Railroad companies have not too many friends at best, and will soon be regarded as public enemies—Ishmaels, whose hand is against all men.

CASS COUNTY MEDICAL ASSOCIATION.

TO DANIEL'S MEDICAL JOURNAL, AUSTIN.

Dear Journal:

THIS is the seventh year of our organization. We have done a good work in cementing the medical gentlemen of our section. We examine patients in the meeting and discuss the different methods of treatment. We exchange "Black

IT WILL NOT STAIN!
 MERRELL {COLORLESS} MERRELL
Solution of Hydrastia.

A permanent solution of the white Alkaloid of the *Hydrastis Canadensis*—adapted to the local treatment of all diseases of the mucous surfaces.

Recommended and Endorsed by Bartholow, Seudder, Hall, Rutherford and other prominent writers in every school of medicine.

Tested and Approved in Diseases of the Nasal Passages—of the Eye—of the Throat—of the Stomach and Intestines—of the Reproductive Organs and Bladder.

===== **ALSO** =====

MERRELL {COLORLESS} MERRELL
Solution of Bismuth & Hydrastia.

Introduced by us in 1872. Associated with Bismuth, the medicinal action of Hydrastia is increased and its uses extended. This solution contains $2\frac{1}{2}$ grains of the double citrate of Bismuth and Hydrastia, 25 per cent of which is Hydrastia Citrate.

Merrell {Fluid Hydrastis} Merrell

Endorsed by the Medical Profession of the United States; is the most perfect representative of all the Medicinal Virtues of the Golden Seal Root. The White and Yellow Alkaloids are herein presented in a perfectly clear, neutral non-irritating solution, applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

The Wm. S. Merrell Chemical Co.,
 CINCINNATI,
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Missouri River Depots.

Meyer Bros. Drug Co., Woodward, Faxon & Co., Kansas City;
 McPike & Fox, Atchison; Smith, Van Natta & Co., St. Joseph;
 H. J. Clarke, Lincoln; H. J. Clarke Drug Co., Omaha.
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Horsford's Acid Phosphate,

[LIQUID.]

Prepared according to the directions of Prof. E. N. HORSFORD, of Cambridge, Mass.
Universally prescribed and recommended by physicians of all schools.

As A Tonic.

Not the least important of the many therapeutic uses of this well-known preparation, is its application as a tonic.

Very many physicians recommend it as a highly agreeable tonic and appetizer. It nourishes and invigorates the tired brain and body, imparts renewed energy and vitality, and always enlivens the functions.

Invaluable as a Tonic.

Dr. J. L. Pratt, Greenfield, Ill., says: "It is all that it claims to be — invaluable as a tonic in any case where a tonic is indicated."

Tonic for Overworked Men.

Dr. J. C. Wilson, Philadelphia, Pa., says: "I have used it as a general tonic, and in particular in the debility and dyspepsia of overworked men, with satisfactory results."

As an Appetizer.

Dr. Morris Gibbs, Howard City, Mich., says: "I am greatly pleased with it as a tonic; it is an agreeable and a good appetizer."

For Overworked Females,

"Dr. J. P. Cowan, Ashland, O., says: "My trial of it has been rather satisfactory as a nerve tonic, as well also as in dyspeptic conditions of the stomach, with general debility, such as we find in overworked females, with nervous headache, and its accompaniments."

Pamphlet sent free. Physicians desiring to test Horsford's Acid Phosphate will be furnished a sample without expense, except express charges.

RUMFORD CHEMICAL WORKS,

Providence, R. I.

These works also manufacture Prof. Horsford's baking preparations, which are made of acid phosphate in powdered form. These preparations restore the nutritious elements that are taken from the flour in bolting. No other baking powder, or anything else used for raising bread, does this.

The use of these preparations is positively beneficial to health.

The Horsford Almanac and Cook Book sent free.

Lists," on the faith of Jim Bledsoe's creed, "They all put faith in his cussedness, and knowed he'd keep his word." Our first President was J. J. Davis, M. D. Our last is T. W. Connerly, M. D. We organized after the plan of the "American Medical Association." Success to legal medicine in Texas. Enclosed find two dollars for your JOURNAL, for our Association. Please send to yours respectfully,

R. L. McCLUNG, M. D.,
 Sec. and Treas. Cass Co. Med. Ass'n.

BURLESON COUNTY MEDICAL SOCIETY.

We learn by letter from Dr. M. M. Myers, of Krohne, that the medical profession of Burleson county met at Caldwell on 30th ult. and effected an organization auxilliary to the Texas State Medical Association, and that delegates will be sent to Dallas and St. Louis—to swell the already large representation of the Texas profession. The officers are, President, Dr. H. H. Darr. of Caldwell; Vice President, Dr. Sims; Secretary and Treasurer, Dr. M. M. Myers. Dr. Myers will represent the society at Dallas, Dr. Darr alternate. DANIEL'S TEXAS MEDICAL JOURNAL was chosen as the official organ of the society.

Thus the good work goes bravely on. Land in sight!

LONG MEDICAL SOCIETY.

F. E. DANIEL, M. D.

Dear Doctor:


AT the last regular meeting of Long Medical Society of this county a resolution was passed that the secretary furnish^h your JOURNAL the minutes, and essay that was read by Dr. Vermillion, of McDade.

Yours respectfully,

H. P. LUCKETT, Sec'y.

February 12, 1886.—Long Medical Society, of Bastrop county, met in regular session, Dr. Robinson in the chair. Present: Drs. Hill, Garwood, Vermillion, Powell and Lucket. Essay, by Dr. Vermillion, as retiring President; also an interesting case reported by Dr. Powell.

H. P. LUCKETT, Sec'y.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

"HOW MEDICAL JOURNALISM HAS AIDED THE PROFESSION" IN TEXAS.

Referring to an editorial on this subject in our last issue, we wish to add, that another and most important outcome of the medical journal is, that it develops talent, and unknown talent, and brings men into prominence, who otherwise would, perhaps, have remained in obscurity all their days.

The chief aim of this journal has been to promote organization of the regular profession of Texas, to the end that it may acquire such power and influence as to be respected, and to be able to procure legislation in the interest of public health. How well we have succeeded so far, is not for us to say. And we do not know, really, how many county and town medical associations have been organized directly and indirectly in consequence of the JOURNAL's appeals; but certainly many.

We have observed that it is a feature in nearly every one of those local societies to appoint an essayist for each meeting, whose duty it is, is to prepare and read an original paper on some medical subject at next meeting. The best of these essays find their way into print, through the home journal or some other publication, and thus obtain currency amongst the profession in and out of the State. Some of them have, (as stated in our last issue), attracted considerable attention abroad. The authors, many of whom never before put pen to paper for such purpose, thus encouraged, have ventured next, to send or read a paper to the State Association—where it is embodied in the transactions of that society. Indeed, the bulk of the contents of the Transactions of the Texas State Medical Association is made up of such papers—contributed generally to some section by men who had never, ten years ago, written a line; and in late years those papers have received much favorable notice at the hands of the profession. This fact has caused the profession of the outside world to reverse the opinion expressed only a few years ago by the *London Lancet*, that “no good (professionally) can come out of Texas.” Moreover, some of our more experienced writers have read papers at the American Medical Association, which have been well received. In this way, then, as well as others mentioned last month, the publication of a journal very effectually aids the medical profession. In Texas, in addition, it is a MEDICAL NEWS medium, and especially for the dissimination of the doings of our many medical societies. It is the duty of the profession to sustain their home journal by every means in their power.

A MUCH NEEDED WORK.

BIOGRAPHY OF TEXAS PHYSICIANS.

As it seems impossible to make all understand the object of the Biographical work now in progress, we wish to impress the main facts on the minds of our readers. From the force of circumstances,—early times and customs in Texas; it being then a frontier country, and (literally) infested with many bad characters—which gave a very *mixed* aspect to the

population; its comparative isolation;—before the extension of railroads—the want of communication with the outside world; the absence, until comparatively late years, of organized medical societies; the absence of any medical publication, “Texas medicine” occupied unjustly, an obscure place in the annals of medicine in America. As Dr. Wilkinson expressed it, it was “an unknown quantity,” “a terra incognita.” Within the last two decades it has been redeemed from this obloquy, organized, dignified and made respectable; for it, recognition has been obtained amongst the profession at large, as the peer of that of any State or country.

The object of the Biography of Contemporary Physicians of Texas, now being written by the editor of this Journal is, to commemorate the lives of those physicians who have, by their services, the force of their characters, their upright and honorable walk in life, dignified, given character to, and made respectable the science and practice of medicine in the Lone Star State. It is meet and proper that this should be done, just as much so as that the political history of the State should be written; and the biographies of those of her sons who have shaped its destiny, and made it the Empire it is, politically, financially, and otherwise, and given to it its position of proud eminence amongst the nations of the earth, the peerless cotton and cattle State of the world, and foremost in the cause of education.

Medicine has advanced, side by side with other features of its civilization, and has developed *pari passu* with its wealth, population and railroad extensions; and those men who have devoted their lives to the consummation of that development, should go on record side by side with her statesmen, warriors, educators, jurists, financiers, agriculturists and merchants; justice demands it.

Texas is a young State, yet; civilization is recent; the impress of savage domination is scarcely obliterated; that of border times and “frontier” existence is not, altogether. These men—just alluded to, may be called the pioneers;—they have but laid the foundation of a great career. The history of Texas *begins* from the present,—and is comprehended within the last half century. Record of her development and progress,

of her greatness, dates from the recent past,—her history is yet to be made and written. The present epoch bears the same relation to the future of the State as the struggle for independence, and the early colonial times of America do to the history of America. Surely, then, what has been done by way of beginning of a career, should be preserved; and the work and lives of all have been preserved except those of the physicians; and surely the medical profession have valid claims for recognition of their share in the work of shaping and of progress, as well as the others.

Medicine is yet in its infancy in Texas. In twenty years of God-given peace and prosperity to the country, our children will see, built upon the *foundation* laid by the pioneers and contemporary physicians of Texas, a superstructure of grand proportions. We will not see it; but those who come after us will enjoy the fruits of our labors and sacrifices. They will see a proud edifice arise—a temple of modern Esculapius,—a grand Medical Department of our grand State University;—and it will be peopled with modern Drakes, McDowells, Warrens, Yandells, Chapmans, Wistars, Hodges, Millers, Pancoasts and Grosses;— and a diploma from the Texas University will be a passport to the highest social, as well as professional privileges. They will see an able and venerable TEXAS MEDICAL JOURNAL grow up like a giant oak from the present little acorn, in whose heart there is the germ, which only requires the fostering care, and the genial support of an appreciative profession, to develop into future greatness and usefulness.

Let us, then, record the lives and services of those of Texas physicians who are now laying the foundation for this development.

EDITORIAL NOTES.

TEXAS SURGERY.

We have been favored by the Chairman of the Special Committee on Surgery, (Dr. Geo. Cupples) appointed by the Texas State Medical Association, with advance sheets of their report, which is to be submitted at the Dallas convention: The resolution under which this special commit-

tee was appointed, contemplated the compilation of all surgical operations performed by Texas Surgeons in Texas up to the present time, to be reported to the association. This then would be a basis upon which yearly reports are to be made, and thus a record of Texas Surgery can be kept, but it is impossible ever to collate a complete record. It is a good example to other States, and if followed, the American Medical Association can be put in possession of valuable clinical data in no other way attainable. In 1878 a report was made up to that date, showing some 1875 operations. The present report brings the subject up to the present date, and covers a grand total as follows:

		<i>Deaths.</i>	<i>Death Rate.</i>
Major operations	2080.	331.	15.91
Minor operation	2213.	19.	0.85
	-----	-----	-----
Grand total	4293.	350.	8.15

There are various opinions in the Texas profession as to the utility of such a report; and we know of our own knowledge, that there are many surgeons who have not reported any of their operations, and who cannot be induced to do so, believing that it is impossible to procure a complete and *reliable* record. Thus, the record must ever be incomplete, and of only relative value. But the cases reported make a very creditable showing.

The chairman of the committee deserves credit for his zeal and labor in the cause, and they are worthy of a better response on the part of the profession of the State. In the report accompanying the tables of operations, the chairman says:

"If the whole truth must be told, the writer of this report remembers to have read in the London Lancet some years ago, 'what good (professionally, that is) can come out of Texas?'" and he has it very much at heart to answer the sneer of the great London journal by proving from a survey of their work, that surgeons of Texas, country doctors though they be; though no long string of academic honors illustrate their names, are second to those of no country, in the variety, the boldness, and the success of operations; in practical skill, in fertility of resources, and in that self-reliance founded on knowledge, without which, no man can be a successful surgeon."

A MERITED COMPLIMENT.

It is the custom with some medical colleges to annually select some one, not a graduate of that school, distinguished for services in the cause of medicine, and to confer upon him the Honorary Degree of Doctor of Medicine, in recognition of those services. This honor is always unsolicited, and has never been awarded an applicant.

Recently the Louisville Medical College selected for the purpose, our own enlightened sanitarian and physician, Dr. R. M. Swarengen, the well known State Health Officer of Texas, and conferred upon him that degree.

In this selection the Louisville Medical College is to be congratulated. The faculty could not have made a more judicious choice; nor could they have more worthily bestowed this high honor. It has been placed where it will be worn with distinguished credit to the faculty, the college, and to the State of Kentucky; and Texas joins hands with Kentucky in doing honor to the gallant Mississippian, her adopted "son, in whom she is well pleased." Long may he live to serve the profession he so adorns, and to shed lustre upon his foster mother!

THE LATE ASHBEL SMITH.

The admirable Moss engraving of this distinguished personage, which adorns this issue of the JOURNAL, will be a most welcome and acceptable *souvenir* to all Texas, and especially to the Texas physicians, in whose hearts he held first place.

The complete and extensive biographical sketch which accompanies it—the first and only authentic one published, was written by Col. Jas. D. Lynch, of Mississippi, the talented author of "The Bench and Bar of Texas," at the request of Judge Goldthwaite and Dr. D. F. Stuart, two of Dr. Smith's most intimate friends, whom we had asked to prepare it. It is a valuable document, and doubtless will be preserved in the archives of the State—that portion of it especially, relating to the annexation of Texas, being heretofore unwritten history.

We have issued 500 extra copies of this edition, for distribution amongst our patrons. Others desiring a copy will please enclose the price—25 cents. Begin your subscription now,

(\$2 00 a year in advance), and secure a copy of this issue for your posterity.

A LITTLE LEARNING IS A DANGEROUS THING.

The smart young lady who wrote a note to the doctor asking him to visit her brother, and bring his urethra with him, has been discounted by a well informed medical student of Indianapolis, who was asked recently by his sweetheart to examine her throat for some slight ailment. Being anxious to exhibit his embryonic medical talents to his fair inamorata, he called for a spoon, dextrously depressed her tongue, gazed knowingly into the yawning chasm thus brought into view, and then, with a look of profound wisdom, informed her that *her vulva was greatly elongated.*—*Indianapolis Medical Journal.*

A BENEFACTION.

If he who makes two blades of grass grow where only one grew before is called a benefactor, what shall we call a practiced, scientific chemist who produces a staple drug of such virtue that it has *six times* the power and value of any antecedent preparation of the same drug? Surely *no less* a benefactor than the grass man. Well, W. F. Kidder & Co., of New York, have, after two years experimenting, succeeded in perfecting a non-hydroscopic pepsin which will be advertised in these pages next issue as "Kidder's Crust Pepsin." Of course, it is understood that the value of pepsin is in proportion to its albumen-solving power. This preparation dissolves 1000 grains of egg albumen by one grain of pepsin. To make the saccharated pepsin of the U. S. D. it requires only one grain of Kidder's Crust Pepsin to 18 grains sugar of milk; whereas by the standard process it takes six grains of pepsin; therefore the Crust pepsin has a value of six times that of the best pepsin now available; and being sold at the same price, it follows that Kidder & Co. have outdone the grass test, and now make one grain of pepsin do what ordinarily requires, in the physician's hands, six grains! And as it is *the remedy par excellence* for dissolving *diphtheritic membrane* (and even chancres), it follows that a physician can *cure six cases* of diphtheria with the means he

formerly possessed of curing one case. If this is not a logical deduction, what is? We anticipate a tremendous demand for this new and powerful solvent.

DEATH OF DR. FLINT.

The death of Prof. Anstin Flint, Sr., is peculiarly unfortunate just at this juncture, and will be a telling loss to the coming International Medical Congress. He was the most influential medical man in America—was to America what Virchow is to Germany, Charcot to France, and Gull, Hutchinson and Sir H. Thompson are to England, the acknowledged head of the profession, the American Watson. While he was undoubtedly the backbone of the International Medical Congress “as now proposed to be organized”(?) he was at the same time the great conservative element from which, if from any source, amicable adjustment was expected to come. That is to say, while all had respect for his opinion, there was none of that personal animosity towards him that undoubtedly so unjustly exists towards our great Davis; and Shoemaker. His death weakens our cause, but does not destroy the chances for a successful congress.

DELEGATES.

Do not forget to come to Dallas prepared to pay your subscription to the JOURNAL; it is a matter of much importance to us, in the aggregate, though a trifle to each individual. We have sent the JOURNAL ten months to many physicians who have not yet paid for it, and this is to GIVE NOTICE that this is the *last number* which will be sent to those who have not paid up, or who don't pay prior to May 1st. The names of all such will be dropped at once. It costs money to run a journal, and we cannot afford to send it any longer for nothing. A word to the wise is sufficient. No physician should be without his home journal unless he wants to get left. Why, we had a letter recently enquiring “when the State Medical Association would have another meeting?” The JOURNAL will keep you informed of everything that is going on in the medical world, and particularly what the home profession is doing.

MEMORIAL.

At a recent meeting of the Board of Regents of the University, Dr. A. G. Clopton, of Jefferson, Texas, was chosen to deliver the memorial address (on the life and services of the late Dr. Ashbel Smith), at the commencement of the University, which takes place June 16th.

Dr. T. D. Wooten has been elected president of the Board of Regents of the University of Texas, vice Ashbel Smith, deceased.

APOLOGETIC.

We have been compelled to give all our space usually occupied by "Original Communications" on strictly medical topics, as well as "Cullings of Clinical Matters from Exchanges," to the important and interesting biographical sketch of Dr. Ashbel Smith; hence there is less of strictly medical reading in this number than usual. The time for the annual medical conventions, too, being at hand, we have much to say of interest to delegates and others—under the heading "Society Notes,"—to which we have given more room than usual. Although this number of the JOURNAL contains less of strictly medical matters than customary, it will be found full of medical news and editorials on subjects in which all feel more or less interest.

THE PRESIDENCY OF THE CONGRESS, MADE VACANT BY THE DEATH OF DR. FLINT.

The *Mississippi Valley Medical Monthly*, in nominating "Our Own" N. S. Davis for this high and responsible position, says:

"Dr. Davis has an international reputation not inferior to that of any American author, teacher, or practitioner. He is the father of the American Medical Association, and, like Dr. Flint, has been a devoted friend throughout its entire history. His busy pen has made every part of the globe, where medicine has a scientific basis, familiar with his teachings. His last production, a systematic treatise on the 'Principles and

Practice of Medicine,' has no superior from the American press.

"If, then, we would add to the laurels of American Medicine,—secure a successful Congress in the face of a factious opposition, and maintain our national organization by continuing the unity of the great mass of our profession, Dr. Davis will be the proper man for the vacancy. It would appear quite a fitting tribute to one who has been so devoted to the cause of organized medicine to be privileged to round up a lifetime of devotion to the profession with the highest honors within the gift of the entire profession."

We heartily endorse every word of the above, and join our able cotemporary in urging the fitness of Dr. Davis for the succession, above, perhaps, any man in America.

QUARANTINE IN TEXAS.

The Governor of Texas (head of health department) has issued his proclamation instituting quarantine against all infected ports from and after May 1st, prox. This is done every year.

BACILLUS DECALVANS.

Prof. Von Schlen has recently discovered the bacillus of alopecia areata; has cultivated it and has succeeded in producing areas of baldness in the lower animals, by inoculating with the culture fluid. Now what is wanted is somebody to learn how to prevent baldness, since the Professor has discovered how to produce it. Immortality awaits the man who will discover a microbe that will make the hairs grow instead of one that will prevent it.

Speaking of the coming meeting of the Texas State Medical Association, which is to be held in Dallas this month, the *Mississippi Valley Medical Monthly* (Memphis) says:

For the past few years this Society has developed more than an average interest in the minds of the profession throughout the State, and now stands one of the most prosperous medical associations in the country. If we are permitted to judge of

the causes that have operated to bring about such results, we will unhesitatingly, mention as a prime factor, *Journalism*. We have noticed that our local and State societies, whether they owe their prosperity to this source or not, move in that direction *pari passu* with a live home medical periodical. Texas has two good medical journals, with DANIEL pushing one, and Brooks behind the other.

Dr. Holt has withdrawn his resignation as President of the Louisiana State Board of Health.

Dr. Flint bequeathed his library to the New York Academy of Medicine.

A good country location for an educated physician of experience, for sale. Address Dr. G. W. Christian, Burnett, Texas.

SUCH IS FAME(?)

“What’s in a name?” depends on whose name it is.

Yes, its a delicate matter, and we do not like to speak about it—out loud. But who ever saw a man who was not sensative about his name? Be it ever so ugly or ever so common, one likes to have it spelled correctly. We were once button-holed an hour by a gentleman who insisted on pointing out (with finger emphasis) the vast difference, (not between *tweedle dum and tweedle dee*), but betwen Clanahan and Clenahan; his name, he said, was spelled with an *e*—Clen-a-han. He a-l-w-a-y-s spelled it so, and his grandfather before him. We are quite sure we will *never* forget the difference, nor the occasion; and what’s more, *we* hadn’t called him “Clanahan;” we hadn’t called him at all; he called *us*. Now, a friend, an old acquaintance who should have known better, sent us a draft payable to “F. E. Daniels”—compelling us to sign “out of our own name;” and when in replying we stuck an s on to the end of *his* name, he got mad. Hang a fellow that can’t take a joke; but it illustrates what we have just said, men are sensative about their names. During the war we heard a young fellow

say it "would be sweet to die for one's country, if it were not for having one's name spelled wrong in the paper."

Now, all this is by way of preface. We do want *so much* to impress our readers, and especially our exchanges, whose editors see our name correctly spelled in every number of the JOURNAL, that our name is *Daniel* and not "Daniels." Unlike Daniel Webster's man whom he compared to a mule, saying he "had no pride of ancestry and no hope of posterity," we have both, and we insist on being addressed by our correct name—the old Virginia name—on whose 'scutcheon there has never been, so far as we are aware, a stain. We confess though, what sawed us off more than being addressed as Dr. "Daniels," (it knocked the conceit out of us considerably) was, receiving one of our exchanges last week addressed to "DAVID'S" TEXAS MEDICAL JOURNAL." It fatigued us, quite.

ON THE WRONG TRACK.

We have received intimation that we are wrong in supposing that the desire of the new code men, in New York, to do away with the restraining influences of the code of ethics, is that they may freely consult with homœopaths and other quacks. It is newspaper advertising that they want. The code will not countenance such things, as they want to practice in that line, to-wit: to have a newspaper reporter present at an operation, and to have him report the operation in full in the daily papers. Our correspondent says one "ad." such as the one he enclosed to us, which was a newspaper account of a surgical operation at a "clinic" by a "professor," was worth more to the professor than all the consultations he would get in a twelve-month.

DR. J. S. BILLINGS

Has been invited to deliver the address on Medicine before the British Medical association in place of Dr. Flint, deceased.

NEXT.

A Polyclinic in Atlanta, Ga., is announced in the *Atlanta Medical and Surgical Journal* for April, but no details are given, except that "it is proposed to organize and systematise the

medical out-door work of Atlanta," and that "there will be six departments presided over by" Drs. So and so. An item of so much importance should be explicit. *How* "organize and systematise the medical out-door work of Atlanta?" That is an item we would like to catch on to, over here in Texas.

REMINISCENCES OF CANNING.

Dr. N. S. Davis speaks of that part of science which has found final resting place in the Text-books—the accepted—the known, as "canned science," (put up in its own juice, as it were.) Pretty good.

WANTED.

A few copies of this JOURNAL for March, for which 25 cents each will be paid cash; or a month's subscription given for each. The demand for the March number was unprecedented, and before we were aware of it the edition was exhausted, except our office files. The JOURNAL is a booming, louder and louder.

"A GRUB TO CATCH GUDGEONS."

It makes us smile to see with what avidity certain of our contemporaries have swallowed a bait temptingly held out by a certain concern that deals in optical instruments. This concern sent its catalogue and a letter to a number of medical journals. We received them. The letter said: "As we may, at some future time, *no doubt*, use your advertising pages [etc.] please give us an editorial notice, calling especial attention to our facilities for fitting glasses by physicians' prescriptions," etc. We see several of our contemporaries have, accordingly, puffed the concern, on such a vague promise. We replied: "When that future time *shall have arrived*, and you *do* use our advertising pages (and *pay for them*), we may then 'give you an editorial notice;' not before. We have neither the inclination, leisure nor space to puff anybody's enterprises, except those of our patrons. Yours truly."

NECROLOGY.

MEMORIAL.

DR. G. K. M'GREGOR, OF WACO, TEXAS.

The subject of this sketch, Dr. G. K. McGregor, recently of Yellow Prairie, deceased, was born in Scotland, of good old Presbyterian parents, on the 12th day of May, 1839, A. D. While quite a child, he came with his parents and settled in North Carolina. In the common schools of the State he received a fair education, as served to establish in him the character of reliability—true to every obligation. At an early age he responded to the calls of his State and country, entered the service of the Confederate States, and, supported by confidence in the justness of the cause, he served as a soldier faithfully and well so long as any effort was demanded. He was actively engaged many times, and on one occasion received a gun shot wound through the right lung, which might have resulted fatally in one less robust and vigorous of constitution. Peace again restored to the country, young McGregor began the study of medicine with Dr. H. McLane, of North Carolina, which he continued, after coming to Texas, with his cousin, Dr. G. C. McGregor.

Constant and faithful to his course, and obliging, he was soon qualified to attend the more enlarged field of instruction afforded by the New Orleans school of Medicine and Surgery. After the required course of study, he was graduated as Doctor of medicine on the 15th of March 1870, A. D. Returning to Texas, he settled near Brenham, became a member of the "Medical Association of Washington county," as also of the "State Medical Association." "Ever faithful to the claims of his profession," as true to every relation of life, he enjoyed the respect and confidence of all who knew him. Too modest to be obtrusive, ambitious only to do good, he was known and loved most by the circle of friends who received his daily attentions. In the spring of 1883 the Doctor began the practice in what is known as "Yellow Prairie, Burleson county, Texas,

and on the 25th day of April in same year was married to Miss Carrie Adams, then of Bryan, Texas, whose rare mental culture, and steady Christian walk, secured to him peace and comfort at home with steady trust and hopeful confidence in the promises of God to the faithful worker.

Here, as elsewhere, friends and influence grew upon him, until recognized as a central and prominent man in his community, illustrating the power and worth of sound principles as the inspiration to life's work. But with all the advantages and prospects here presented, we are called to mourn a life too short to realize the just expectations. The arduous labor incident to a large and growing practice, in an intensely malarious atmosphere, developed inflammation of the liver, obstruction of renal circulation, with suppression of secretion which threatened rapidly fatal termination, (the latter condition was relieved by electricity in a few hours, so as to inspire hope of recovery.) The liver continued to give trouble, however, until abscess discharging into the duodenum, with nausea, vomiting, great prostration, with intolerance of food until death, which came to his relief on the 12th day of October, 1884.

In G. K. McGregor the community lost a true and esteemed citizen, the profession an honorable member, his family a support and trusted councilor, whose place we can scarcely hope to see filled; whose work and good example will long continue to follow, and bless those who are mindful to come after him.

A FELLOW LABORER AND FRIEND.

ADVERTISERS' NOTICES.

"A LONG-FELT WANT," (SURE ENOUGH,) WELL FILLED.—A desideratum with the South for a long time, has been a Post Graduate School of Medicine, where our southern practitioners, feeling the need of a little touching up in some one of the branches of medicine can go and, receive instruction, and enjoy clinical advantages, without too great an out lay of time and money; in other words, more accessible than New York. The Faculty of the St. Louis Post Graduate School of Medicine, realizing this want, have made provision to supply it in a

most thorough manner. They have a new, elegant and commodious building, thoroughly equipped with every facility for clinical and didactic instruction, and an abundance of clinical material. The faculty is composed of *distinguished* specialists of acknowledged ability, and of international fame, in every chair. The school is in successful operation, and is now open for physicians; send for catalogue (free) to Dr. A. J. Steel Dean, corner Lucas and Jefferson streets, St. Louis; and see advertisement in this issue. Mention the JOURNAL please.

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E. J. Edwards, M. D., M. B., M. R. C. P., 17 Orchard st., Postman Sq., London W., says: "I am highly pleased with BROMIDIA, which I consider to be an admirable combination. In the cases in which I have used it, its action was gentle and certain, without any unpleasant after effects, such as headache, etc."

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The increasing demand for their goods, by the medical profession in foreign countries, has necessitated the Rio Chemical Co., of St. Louis, to establish offices in London and Paris.—*Med. Brief.*

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GONORRHEA AND GRANULAR ULCERATIONS.—I have used Kennedy's *Pinus Canadensis* in gonorrhoea most successfully. I am now treating cases of chronic cervical endometritis, with granular ulcerations, and think it particularly indicated there. It was in such practice, I believe, which elicited Sims' encomiums of its merits.

Reagan, Tex.

T. N. CLARK, M. D.

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ABSENT BUT NOT FORGOTTEN.—Isaac Philips, of Atlanta, Ga., the great Southern surgical instrument dealer, writes us he cannot be at our Texas State Medical Convention, because his own State Association meets same time, and he is not ubiquitous. His advertisement will be found in this journal, however, and he will quote prices if you drop a postal card.

— — —

ÆSTHETICS IN MEDICAL PRACTICE.—With the advance of civilization more attention has been given to the refinement of

everyday affairs. The old saying that "anything that will do, will do very well," has lost its meaning, and there is constant effort being made to *improve* our environment and our appliances. House decoration has been carried to the confines of the magnificent; table service to extreme elegance; and whether indeed, our *moca* would be improved in flavor by drinking from a delicate China cup—or whether our sheepshead would be better served on a silver dish or not, we *think* it would, and that is sufficient. The foregoing applies with force to the vast improvement which science and æsthetic taste have made in those commonplace but indispensable articles, the physicians' saddle-bags and buggy cases; and now Messrs. GEO. K. HOPKINS & Co., 209 N. 2nd St., St. Louis, have startled the western profession, and delighted them by the introduction of the most beautiful, the most elegant, and at the same time, *convenient porte medicine* that skill, taste, experience in the manufacture, and knowledge of the needs of the practitioner can produce. See whole page advertisement and cuts of nickle-plated Steven's patent, buggy case and saddle-bags. Mention the JOURNAL.

—————

WORTH REMEMBERING.—Directions for the self-registering Clinical Thermometer: "The Thermometer is in working order, and always ready for application when the top part of the small bit of mercury that forms the index is (below the arrow point) after using it, and in order to bring the index again below the arrow point and ready for use, take the top part of the stem of the Thermometer (near the 105) between the thumb and the first fingers with the bulb turned downwards, or inclined towards the floor in this position; quietly swing from you (like a pendulum) from the elbow down, leave the wrist hang as loose as possible, always look at the position of your index after each swing, until you again see the top part of it below the arrow point, and it is again ready for application; if it be found that one or two quiet swings is not sufficient to bring the top part of the index below the arrow point, let your swing be somewhat forceable. By following those directions you will have little or no trouble with your Thermometer.

JNO. BARRY,
62 Fulton St., N. Y.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.



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[No. II.

"Scribimus indocti, doctique!"

ORIGINAL ARTICLES.

 CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL. 

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

A REVIEW OF ANTISEPTIC WOUND TREATMENT.

By A. C. Walker, M. D., Rockdale Texas.

Read before Milam County Medical Society, and voted to be printed in
(Daniel's TEXAS MEDICAL JOURNAL.)

IT has been said by an eminent writer, that the treatment of wounds is undoubtedly not merely the first stone, but the corner stone of surgery; and while I am confident that every member here is perfectly familiar with the aseptic treatment of wounds, and antiseptic surgical dressings, still I feel the assurance that all who have the true interest of our profession at heart, will gladly enter into the spirit of a short review on the subject of antiseptic dressings.

This discovery or advancement in the treatment of wounds, has created a new era in the science of surgery, and opened up

a field of research and investigation which has already reaped rich harvests of brilliant success in the prophylaxis of wound infection, lessening the duration of confinement from injuries, and the absolute saving of human life and preservation of limbs. Only a few years ago, while a student at Bellevue, I remember well that the mortality following certain grave surgical operations was extremely discouraging to surgeons. At that time and for years afterwards, at that distinguished hospital it was a matter of record that recovery from amputations of the thigh was the exception. Resections of the larger joints were rarely made with favorable results, owing to the excessive suppuration following the operation, with septicæmic complications, hectic fevers and exhaustive drain and shock upon the entire system; and if the patient was fortunate enough to recover at all, it was after a battle of life and death for months and months.

Fractures of a compound nature were looked upon with serious import; and if at all complicated were thought to be hopeless for limb safety, and often limbs were sacrificed which could easily have been saved, as has since been demonstrated, by the present method of treatment. Traumatic injuries of all characters, simple and compound, were every ready to take on different phases of virulent inflammation, either in the form of erysipelas, cellulitis or gangrenous sloughing; and after an amputation a limited degree of sloughing of the flaps was a matter of no surprise or concern.

Secondary hemorrhages were of frequent occurrence; and, when we think of the extensive ulcerated surfaces, exposed, by the old system, the enormous quantity of offensive and putrid discharges poured out, and often perfect sloughs of necrosed tissue thrown off, it is a wonder such accidents were not met with oftener than they were. On account of the discharges of the suppurating surfaces it was necessary to change the dressings of the wounds every day, or at farthest every other day; and by these frequent disturbances of the part, the patient was necessarily subjected to pain, and nervous excitement, but most important the granulating surfaces and surrounding tissues were deprived of *rest*, the most requisite condition for the fruitful union of a wound.

As far back as the time of John Bell, the subject of primary union of wounds was discussed at much length, and by some it was claimed that primary union did occasionally occur under favorable conditions but; the eminent Surgeon Bell "hooted" at the idea, and said "these tales are told with more confidence than veracity, and that immediate coalescence without suppuration was opposed to the rules of nature." Thus illustrating a principle in surgery that had existed from the earliest days of surgery, and so deeply engrafted into the minds and teachings of surgeons that nothing but a revulsion so glaring in its results could have proselyted the profession to the unquestionable verity of antisepticism.

Prior to the writings of Prof. Lister in 1865 on the "antiseptic method" there was nothing decided or harmonious in the theory and principles of wound treatment.

By scientists two views were held regarding the occurrence of fermentation. One class believed that the fermentation and putrifactive changes were due to the gases of the air, oxygen contributing the most potent factor; another class thought that such changes were generated from the influences of organic fluids after exit from tissues and vessels of the body.

With the existence of these theories of putrid fermentation, rigid efforts were made to exclude these noxious vapors from wound surfaces; the air and gases were shut out from wounds by hermetically sealing them with such agents as collodion or styptic colloid, but still the putrifactive process continued regardless of the exclusion of the supposed infecting material. About this time it was found that by the addition of some of the balsams and essential oils, putrification was greatly retarded, and unpleasantness of odor was prevented, and these agents were called *antiseptics*.

However, little was done to utilize these valuable agents at that time, only in a very crude and desultory manner, until the publication in 1859 of a paper of Corne & Demeaux on the treatment of wounds by coal tar, from which, for several years very fruitful results were obtained.

Lamarre, a distinguished French surgeon, becoming interested in the success of the *coal tar treatment*, investigated the method more closely, and ascertained that *carbolic acid* was the

chief antiseptic constituent in coal tar, and actively introduced it into surgical practice.

Prof. Lister in 1865 awakened to the importance and the success of the carbolic acid treatment, and stimulated by the investigations of Pasteur's results on spontaneous generation and the causes of fermentation, directed his attention to the antiseptic method of treatment. He soon published his views on, and experiments with, carbolic acid, with a fine report of his wonderful surgical success by this method, the result of which has made him the hero of antiseptis, and his name immortal in surgery.

The advancing popularity of the germ theory and the investigations of Schwann, Schroeder, and Pasteur, developed the fact that the theory that fermentation was due to the gases of the air had become untenable. Experiments were made with urine by boiling and allowing the access of only such air as had been passed through a heated tube, and it was found that the fluid could be preserved indefinitely without any evidence of fermentive changes.

Therefore it was inferred that fermentation must be due to some material floating in the air, and capable of destruction and removal by mechanical and chemical means.

It is essential from a surgical standpoint to know that suppurative and purtrifactive changes are strictly a process of fermentation, the causes of which are *particles* which reach the fermentescible substance from the outer world; and these micro-organisms have been called Scizomycettes or Bacteria. These micro-organisms are found in the air, water, and more especially in particles of dust. These bodies have life; they must breathe, take in material for their sustenance, renew their protoplasm and excrete their waste products.

These particles are always present in fermenting fluids, and it would be impossible to obtain fermentation without some form of micro-organism; and it may be stated as a principle, that fermentation is the result of the growth of micro-organisms in fermentescible materials.

The species of micro-organisms that have been identified as capable of producing disease in the human body, are comparatively few in number, and of these the ones that are concerned

in the production of the inflammations, and the infection-diseases that complicate wounds, are embraced in two great groups, viz.: Spherical organisms or Micrococci; and rod-shaped organisms, which include Bacteria and Baccilli. It becoming an established fact, that wound suppuration was undoubtedly the result of the fermentive action of living germs infesting the atmosphere, and in abundance deposited upon external objects, and demonstrated by actual experiment that Carbolic-acid possesses the power of sterilizing and even producing the actual death of these organisms, Prof. Lister adopted this method, which has been called Listerism, or antisepticism. After the use by surgeons of Lister's method for several years, it was observed, that failure in wound treatment was of no uncommon occurrence, and the faith in Listerism was somewhat shaken; but the more zealous in the study of antiseptics were sure that the principle was correct, but the agent employed, carbolic-acid, was not the germicide that it was reputed to be; and upon closer study and observation it was found, that in order to destroy the septic germs or Bacteria, the strength of the carbolic-acid used, must necessarily be such as to seriously irritate, if not destroy the wounded tissues. In endeavoring to secure an agent as efficient in its work as carbolic-acid, but less objectionable on other accounts, it was found that corrosive sublimate and iodoform were the antiseptics *par excellence*.

In order to establish an aseptic condition of a wound, a number of points must be attended to; the principle of which, involved in carrying out antiseptics, will embrace two methods:

First, those that are required to prevent the accumulation, and to ensure the removal of whatever substance might afford a pabulum favorable to the growth and increase of septic organisms: To facilitate the removal of septic products if formed: And to prevent the introduction into the wound of any substance capable of inducing septic changes in it; these methods are embraced in the single idea, *cleanliness*.

Second, the employment of substances as applications to wound surfaces, which are antagonistic to septic organisms, destroying them or restraining their growth—*antiseptics* in the strict sense of the term.

Under the head of cleanliness stands most prominently the prevention of the introduction into the wound surfaces of all forms of micro-organisms that abound so plentifully on the *skin*; different varieties of organisms infesting different localities; therefore adjacent tissues to a wound should be scrupulously cleansed and purified. Drainage too, may come under the head of cleanliness, as retention of secretion of exudate serum so abundantly poured out upon the cut surface, after the infliction of a wound, forms a pabulum rich in properties for the culture and growth of septic germs.

Hæmostasis too may be classed under the head of cleanliness; while blood of itself, in the form of a crust, may exclude the introduction of septic material; but it is only so under exceptional conditions. A blood clot located between the surfaces of a wound, is unable to undergo absorption or organization, therefore it can but act as a foreign material and foil all efforts at primary union. The cleanliness of extraneous objects is of prime importance. The hands of the surgeon and of his assistants, the instruments employed, sponges, ligatures and dressings, all should be rigidly examined, and thoroughly cleansed.

The antiseptic agents employed to sterilize or destroy the vital activity of septic germs, are effectively used by washing off the wounded surfaces, irrigating the wound cavities, and by the employment of dressings so impregnated with antiseptic material that the entrance from without, of germs to wound surfaces, capable of generating a suppurative fermentation, is unlooked for.

I will not attempt to enumerate the countless antiseptic agents that have been suggested and used in wound-treatment, but confine myself to those that are most popular, and at the ready command of every physician and surgeon. The application of the aseptic method to operations, and the dressings of wounds either inflicted by the surgeon, or from accidental origin in detail, is as follows:

1. All instruments to be used, should be immersed in solution of carbolic-acid, 1 to 20.
2. Towels to be used, should also be soaked in either a so-

lution of carbolic-acid 1 to 20, or solution bichloride of mercury, 1 to 2000.

3. Sponges which have been previously rendered antiseptic, washed in solution carbolic-acid, 1 to 40.

4. Catgut ligatures in solution of carbolized oil, or oil of juniper, or absolute alcohol.

5. Drainage-tubes in solution of carbolic-acid, 1 to 20.

6. Basins containing solution of carbolic-acid, 1 to 40, and solution of bichloride, 1 to 2000.

DRESSINGS TO BE USED.

1. Iodoform Gause.

2. Bichloride Gause.

3. Iodoform, pepper-box or blower.

4. Sublimate or Boracic-acid absorbent cotton.

5. Rubber tissue protective.

6. Bandages of different varieties.

To illustrate the different steps of procedure in the antiseptic method, we will take as a case in point, an amputation of the thigh, lower third. The patient anaesthetized, is ready for operation. After an Esmarch's bandage is firmly applied and tourniquet adjusted, the region near the site of amputation is first thoroughly washed or scubbed with soap or warm water, then bathed off with sulph: ether which removes all sebaceous substances that may be left from the washing. Then a third washing with solution of bichloride of mercury 1 to 2000, which makes the surface strictly aseptic.

Towels soaked in sublimate solution and enveloped around the limb, both above and below the site of the incisions.

The surgeon and assistants render themselves antiseptic, by first washing their hands with soap and water, and afterwards in a solution of sublimate.

The instruments used, are taken from a tray in which they have been immersed in a solution of carbolic-acid, 1 to 20; in fact, everything that comes in contact with the wound surface must have been previously antiseptized. The sponges used, are selected from a vessel where they have been immersed in antiseptic fluid, and great care is exercised in the perfect antiseptis of sponges,—often the most fertile of septic carriers.

The limb being severed, all bleeding vessels are promptly

ligatured with antiseptic catgut, the ends cut short near the knot; the size of the animal ligature used regulated by the importance of vessel secured. All redundancy of tissue, fat or otherwise, that might fail to unite with its opposing surface, should be removed with scissors.

The coaptation of the edges of integument should be carefully done, so that tissues of like nature should be brought surface to surface, the corneous layer should never be allowed to be rolled in, as it would certainly prevent primary adhesion.

The suturing of the flap should likewise be done with catgut sutures, the continuous or interrupted suture employed.

Several drainage tubes should be inserted in a situation most dependant and favorable to a free exit of fluids, and these tubes, may be secured with either silver or safety-pin.

The coaptated edges are now dusted with iodoform and a layer of iodoform gauze neatly applied; sublimate gauze is then loosely applied around the stump, so arranged the pressure as to bring all the surfaces of the interior of the wound as near together as possible.

Over the gauze several layers of boric or sublimate absorbent cotton is used; over which a sheet of rubber tissue is adjusted and then firm roller bandages are snugly turned, holding the entire dressing in perfect position and giving absolute rest to the wounded tissues. With a dressing of this excellence a wound may remain undisturbed for ten or twelve days, or until there is complete union of the parts.

Antiseptic material of sufficient potency to successfully prevent and arrest wound infection is within the command of every physician and surgeon; and as a field surgeon once said, the safety of the wounded patient greatly depends upon the intelligent management of his first attendant.

With the grand triumphs of the successes of antiseptic surgery before us, we must with one accord proclaim that "while surgery has thus always been a noble art, it may therefore now begin to claim for the first time, with some justice, that it is a noble science."

NEW OPERATION FOR INTERNAL HEMORRHOIDS.

By J. M. Lewis, M. D. Mexia, Texas.

(For Daniel's Texas Medical Journal.)

I OPERATED on a man during the month of December, 1885, for internal hemorrhoids. I had prepared my patient by using a purgative the night before, and using an injection of warm water and soap the morning of the operation, as is usual in such cases.

It was my intention to inject the tumors with carbolic acid and olive oil, (equal parts) as I have often done. The acid and oil were warmed, and my hypodermic syringe in good working order; but before I could use it, the mixture became cool, (the weather was very cold) and the syringe would not work well, and in attempting to use it, I carelessly spilled the acid and oil over the tumors. I then abandoned the syringe and used a ligature, and to my surprise, it *did not cause any pain*. The oil and acid had produced local anaesthesia. The operation was a success.

I have operated many times for internal hemorrhoids, and I prefer the ligature to the injection, but the ligature causes pain, while the injection (if properly used) does not.

The ligature is without doubt the safest, surest, and best operation, but the pain is some times severe, especially if the ligature is not tied very tight. Now if we can produce *anæsthesia* with the acid and oil then this objection is avoided.

When called upon to operate again, I shall paint the tumors with a solution of carbolic acid and oil before applying the ligature. I hope others may try this method, and while "one swallow don't make a summer," I feel confident it will succeed. We know that carbolic acid is an anæsthetic, and the oil prevents it from acting as a caustic.

In this operation we want a quick anaesthetic, and I believe in carbolic acid, we have it. And besides, I think the tumors will slough quicker.

I am not aware of any one having used carbolic acid in this manner, and as stated in this case, it was an accident.

FOREIGN BODIES IN THE RECTUM.

By *W. N. Perkins, M. D., Sabine Pass.*

(For Daniel's Texas Medical Journal.)

I OFFER a brief report of two cases from memorandum book, of foreign bodies in the rectum, which you can publish if you think they are of sufficient interest.

Such cases are not very common, and I am of the opinion that they are sometimes not recognized, but treated as sporadic dysentery, with one dose of medicine after another, when the speculum, finger or forceps would have been the proper remedies. The subjects of both cases were robust and well developed negro men.

First case—A man weighing about 160 pounds, 54 years of age, with no deficiency of physical organization, except a hare lip, and cleft palate, on account of which his articulation was so imperfect that it was difficult to understand him. He had been suffering severely for a day and night. I heard his cries before entering his house. When I entered his room, he was over the chamber, and the impress of pain was as vividly stamped upon his countenance as I ever saw it upon a human being. He exclaimed: "Oh, doctor, for God's sake do something for me!" I immediately administered a dose of morphine hypodermically, and though a large dose, it gave him only partial relief. The excessive tenesmus and tormina caused me to believe that there was a foreign substance in the rectum of some kind. Having placed him in a proper position, I introduced my finger, and to my great astonishment, discovered a large needle, such as is used for sewing quilts in frames, lying obliquely across the rectum, just above the sphincter, and firmly imbedded in its walls. The needle had a double thread in it, six or eight inches long. I succeeded with difficulty in extracting it; after which he quickly recovered. His wife recognized the needle, and remarked that she knew it was lost and had more than once hunted for it, but had never thought to look for it where it was found.

Second case—An unusually robust and well developed young negro man, 28 years old. I treated him for dysentery. When

first called to him he was having bloody stools with much tenesmus. I prescribed sulphate of magnesia and tr. opii. At my second visit he had had several copious evacuations with but slight temporary relief. I examined his rectum and extracted a bone, the vertebra of a hog, as large as a small sized hen egg. It was of a porous worm eaten nature, from the appearance of which, I supposed it had been in some part of the alimentary canal for several weeks. He recollected having made his dinner on back-bone about three weeks before his attack of sickness.

VAGINAL HYSTEROTOMY.

By W. T. Collins, M. D., Grove, Texas.

(For Daniel's Texas Medical Journal.)

AT 9 o'clock p. m., March 3, I was called to attend Mrs. W., a primipara, aged 26 years; found her in labor; pains coming on every twenty to twenty-five minutes. I made a careful vaginal examination, but could detect no os tinæ, it being, as I supposed, high and retroverted, which I frequently find.

Watched with my patient until 3 o'clock a. m., at which time I made a second very careful examination, and found an occluded os uteri, surrounded and bridled by firm, unyielding cicatricial bands. The os was so small that I could not force the end of my finger into it.

For three more long and anxious hours I watched, hoping that nature might be able to overcome the difficulty, and relieve my unfortunate patient without surgical interference, but I was sorely disappointed; for at 6 o'clock, nine hours since labor had commenced, the os was still rigid and undilated and undilatable.

The expulsive pains for the last three hours were very frequent and hard, and the woman was troubled by incessant vomiting, which was rapidly telling on her strength. The case was now assuming a dangerous phase, and I decided that nothing but an operation would save the mother and give a chance for the life of the babe.

I informed her mother (her husband being dead) of the necessity for the operation which I was preparing to make, to which she consented.

The patient was put upon her back, the hips brought to the edge of the bed, when I sought the cicatricial os with the index fingers of my left hand. Then using the finger as a guide, I carefully introduced a bistoury to the side of the obstruction, when I succeeded in making an anterior and posterior cut in mouth of the womb, to the extent of a half inch or more. I aided the dilatation all I could with the fingers and waited another hour, when I found the child's head corrugated and now fully engaged in the superior strait. Again I used the knife, making a free left lateral incision, through a cartilaginous band. This let the head descend and labor progressed well enough until the head reached the perineum, where it hung for four more tedious hours, when the parts yielded, and labor, like everything earthly, ended.

I repeat this case (1) from its extreme rarity ; (2) because it was produced (as I think) by syphilitic ulceration of the womb. Her husband had syphilis. The mother convalesced rapidly, and she and the babe are both doing well.

SOCIETY NOTES.

GALVESTON MEDICAL CLUB.

On December 28, the Galveston Medical Club met in regular session to discuss "THE DIFFERENTIAL DIAGNOSIS BETWEEN MEMBRANOUS CROUP AND DIPHTHERIA."

Dr. SAMUEL A. TOWSEY opened the remarks upon the subject in the following paper :

Mr. President and Gentlemen: Speaking generally, we say diphtheria is a malignant sore throat, attended with membranous formation. Few diseases are more dreaded by physician and patient than diphtheria. This disease has been known as long as the history of man exists, but only the last fifty years has it obtained any great degree of notoriety. The epidemic of Bologne, of 1855, 58, and 59, killed 20,000 persons.

It attacks children more than adults, girls more than boys. It has raged epidemically in the dog days, and in the coldest winters equally destructive of life. Is it contagious? Yes; undoubtedly. We know it to be so, although we are not acquainted with the true *modus operandi* by which the contagion operates; but once in possession of houses, or rooms, it clings with a most persistent tenacity. It has never been known to be carried from one house to another, if the person be not affected with diphtheria. The well-known case of Mons. Valleix, the French surgeon, who was attending a little girl with diphthetic sore throat, who was under energetic treatment, and she recovered. However, one day when Mons. Valleix was inspecting her throat, he received into his throat a small quantity of saliva, driven out of that of the patient by the act of coughing. Next day, a little exudation appeared on one of his tonsils. The other tonsil and adjacent parts become speedily covered with false membrane, and in forty-eight hours Valleix was dead from diphtheria.

Another case of diphtheria; the surgeon opened the wind-pipe without relieving the breathing; sucked the point of incision just made, because there was an obstruction of blood-clots. In forty-eight hours this surgeon was dead. He died of symptoms identical with those of Mons. Valleix.

Trousseau, the celebrated French physician, relates these cases in evidence of its (diphtheria) being contagious.

Trousseau afterward, being inoculated by puncturing his arm, nostrils, and throat, with a lancet moistened with the membrane, which he has just removed from a diphthetic sore throat, proved unsuccessful.

This same experiment was again repeated by another French physician—with the same negative results. That diphtheria is a blood disease, and is ushered in by constitutional symptoms as chilliness, elevation of temperature of 2, 3 or 4 degrees, general drowsiness, etc. The space under the jaw will show hard tender lumps; (enlarged glands,) the throat a dark livid color. Uvula much enlarged and swollen, hangs back; a sensation of chilliness every few minutes occurs; stupid feeling, pain in the back, drowsiness, dryness, burning in throat, and inflammation which now begins to spread, and in a few hours the

parts become affected, and is prone to spread over upwards to the back of the nose and downwards to the larynx and wind pipe.

At first the membranes are easily detached, but soon become tough and thicker, and when torn off, comes in shreds leaving a raw, bloody surface underneath the removed shreds. Now comes the first heavy breathing, and this is of a most offensive nature; here we have diphtheria, showing the *essential difference* between *that* and "croup" which is the most terrible and fatal of all diseases to which children are liable, and is characterized by inflammation of the *larynx*, accompanied by a membranous growth; this membrane grows in the wind pipe, makes it narrower and smaller, thereby producing a spasmodic tendency in the larynx, caused by the inflammatory action.

It has been thought by many that diphtheria and croup are the same disease. The only difference between them is that in croup the larynx is alone affected by the false membrane; while in diphtheria the membrane grows on other parts as well; the soft palate, the uvula, pharynx included, *i. e.* if a child has the croup the membranous inflammation is confined to the larynx. This disease does not spread to other members of the family; but in diphtheria the case is far otherwise, and nothing is more common than nearly every member of the family to be attacked in turns one after the other. Croup may be considered as a diphtheria of the windpipe, and is a local disease while diphtheria proper is a general and a blood disease.

The time has now arrived that every medical man should make a special study of these two separate and distinct diseases, as the increased population, and the want of a thorough knowledge of diphtheria, renders their assistance often of little or no good at the very moment that medical aid is most needed.

Dr. GOLDMANN opened the discussion by request: Diphtheritis is a disease entirely different from croup—because, while croup attacks only children, diphtheritis respects no age, and grandfather and grandchild may succumb to it on the same day; that croup, if it terminates favorable, leaves no sequel as a general rule, while it is well known, that after diphtheritis a

insidious state of anaemia follows, and many other complications are liable to arise, which threaten destruction to the patient; in croup there is hardly ever endocarditis or myocarditis, which generally accompany diphtheria; nor is the affection of the kidneys, the lymphatic glands and the nerve centres to be observed; croup is generally limited to the air passages—diphtheritis may invade other mucous membranes, or extend itself from the pharynx to the larynx, the buccal and nasal cavities and further on to the nasal duct and eye; or through the eustachian tube to the ear; in the same way it may invade the vagina and extend to the uterus after parturition, and thence to its annexa.

Where the beginning is local, its progress may be compared to that of pustula maligna; but many cases do not commence by showing local manifestations; but instead of it, exhibit all the signs of a severe disease, before any throat symptoms appear. The anatomical changes in diphtheritis are different from those of croupous or catarrhal inflammation. In catarrh it is an excess of the formation of epithelium, which has not time to organize completely, and is shed as fast as formed; in croup it is plastic lymph, which is exuded, and organizes on the mucous membrane, and finally, by its accumulation, leads to stenosis of the larynx; in diphtheria it is an exudation within the substance of the mucous membrane, which, by its pressure, causes gangrene and loss of substance. Consequently after diphtheritis a cicatrix forms; while after croup, in favorable cases, fatty degeneration of the exudation takes place and then gets eliminated. I can not conceive why some practitioners still hold the two diseases to be identical, and often have asked myself whether I was right in being so positive in my assertions on this subject. There is one thing deserving the attention of the profession, namely: in what causal nexus this disease stands toward scarlet fever? because some of the severest cases of diphtheria in my practice came in the wake of scarlatina. A remarkable parallel is observed sometimes in measles being followed by nona of which I saw several cases in Mexico. This fact points in the direction of a certain relationship existing between scarlatina and diphtheritis, principally if we take into consideration the glandular affection

and that of the kidneys, which are existing in both. The operation of tracheotomy has saved many lives of children, affected by croup; while in diphtheria, the most common occurrence is a diphtheritic inflammation of the flesh wound, extensive destruction of tissue, and after all, "exitus lethalis."

DR. ROGERS said that his views harmonized with what had been said, and that the diagnosis of diphtheria was often erroneously made. The manner in which the two diseases are ushered in shows a marked difference, and he was inclined to consider diphtheria a form of internal erysipelas.

DR. WEST agreed with what had been said by the foregoing gentleman.

DR. KELLY, alluding to a paper, published in the *Lancet* by Sir William Jenner, and to the views of Dr. Jacobi of New York, was inclined to regard diphtheria and true croup as one and the same disease.

DR. FRY said, that he had had no experience with diphtheria, but thought it possible that the color of the membrane was due to the secretion with which it came in contact. He had seen many cases of *true* croup.

Dr. B. A. POPE said:

Mr. President: In advocating the idea of the duality of diphtheria and membranous croup, I shall confine myself to the clinical symptoms as they are observed in the conjunctiva of the human eye; leaving the rest of the field of discussion to other members.

In diphtheria there may be no membrane at all, the essential feature being an exudation into the conjunctiva, and even into the deeper parts of the adjacent tissues, affecting even the cartilages of the eye lids. In croupous inflammation there is a distinct and separable membrane or nothing, and never infiltration into tissues, no matter how intense the process.

In diphtheria the membrane, if any, is of a bright yellowish gray color, while in croupous inflammation the membrane is of a grayish white.

If there be a membrane in diphtheritis conjunctivæ it cannot be removed except in parts and in shreds; while in croupous inflammation the membrane is removed without difficulty

as a whole, and its color, density and elasticity are different, and strongly contrasting.

In diphtheria the vascularity of the conjunctiva is reduced to a minimum and, being least in the most intense cases in croupous inflammation it is in direct proportion to the intensity of the process.

If a case of diphtheritis conjunctivæ be seen at an early stage, when isolated patches of infiltration exist, the parts of the conjunctiva affected are depressed and never swollen. In croupous exudation the swelling is always great in proportion to the intensity of the process.

In diphtheria (of conjunctiva) the tendency to hemorrhage into the conjunctiva and on the surface in the early stages is very great, which is caused by the mechanical obstruction to the return circulation. In a case of croupous membrane, there is but little tendency to spontaneous hemorrhage, it being produced by the rupture of the blood vessels of the highly congested and swollen conjunctiva, caused by the tearing away of the membrane. The tearing away of membrane in diphtheritis conjunctivæ does not produce bleeding to note.

The cornea almost always is attacked in diphtheria with great probability of perforation, and even of sloughing of the whole membrane. The tendency of the cornea to be injured in croupous inflammation depends on the intensity of the process, and the nature of the disease upon which it has been grafted; and does not seem to be increased by the exudation.

The diphtheritic membrane frequently extends from the conjunctiva to the intermarginal parts of the lids, and in many cases excoriations of the outer skin of the lids may occur, which take the form of diphtheritic ulcers. This never occurs in croupous inflammation, I believe.

The diphtheritic membrane often extends from the conjunctiva to the nose, and then may extend to the throat. This, as far as I know, does not occur in croupous inflammation.

In diphtheria the lids become in all cases much swollen and rigid; and in bad cases they become enormously swollen, and it is impossible to evert them. They are lurid, hot, glistening, exceedingly painful, and remarkably sensitive to the touch. The cartilages, in young subjects may become so infiltrated

that, in the early stages, I have seen the inner surface of the lids thrown into folds and pockets. I have never seen a case of croupous inflammation of the lids, no matter how intense, that presented the above described conditions of the lids.

The secretion (conjunctival) in diphtheria, previous to the stage of ulceration and sloughing of tissue, consists of a thin and scanty yellowish serum, mixed with blood and flaky clots of fibrin. In croupous inflammation the secretion is *mucous*, *muco purulent*, or purulent according to the violence of the process, or the nature of the disease complicated by it.

In diphtheritis conjunctivæ, after eight or ten days, the process of elimination commences, and the surface becomes nodular; this is never the case in croupous inflammation. Ulceration and swelling take place; and with these purulence is established; but all these are only a part of the destructive process, which never occurs in croupous inflammation.

In diphtheritis conjunctivæ, after the last mentioned destructive process has taken place, shrinkage occurs, and entropion and trichiasis follow as after cases of trachoma. These do not occur after croupous inflammation.

Where diphtheritis conjunctivæ arises as a complication, the original disease is lost in it; which is not the case in croupous inflammation.

Diphtheritis is mostly a primitive affection; but in my experience, croupous inflammation is a complication; subordinate to the original affection.

We never see diphtheritis conjunctivæ in one eye, and croupous inflammation in the other.

We do not, in an epidemic of diphtheria, see diphtheria conjunctivæ in one member of a family, and croupous inflammation of the eye in another. Diphtheria produces only diphtheria.

The mildest cases of diphtheritis conjunctivæ do not approach in type croupous inflammation, but retain the typical traits. The most developed cases of croupous inflammation do not resemble diphtheritis conjunctivæ. Cases forming a connecting link are wanting. If there is any relation of cause between these diseases, we must admit that diphtheritis is the most intense, and that the croupous form is a milder type of diphtheritis. If this be admitted, and it cannot be doubted, then

there should be a shading of the mild type of diphtheritis into the strongest types of croup; but this is absolutely not true. Each retains its own type, no matter what the intensity of the disease. One of the most complete and typical croupous membranes I ever saw, was in the clinic of Arlt of Vienna. In this case the inflammatory symptoms were extremely mild, and there was but little secretion, and the patient seemed but little annoyed by the process. In looking at this case, one who had ever seen a case of diphtheritis conjunctivæ, no matter how mild, would not have thought to connect that disease with it.

The very fact that we speak of severe and mild cases of diphtheritic conjunctivæ, and severe and mild cases of croupous inflammation is to my mind logically conclusive against the identity of the two diseases, clinically, or as to their cause.

The treatment of the two diseases, more strikingly than anything else, tends to show their difference. In croupous inflammation, the use of caustics is, as a rule, indicated; while in all cases of diphtheritis conjunctivæ, no matter how mild, all caustic or irritating interference is almost surely fatal.

Jacobi, I believe, explains the *absence* or *presence* of the diphtheritic infiltration, by the *presence* or *absence* of muciperous glands in the mucous tissue affected; but as the upper eye lids are certainly not wanting in these, and as d. conjunctivitis has its typical development in these lids, it seems that some other explanation will have to be sought for.

Dr. Cook wished to be placed as one who considered the two diseases as distinct.

Dr. FLY also believed that the two diseases were distinct, though as to the result he did know that it mattered whether the doctor said the patient had true croup or diphtheria.

In three cases on which he performed tracheotomy, two of them before the operation, he diagnosed diphtheria; and the wound became diphtheritic; in the third he diagnosed croup and the wound did not take on the diphtheric character.

DR. SINGER said :

Mr. President: In our large eastern cities, those physicians who believe in the duality of croup and diphtheria, claim that croup is by far less common, and diphtheria much more so, than

it was twenty-five or fifty years ago. This looks very much like a compromise on their part; assuredly it means that even to them the differentiation between the two is extremely difficult.

We all know, that we may have very mild cases of diphtheria; so mild in fact, that unless some special symptoms attract our attention, we may fail to recognize the disease. Ordinarily, diphtheria attacks first the upper air passages, those that are exposed to direct ocular examination; but nothing disproves that it may not primarily show itself in the larynx. Now, being given a mild type of diphtheria, say in a young subject, who exposes himself recklessly to sudden changes of temperature, and whose laryngeal passages may, for that reason, be in a state of catarrhal inflammation, such condition will no doubt invite the diphtheritic manifestation to this spot; the exudation will form there at once, and all the symptoms of laryngeal stenosis will appear before the constitutional infection is discovered. Under these circumstances the greatest danger is from asphyxia, and deaths occur from this cause within a very short time; yet that the heart has not been failing, does not disprove the existence of diphtheria. No stress need be laid on the range of the temperature or of the pulse in either case, for authors are far from agreeing on these points; nor is the fact of the glandular enlargement in a well marked case of diphtheria very valuable, for the swelling of the lymphatics depends on the amount of tissue involved by the characteristic lesion, and not on the primary infection of the blood: it follows therefore that where the larynx alone is implicated, we must not look for a glandular enlargement so well marked as that consequent upon a diphtheritic inflammation extending from the posterior nares to the bifurcation of the trachea. It is erroneous, to say, that the so-called croup is a disease of childhood only, for cases of it have been reported as having occurred in the adult. It is said, that it differs from diphtheria by not being contagious like the latter; yet epidemics of croup have been reported: facts are also given where inoculations of croupous membranes on animals failed to excite a like inflammation at the inoculated spot. Who will affirm however, that a well marked diphtheritic membrane *al-*

ways reproduces diphtheria when applied to a healthy mucous surface? Such a presumption would imply that the origin or cause of diphtheria is a purely local one, a point which is far from being settled at the present day. Furthermore all animals, from man down to the lower ones, are not equally susceptible to the same poison; and it has not yet been proven that any virus taken from the human system can be reproduced with certainty in dogs and rabbits. Cases are reported also of physicians and others having acquired diphtheria through the agency of tracheotomy tubes, used in cases of diphtheritic croup, but it is not related whether anybody has ever been foolhardy enough, to suck a tracheotomy tube used in the so-called membranous croup, for the sake merely of demonstrating that no systemic poisoning would follow. Reports simply tell us, that inspiration practiced through a tube used in a well defined case of diphtheria, *may* carry the disease germ into the system of the reckless manipulator of the instrument, but such poisoning is not always the infallible result. The same argument holds good in such instances of tracheotomy, where diphtheritic inflammation extends to the external wound of the neck; but to affirm that such diphtheritic exudate will occur in every case of diphtheritic stenosis operated on, is trespassing on well established records.

In regard to the sequelæ of diphtheria, such as paralysis, to say the least, they are rare. Yet cases of so-called membranous croup have been reported, which were followed by paralysis. If we admit that in laryngeal stenosis nineteen out of twenty die, how seldom will we be able to see a case of paralysis follow a recovery from this affection?

Much has been argued and said in regard to the respective exudations of diphtheria and croup. Ernst Wagner, several years ago, was the first to proclaim the differences between them, but his views have since then been refuted by Rindfleisch and others, and to-day the pathological anatomist makes no distinction between them. Under the microscope we find that the same histological elements make up their composition, and at the bedside the same chemical substances are used to dissolve both. Oertel's far-famed micrococcus is said to be the distinctive characteristic of the diphtheritic membrane; but

examinations have been made of non-diphtheritic exudations of the air passages, and micrococci and bacteria have been found in small proportions first, but their number increased from day to day as the examinations were conducted at consecutive intervals. Besides, micro-organisms have been found in the human body independent of any diphtheritic process; and these could in no way be differentiated from the micro-organisms of diphtheria. All that we may conclude from the presence of these organisms is that they indicate a certain amount of constitutional infection; for it is by no means established that they are the disease-conveying germs. Great stress has been laid on the fact that the croupous membrane lies on the mucous surface whilst the diphtheritic lies on, and also within the mucous layer. We are told that in diphtheria, occurring along the whole surface of the respiratory passages, the membrane is incorporated within the substance of the mucous tissue in the larynx and in the parts above it, whilst below the larynx, in the trachea and bronchi, it resembles the croupous exudation by being readily detached from the underlying mucous surface. Why a continuous membrane should be diphtheritic on one extremity and croupous on the other, I cannot understand, unless, I suppose, that one form is merely a gradation of the other; or that the croupous membrane may become a diphtheritic one by the further operation of the morbid process developed in the system.

I do not believe that, even if the duality of these forms of laryngeal stenosis were an established fact, would the treatment of either as a manifestation of the same disorder, namely diphtheria, prove to be injurious to the other form, the croupous. Aside of early tracheotomy, the plan which is conceded to offer the best chances for life, is the attempt to dissolve the obstructive membrane by means of some chemical solvent; the same substance is used by those who differentiate between the membranes; hence there is no danger to the patient to be treated for diphtheritic stenosis, even if he should suffer from such a disease as membranous croup, and it will be readily understood that no diphtheritic process will be treated for a croupous one, by a man who does not believe in the existence of membranous croup.

In conclusion, I will say that I have known two cases of fatal laryngeal stenosis to occur in a family. When the first child was attacked, three experienced physicians named the disease croup, because there was no diphtheria prevalent in the neighborhood. When, a few days later, the second child was similarly affected, and died, the former diagnosis was retracted and that of diphtheria substituted, because "croup, of course, is not contagious." The moral of this tale is obvious.

Dr. FISHER said that he had had no clinical experience with membranous croup or diphtheria, but from what he had read, and from the discussion this evening, especially the convincing argument which Dr. Pope used, he was inclined to consider the two diseases essentially different.

Dr. GWYN said:

Gentlemen: But few points have been omitted in the present discussion. 1st, The extreme contagiousness of diphtheria and the non-contagiousness of croup are marked. You have no doubt been frequently called in families where you have met with a severe and even fatal case of croup, while the balance of the family escaped; not so with diphtheria; when once it gains foothold, rarely an individual escapes.

2d. Another essential difference is the state of the temperature. A fall of the thermometer is hailed with delight in croup, while in diphtheria it is witnessed with gloomy forebodings, and the greater the fall, the more serious the prognosis.

3rd, The mode of death in croup is usually by suffocation. In diphtheria by many modes.

4th, Croup has no sequelæ, while diphtheria has many, and is itself frequently a sequel of other disease.

5th, Croup is an exudate, while diphtheria is a pathological growth.

I have seen a case of pseudo membranous laryngitis in a woman of 60 odd years, in which the membranous cast was thrown off.

Dr. LANDEGREN said that at first it was very hard to differentiate the two diseases, but later one presented all the characteristic of a local diseases of a sthenic type and the other a constitutional disease with asthenic symptoms. He considered the two diseases essentially different.

Dr. GOLDMAN closed the discussion by stating, that, notwithstanding the high authorities quoted in contra to his opinion, he could not be convinced of the two diseases being identical.

The histological difference of the two affections was undeniable, and also their character; besides this the termination was in one, simply stenosis of the larynx, in consequence of œdema of the glottis and the piling up of exuded membrane; while in the other its fatal exit was generally caused by failure of the hearts action, or by anæmia of the brain. In reply to Dr. Singer "why diphtheria was now so very frequent and croup less so," he wished to state that epidemics had come and disappeared, from time to time, in order to reappear again at a later date. Diphtheria had become general in this country since 1857, and after a terrible epidemic (the black tongue) had prevailed among the cattle, and even the deer on the prairies of Texas and Louisiana, to which thousands fell victims. Many practitioners have dated from this epidemic, the appearance and spread of diphtheria. He was glad to see from the excellent observations of Dr. Pope, that his clinical experience of diphtheritis and croupous inflammation of the conjunctiva did fully confirm what he had stated, as to the pathological difference of the two, inasmuch as he had found, that after the former a loss of substance and a cicatrix followed, while after the latter the membrane returned to its pristine state. The importance of the fact, mentioned by Dr. Pope, was evident, that the cornea becomes invaded and destroyed by diphtheritic inflammation, but not by croupous. The cornea is a cellular tissue within which the exudation forms, and by its pressure interrupts the nutrition, which leads to necrosis; while the croupous exudation limits itself to the surface of the mucous membranes.

DR. C. H. WILKINSON, President of the Club, closed the discussion with the following remarks :

After the remarks, gentlemen, that have been made upon the subject, but little, if any thing whatever, remains for me to add. Like the majority of those, who have expressed themselves, I regard membranous croup and diphtheria as two separate and distinct diseases, and for the following reasons, to-wit :

1. *Pathologically considered.*

The deposit of croup is an *exudation*, and resembles a simple fibrinous deposit; as in fact it really is. That of diphtheria is an *infiltration*, and rather resembles the accumulation of a syphilitic primary lesion.

The deposit of croup is made *upon* the mucous membrane of the throat, and no where else; while the infiltration of diphtheria occurs either *within* or *under* that membrane.

In the first instance, the exudate can be forcibly removed without laceration of the subjacent membrane; while in the latter case a raw, excoriated, often bleeding surface, will remain after detachment of the diphtheritic membrane.

Croupous deposit is either not at all impregnated, or sparsely so, with bacteriæ; while that of diphtheria is always found *loaded* with them, and the septic condition always found in the blood is clearly and solely attributable to them.

It has been stated that living organisms prevail as well in croupous as in diphtheritic deposits. So they do at times; but never to the same extent in the former as in the latter disease; nor can their migration from the surface to the subjacent blood vessels be traced in the first instance, as they so plainly can be observed in diphtheria. It is very questionable if any exudate or discharge from the human body is always absolutely free from micro-organisms.

Again. The deposit in croup is *not inoculable* to any degree of danger to the human system; while that of diphtheria has destroyed many lives by its accidental contact with healthy persons, and is notoriously dangerous in this respect. Otto, Webber, Seekmen, Valleux, Blache, Gillette and other lights in the profession lost their lives by the accidental inoculation of themselves with this diphtheritic poison; and could the entire list be obtained, no doubt many lesser lights could be found to join the foregoing. No such charge can be brought against the deposit in croup. Croup is not inoculable, and does not appear upon the cut surfaces of wounds as does diphtheria.

The cause of death in croup is a *mechanical* interference with respiration, due to occlusion of the air passages by the deposit; while the cause of death in diphtheria is almost invariably due to *heart failure* caused by the presence of septic matter in

the blood acting upon it. One therefore is a *mechanical*, while the other is a *blood poison* or zymotic disease.

Diphtheria is accompanied with *albumin-urea* and often followed by *paralysis*, while no such accompaniment and sequence can be charged to croup. Now, the foregoing pathological differences are well defined, and have been very forcibly stated by Virchow, Buhl, Oertel, Narviloff and other German pathologists, without mentioning our own countrymen, and are, I think, irrefutable. But should any doubt remain as to the non-identity of these two diseases, then *clinical* features should convince all skeptics as to their great dissimilarity.

Clinically considered, then croup is *sthenic* in its form and nature, while diphtheria is notably *asthenic*, or the very opposite.

The former is sudden in its invasion attacks children almost invariably, and usually occurs at night. Diphtheria, on the other hand, is oftener gradual in its invasion, attacks adults as well as children, and is as liable to appear, at first, in the day time as in the night.

Any one familiar with the two diseases must have noticed the feeble and compressible pulse, the peculiar palor and the lowering temperature of diphtheria, while but little trouble manifested itself in any of the air passages to create alarm. Mark the contrast in the case of croup! The bounding pulse, excited brain, and elevated temperature in this disease; while the peculiar respiration suggests the mechanical processes at work.

Many other points of difference, gentlemen, could be cited in connection with these two most formidable diseases, but enough have been attended to already, in order to prove their non-identity.

I must congratulate you on the interest you have taken in a theme, the discussion of which may be regarded as really the most important consideration that could occupy the attention of our club at present.

Much has been gained in pointing out the destructive features of the diseases; and with a proper appreciation of their respective natures we surely ought to be the better able to detect the one from the other, whenever we meet them, and thereby be the more capacitated to rescue human lives by treating each

for what it really is; and avoiding, thereby, the repeated mortification and disappointment of those who, declaring the two diseases to be identical, very often kill a case of diphtheria while treating it for croup.

A SUMMARY OF THE PROCEEDINGS OF THE TEXAS STATE MEDICAL ASSOCIATION: SESSION OF 1886.

The 18th annual convocation of the Texas State Medical Association occurred in Dallas, April, 27th, and continued four days. The reception committee of which Dr. R. H. Chilton was chairman, had made elaborate arrangements for the work of the Association, and for the social enjoyment of its members.

Addresses of welcome were made by Hon. John Henry Brown, Mayor of Dallas, and by Dr. S. D. Thruston on behalf of the Dallas County Medical Society, and by Hon. Seth Shepherd. Eighty-five physicians were admitted to membership.

The President, E. P. Becton, M. D., made numerous recommendations, which were referred to committees. The committee of which Dr. H. C. Ghent was chairman, made an elaborate report with resolutions, endorsing the action of the American Medical Association at New Orleans in 1885, and strongly supporting the American Medical Association in its work of organizing the Ninth International Medical Congress, and instructing the Texas delegation to vote as a unit in sustaining the American Medical Association in its laudable work.

Dr. F. E. Daniel presented a resolution which was adopted, allowing all members whose names had been dropped from the rolls on account of non-payment of dues, to be reinstated by paying the initiation fee and current dues—the same as new members.

The proposed amendment of the by-laws reducing the annual dues to \$2.50 was lost.

Dr J. Larendon, treasurer, reported amount on hand April 1885, \$565.12: collected for dues to April 1886, \$984.50; collected for interest \$52.25; total \$1591.56.

Amount disbursed during the time \$1546.34, leaving in the treasurer's hands \$45.52. Amount collected at Dallas over \$1400.

Dr. Sam R. Burroughs, Chairman of Committee on collective investigation, read an interesting and instructive report.

Dr. Geo. Cupples, Chairman of Committee on Texas Surgery, presented a synopsis of his work, showing that 138 surgeons have made 189 reports, giving in detail 4293 operations performed by Texas physicians. [See transactions. Ed.]

About forty-six papers in the various sections were read, or read by caption, and referred to the publishing committee. Some of these are reports of chairmen of sections, and others essays or reports of cases.

OFFICERS FOR 1886.

T. H. Nott, M. D., President, Goliad; R. H. Chilton, M. D., 1st. Vice President, Dallas; H. L. Parsons, M. D., 3rd Vice President, Kaufman; W. J. Burt, M. D., Secretary, Austin; J Larendon, M. D. Treasurer, Houston.

Section on Practice, etc., J. F. Y. Paine, Chairman.

On Obstetrics, etc., J. W. McLaughlin, Chairman.

On Surgery, etc., J. D. Osborn, Chairman.

On Jurisprudence, etc., F. C. Ford, Chairman.

On State Medicine, etc., R. M. Swearingen, Chairman.

On Gynæcology, F. H. Tucker, Chairman.

On Ophthalmology, etc., T. J. Tyner, Chairman.

On Dermatology and Medical Bot. H. L. Taylor, Chairman.

On Electro-Therapeutics, F. T. Paine, Chairman.

Drs. F. E. Daniel, Chairman, W. J. Burt and Q. C. Smith, of Austin, were continued as publication committee.

Austin was chosen for the place of meeting on the 4th Tuesday in April, 1887.

W. J. BURT, M. D.

Sec'y. T. S. M. A.

CONVENTION ITEMS.

PROFESSOR EDWARD SOUCHON, of the Medical Department, Tulane University, (University Louisiana) was a visitor to the

Texas State Medical Association, at Dallas. He expressed himself much interested, as well as surprised at the advanced status of the rank and file of the profession of Texas, with regard to medical lore. The professor favored the association with an able and interesting paper, which we hope to incorporate in the transactions.

ONE OF the most learned and entertaining papers read at the convention was by the distinguished oculist, Dr. B. A. Pope, on "Syphilitic manifestations of the teeth." It will appear in the transactions.

THE COMMITTEE ON PRIZE ESSAYS to award \$100 in gold for the best original essay, report nine contestants. The papers are all long, and the committee ask until June 1st, to make the award.

A MOST ENJOYABLE FEATURE of the Dallas meeting was the "receptions," at the houses of resident physicians, held from 3 to 6 o'clock Friday afternoon. There was a grand ball Thursday night; and Wednesday night a superb banquet was spread. We did not attend; we did not have our speaking outfit with us, and we stayed a little closer off; but we learn there was any amount of toasting and responding.

THE ESSAYIST FOR THE OCCASION, Dr. A. G. Clopton, who was announced to deliver an address for Wednesday evening, disappointed the association. He said he had never been notified that he was expected to speak, and the first intimation he had of it, was in this JOURNAL.

NO WINE.—We do not know how such a report ever started, for it has no foundation. We learn that when Austin and Galveston were nominated for the next place of meeting of the Association, and the nominating committee were about to vote on it, it was noised that if they selected Austin, there would be "no banquet and no wine;" and as, strange as it may seem, Austin was elected on that platform. We are not ashamed that we live in a city where abstinence from wine is considered a virtue; still less ashamed that we belong to a profession to which the absence of wine is an inducement.

A CHAIR OF BIOLOGY IN THE UNIVERSITY OF TEXAS.—Dr. B. E. Hadra, of Austin, introduced the following resolution, which was adopted:

Resolved, That the Regents of the University of Texas be, and are hereby requested by the State Medical Association, to establish, as soon as practicable, a Chair of Biology in said University, and provide for it all laboratory facilities.

Resolved, That Hygiene, which is a branch of Biology, is essential to a finished education, and should be embraced in the curriculum of the University.

Resolved. That the facilities to study Bacteriology would not only be of the greatest importance to the physician, but also of the most intrinsic value to the State at large, in discovering the unknown causes of epidemics and the many diseases that at times decimate our herds, and annually embarrass our commercial relations with other States..

EXHIBITS.—As an evidence of the importance of the medical profession of Texas, in the estimation of Manufacturing Chemists and Surgical Instrument Makers, we will state, that the great house of Sharpe & Dohme, Baltimore had an exhibit of their famous chemicals and pharmaceuticals on hand at Dallas, and their polite agent distributed samples with a lavish prodigality. There were also three other chemists represented by displays, and two surgical instrument houses, but as we do not know them "officially," it is not worth while to try to remember their names. "A hint to the wise." The displays were simply elegant, and greater than we ever saw at a State association meeting.

TWO HUNDRED AND FIFTY copies of DANIEL'S MEDICAL JOURNAL, containing the splendid moss-engraving of Dr. Ashbel Smith, were given away at the meeting. They were much sought, and highly prized. We secured a large number of new subscribers, as well as some valuable advertisements.

DR. MORITZ SALM, an oculist, formerly of Austin, now of Atlanta, Ga., was expelled from the State Association for grossly immoral conduct.

DR. H. C. BARNETT, of New Salem, Texas, exhibited at the convention a double-headed monstrosity, delivered by him of a Rusk county multipara.

DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

DALLAS MEETING OF THE TEXAS STATE MEDICAL ASSOCIATION.

Amongst our earliest obstetrical experiences, we remember one dark night, having been sent for in haste; arriving, we were saluted at the door by an old woman, with "the-trouble's-over-the-child's-born,-and-his-name-is-Ant'ny."

The long looked-for, and much talked of eighteenth annual convention of the Texas State Medical Association has passed into history. It was one of the largest, if not the largest gathering of medical men, ever held in Texas. The simultaneous assembling of the Texas State Pharmaceutical Association gave additional interest and eclat to the occasion; and we dare say, those four days will mark an era in the life, and will be a red-letter day in the calendar of many an "M. D."

In point of numbers, chiefly, and in the percentage of

prominent, well-known physicians present, was it one of the most successful meetings,—all things being considered. In all, there were about 400 physicians in attendance; some going, some coming, there were perhaps not over 300 medical men present in the hall at any one time. At the State Pharmaceutical Association there were about 100 delegates.

Socially, it was a grand occasion, a most delightful reunion of physicians from all parts of the state; old, young and middle-aged,—fat, lean, big, little and medium-sized physicians; doctors with gold rimmed-specs, ditto without; ditto with gold-headed canes, ditto without; physicians of all degrees of “regularity,” from the ultra orthodox to the barely-passable-by-the-skin-of-the-teeth; and it is estimated by competent observers, and corroborated by the “oldest citizen,” that there has not been in Dallas, the same amount of hand-shaking, and of introductions, since the first train on the “Central” came through from Galveston. Much credit is due the committee of arrangement, for the admirable programme they had arranged for the meeting; (it was no fault of theirs, that it was not better carried out) and for the splendid reception and entertainment of visitors. Their hospitality, and that of citizens generally, extended to the association, has endeared Dallas to every one present, and will long be remembered. We dare say, all left feeling glad they came.

Financially, too, the meeting may be regarded as eminently successful; inasmuch as the exchequer was replenished and made plethoric by the initiation fees and dues of nearly 100 new members; and old members, dropped for non-payment, reinstated; together with the customary annual *ante* of “all hands and the cook.”

Estimated in the light of the medical work done—as a scientific meeting, we are constrained to say it was far short of some of its predecessors. This was the result of a combination of circumstances; for there was a predominating element of educated and experienced members present. We say this in no fault-finding spirit; far from it; but as the JOURNAL, the mission of which is the organization of the profession, is the avowed and acknowledged champion of its best interests, ever striving to elevate and maintain its dignity and honor, it is our

duty to criticize the meeting, and to point out the errors, and the causes which operated to bring about a partial failure of the prime object for which the association assembled—the promotion of medical science. This we hope to do in a spirit of fairness and candor; and we do so in order that those errors may not be repeated; and thus insure at our next meeting, a more satisfactory outcome, scientifically.

The membership is too large to longer conduct the meetings as heretofore, in a body; the body is unwieldy. Time was not economized, as it should have been; but was squandered often, in useless talk,—talk on subjects, at times, totally irrelevant, and out of order. It were a species of false modesty to deny that there is a chronic disposition to prolixity on the part of a number of members;—and some apparently do not consider what they shall say, but they *say* all the same, and keep on saying. We have felt at times, like we suppose the man felt who advertised for “an able-bodied man to hold his wife’s tongue.”

There are nine sections, and nine chairmen of sections;—and in each section there were presented from two to ten papers. (This is somewhat like the man who “went to St Ives,” and “met the man with seven-wives,” each wife having “seven sacks” etc.,—excuse the digression.) Each chairman is expected,—required to read an address or report; and most of them, actuated, doubtless, by a commendable zeal, make the mistake of making it too long. This remark applies also to the average writer of a paper.

Again, ambition,—that inherent and animating principle of the human mind,—ambition to be seen and heard—appears to be epidemic, so to speak, amongst the members of the Association. We say *this* in no spirit of captiousness, for we have done much to induce, especially younger members, to write, and to take part in medical discussions; but, there is the trouble; everything else was talked of *but* medicine. In this way the time, which should have been devoted to reading and discussing papers, was taken up.

We mean to say, in brief, that there were some fifty papers contributed in all, and long ones; and it was not possible, in the nature of things, to get through with reading them. We

may say,—indeed we have the authority of the secretary for saying, the majority of papers prepared, were *not* read! there was no time to read them; because so much time was consumed in discussing the proposition to reduce the yearly dues; the proposition to vote a small pittance to the men who worked all of July and August (90 in the shade) to produce the volume of transactions which has challenged the admiration and envy of every State Medical Association in America, and which has elicited the warmest compliments from the Medical Press, and which moreover, has done much to add to the reputation of the Texas Association; in debating whether or not our delegates should go to St. Louis instructed etc., and in similar topics. However, the papers will appear in the published transactions; and that must be the balm to the wounded, crushed souls, who came away loaded as they went. If then, there was not time to read the papers which had been prepared, there was still less time to discuss such as were read. We heard it remarked by a number of physicians that they had not heard one word of discussion on any medical topic; and one member of a progressive local society, a distinguished physician, said he learned more from each meeting of his County Society than he had learned during the entire session of the State Association.

The time has come when the association must work in sections, or no progress will be made in medicine, however good time, socially, delegates may have. The forenoon should be given up to general sessions, in which the various features other than scientific, may be discussed and disposed of; and the afternoons to section work, as is the rule in the National Association; but, as the sections are too small to devote a hall and an afternoon to each, it is suggested by our zealous and capable secretary, and the suggestion is a good one, that there be three divisions; the first consisting of the sections of practice of medicine, and surgery; the second of obstetrics and disease of children, and gynæcology; and the third of all the remaining sections, which are the smallest; to-wit: State medicine, dermatology, electro-therapeutics and ophthalmology, ect. thus clubbing two or more sections together and giving a hall and an afternoon to each division. We suggest also, when

there is press of work, as at Dallas, there might be an evening session, at least on those evenings not occupied with president's and essayist's addresses; say from 8 to 10 o'clock; ten o'clock being early enough for "the ball" if ball there must be.

Another cause that operated to bring about confusion and loss of time was want of thorough acquaintance on the part of those who presided at different times—with parliamentary rules, etc. It is a humiliating spectacle to see some old stager respectfully call the attention of the chairman who may be presiding at the time, to the fact that such and such a thing "is not debatable," or to remind him that "a substitute has precedence over the resolution and must be disposed of first." The president and all the vice presidents, as well as the chairmen of sections, if they are not familiar with parliamentary rules, should by all means study them; and it is to be hoped the defects in this respect, so glaringly exhibited at Dallas, will not be repeated at Austin.

Take it all in all, the meeting was an occasion long to be remembered. It is another stone laid in the foundation, on which we hope to see erected a superstructure of surpassing grandeur. A united and purified profession—should and will command the respectful ear of the general assembly. We look to see a future board of medical advisors respectfully asked what measure they would suggest for the better protection of the public health; what sanitary laws for the prevention of epizootic diseases. We hope to see under the auspices of the Texas State Association, a grand medical department of the grand State University arise,—a diploma from whose walls—bearing the lone star, shall serve as a passport to the highest social and professional privileges—and which will command respect wherever the science of medicine has a foot hold on the civilized globe; and also an intelligent Board of Health with ample power. Then, some day, disease will be practically banished from our shores; and the mission of the physician will be to prevent and not to cure. Then, from the dome of the proudest capital in the world, the Goddess Hygiea will proclaim "health to the nations."

We may not hope to see this glorious picture realized; but our children's children—those who come after us will see, ap-

preciate and profit by the labors and sacrifices of the medical men of this day. They will contemplate the realization of these aspirations and will rise up and call them blessed. They will look upon the record now being made, with reverential awe, and will bless the Texas State Medical Association as the source—the *protoplasm* whence sprung such grand development. So mote it be.

THE ST. LOUIS MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The thirty-seventh annual convention of the National Medical Association, which has been looked forward to so long, with hopes and fears, as being destined to mark a crisis in the history of the organization, and an important era in American medicine; and which has just closed its session at St. Louis, was a grand success—scientifically as well as socially. It is thought to have been the largest and most successful meeting of the Association ever held, not excepting the great St. Paul meeting, where the issue was made, and negatived, as to the eligibility of new-coders to seats as delegates in this body. There were about two thousand physicians present, and many of their ladies. Everything passed off smoothly and pleasantly. "All was harmony and smiles," says the *New York Record*.

The arrangements for the comfort and pleasure of guests were on a grand scale of magnificence; and the social feature of the great meeting is said to have eclipsed anything of the kind ever before attempted. The halls were transformed, for the time, into forests of tropical plants, brightened and perfumed with a wealth of roses and other flowers; while the atmosphere was cooled and made more fragrant by the perfumed spray of playing fountains, in which the festive goldfishes flashed in sport, (copyrighted). At night, the festal scenes were of oriental splendor; myriads of colored lights,—the dazzling toilettes of the ladies—the bright badges of members—gay uniforms of the brass-button brigade—the profusion of flowers;—the whole enlivened by strains of sweetest music (Dr. Merryman suggests "soul-stirring") awakened memories of the "feast of roses"—and conjured up visions of the Vale of Avoca.

As full reports of the scientific work—together with the full text of all the reports, addresses and other papers, will appear in the *Association Journal*; and as full accounts of the social entertainment have already been given in the secular press, we will, at this time, confine ourselves to such items of news as are of most interest, and which our readers are most anxious to learn.

Dr. E. H. Gregory, of St. Louis, was elected President, defeating Dr. W. W. Dawson, of Cincinnati, Ohio, two votes.

Dr. E. H. Miller, of Michigan, 1st; Dr. W. B. Welsh, of Arkansas, 2nd; Dr. W. H. Pancoast, of Pennsylvania, 3rd; and Dr. W. C. Wile, of *The New England Medical Monthly*, of Connecticut, 4th Vice President.

Chicago was chosen as the place of next meeting,—defeating Galveston by one vote,—and the first week in June the time.

The election of officers of sections was taken out of the hands of the nominating committee and given to the sections themselves—the argument being that the sections knew best who were the best qualified in each special branch for their positions. This has given rise to some dissatisfaction. Under the operation of this rule, a female physician was elected to the chairman(?)ship of the section of diseases of women and children, an honor never before conferred by the association on a woman. “Dr.” Mary H. Thompson, of Chicago, was elected to the chairmanship of this section, over Professor Delaskie Miller, the distinguished chairman of the corresponding section in the Ninth International Medical Congress. We are pleased to say, however, that Mrs. Thompson, seeing the evident disfavor with which her election was received, had the good taste to resign. Dr. Miller was then elected.

The international congress question gave rise to no trouble.

The report of the enlarged committee was received without opposition. The bolters seemed to “cave” entirely, when it was announced that the packed delegation, led by Agnew, Roberts & Co., of the Philadelphia County Medical Society, would not be admitted. So it was “all wind” at last, on the part of the “disgruntled.” It is a fixed fact, then, that the International Medical Congress will be held, “as now proposed to be organized.” Neither delegation from the Philadelphia

County Medical Society, was admitted; but as Shoemaker's party had been sent as delegates from the State Association, the code-loving, right thinking, and honest element of said society was represented after all. Trust Shoemaker to get there every time.

The only unpleasantness which occurred, was the emphatic flattening out of John B. Roberts, by the convention. He was sub-chairman of the Philadelphia packed delegation, and when refused admission, he offered a resolution of censure against Secretary Atkinson, the most popular man in the body. It was laid on the table unanimously, and J. B., then with an air of injured innocence, tendered his resignation as secretary to the section of surgery. The resignation was received with applause. The above is but a repetition of the old dog Tray story.

Texas was largely and well represented. Dr. Cupples was chairman of the delegation, Dr. Paine, of Galveston, was on the nominating committee; Dr. McLaughlin, on that of necrology; and Dr. C. H. Wilkinson was appointed a member of the section on state medicine.

Dr. N. S. Davis was made president of the Ninth International Medical Congress, vice Dr. Flint, deceased, and Surgeon-general J. B. Hamilton, M. H. S., was made secretary-general,—good!

The officers of sections are as follows:

OBSTETRICS—Dr. F. M. Johnson, Kansas City, chairman; Dr. W. B. Lawrence, Arkansas, secretary.

SURGERY AND ANATOMY—Dr. H. H. Mudd, St. Louis, chairman; J. B. Roberts, (resigned) Philadelphia, secretary.

DENTAL AND ORAL SURGERY—Dr. J. S. Marshall, Chicago, chairman; Dr. E. S. Talbott, Chicago, secretary.

OPHTHALMOLOGY—Dr. X. C. Scott, Cleveland, Ohio, chairman; Dr. J. H. Thompson, Kansas City, secretary.

STATE MEDICINE—Dr. George H. Rohe, Maine, chairman; Surgeon M. H. S. Wyman, St. Louis, Secretary.

PRACTICE MEDICINE AND MATERIA MEDICA—Dr. J. S. Lynch, Baltimore, chairman; Dr. J. B. Merwin, Louisville, secretary.

MEDICAL JURISPRUDENCE—Dr. I. N. Quimby, of New Jersey, chairman.

It is proposed to create a section on Dermatology and Syphilis, at the next meeting.

Galveston would have been chosen as the next place of meeting, but for financial considerations. It was urged that it takes money to run the JOURNAL. If the association were to meet so far off, on the edge of the continent, the attendance would be slim, ergo, the receipts small. Will such argument always work an injury and injustice to the south?

"WHO SHALL TEACH THE TEACHERS?"

The *New York Medical Record* does not know "whether or not the *Lancet* is trying to poke fun at some of our eminent professors"—"if not, it shows that it possesses a remarkably chaotic notion of American surgical work."

The *Record*, commenting thus on an editorial in the *Lancet*, on "Laparotomy in gunshot wounds," in which credit is given Dr. F. S. Dennis for "the most important result of the labors of American surgeons in this line since the death of Garfield" (a paper by Dr. Dennis), goes on to read the *Lancet* a lesson, as follows:

"It is very well known to American surgeons that it was the cases of Dr. Wm. T. Bull and subsequently those [sic] of Dr. J. B. Hamilton and others, which especially turned the attention in this country to laparotomy in abdominal wounds. This Dr. Dennis himself acknowledges." (*Record* May 8.)

We were under the impression that it was "very well known to American surgeons" that the labors of J. Marion Sims, in the Franco-Prussian war, and subsequently in America; the admirable paper by Hunter McQuire, read before the American Medical Association some years ago, and the writings, and experiments on dogs, by Prof. Chas T. Parke of Chicago, "which especially turned the attention in this country" to the subject, and which induced Drs. Bull, Hamilton and others to undertake the operation. The record is that Dr. Bull performed the first two successful operations on the human subject, and Dr. Hamilton the third one; and Dr. Parke's success in the operation on dogs had much to do, no doubt with "turning their atten-

tion" to the subject, as well as Dr. McGuire's paper, in which he boldly advocated the cutting down upon the wound—tying bleeding vessels—removing all extravasated blood and all extraneous matter, etc., long anterior to Dr. Bull's case. This, we believe, Drs. Bull and Hamilton, and even "Dr. Dennis himself, will acknowledge."

We fear our learned contemporary of the *Record* is a little "chaotic" in the matter of "laparotomy in gunshot wounds."

EDITORIAL NOTES.

THE SONG OF THE DYING SWAN.

The *New York Medical Record* gives a dying kick at creation and "the Congress," like the cross wife, who, when no longer able to *speak a cross word*, held up her fingers to indicate "scissors." Speaking of the meeting of the American Medical Association, at St. Louis, the *Record* says:

"The attendance was fairly good, but naturally was made up almost entirely of men from the west and southwest. That part of our great country is determined to hold an international congress which shall be truly representative."

We venture, to suggest, it would be, in the event it were made up entirely of "men from the west and southwest," as nearly "representative," as if made up solely of New York and Philadelphia specialists—the self anointed, as proposed by the immaculate seven wise men from the east.

Speaking of the Association's endorsement of the International Congress Committee's work, and the election of Dr. Davis to the presidency, and Dr. Hamilton to be Secretary-General, the *Record* goes on to say:

"There was no opposition made to these changes, or to the adoption of the present policy. *The much dreaded descent of Philadelphia's delegates upon the association did not occur, (italics ours.)* All was harmony and smiles." (*Record*, May, 8th.)

Well, we should remark! "Harmony," as to the approval of the committee's work; and "smiles," aye, very smiles, when Dr. John B. Roberts, sub-chairman of the packed delegation from Philadelphia *kicked back*, on being *kicked out of the convention*; fired; "The descent," you see Bro. Shradly, tried to

occur, but couldn't. Shoemaker, Atkinson and a few other code-respecting, law-abiding and decency-loving members, were several too many for "Philadelphia's delegates," who, it was decided by the judicial council, were irregularly elected, and therefore, not entitled to seats. Dr. Hays Agnew was the leader of the gang, but seeing which way the cat would jump, he stood from under, and let the crash fall on Dr. J. B. Roberts. Poor Roberts was so flattened out that he "couldn't see his way clear," he said, "to accepting the honor conferred upon him," (secretary to the surgical section) and resigned. "Smiles," brother Shradly? you are right.

The smiles on the faces were fearful to see,
As the delegates sat down on Dr. J. B.,
(Dr. Merryman suggests us to say.)

DANGEROUS, AND SHOULD BE PROHIBITED.

The talented chemist of the Texas State University, Prof. E. Everhart has been testing the coal oils sold and used in Austin, and of course, elsewhere in Texas, and pronounces them all as *dangerous as gun powder*; all of them flashing (and therefore exploding) at the *ordinary summer temperature of the atmosphere* in this climate. To-wit, Eupion oil flashes at 80° to 90°, Brilliant, 72° 80°, and none of them sold here will stand heat above 100°!

AN INTERESTING AND IMPORTANT DISCUSSION.

We would call especial attention of our readers to the discussion on diphtheria and croup by the Galveston Medical club. It is one of the most interesting papers that has ever appeared in this journal, and will well repay a careful perusal. This progressive society is doing good work, and is to be congratulated on the deep interest the members take in its meetings and discussions. We commend this organization to the profession throughout the State as one worthy of imitation.

A DELUSION AND A SNARE. FALSE HOP(E)S.

"The new alkaloid recently announced as the active constituent of hops, and named by its discoverer "hopein," turns out to be morphine flavored with hops."—*American Lancet*.

So there is no use in hop(e)in'.

NOTICE TO DELINQUENT SUBSCRIBERS.

One more issue of this journal will complete Vol. 1. Those who have received the JOURNAL regularly, and who have not paid the subscription, are respectfully informed that we will draw a five days' draft on each, accompanied by a receipted bill for the years' subscription, ending with the June number.

We are compelled to take this course; it being impossible to write to each subscriber; and we feel assured that the gentlemen who have accepted the JOURNAL regularly, although they may not have authorized the sending of it, and who have had the benefit of a year's subscription, only need to be reminded of the fact that the small amount of \$2 is expected of each, to cheerfully pay it, we believe. We hope none will feel offended; and we say now to those who have received the JOURNAL, under circumstances stated, if there are any who do not feel a moral obligation to pay the draft, they need not do so.

After this, all who have not paid, will be dropped.

We earnestly ask the support of the profession in our laudable work, and we most heartily thank the large number of physicians who have so cheerfully and so promptly aided us, and who have thereby made the JOURNAL a success, of which the profession of Texas is truly proud. When the June number is out, and the volume is completed, we trust our paid subscribers will promptly renew their subscriptions, if they would keep the JOURNAL going.

MIKADO MEDICUS ; A "CONVENTION"—AL ADAPTATION.

(By Dr. Merryman.)

(Air: "The Flowers that Bloom in the Spring.")

The doctors that meet in the spring, *tra la*,
 To read papers on medical themes,
 Find it a very difficult thing, *tra la*,
 For each member an axe doth bring, *tra la*,
 And to grind it, his prime object seems.
 Hence most of the session is spent in discussion
 Of irrelevant matters and things.
 And that's what I mean when I say or sing,
 "God bless the doctors that meet in the spring,"
Tra la, tra la, tra la, tra la,
 Hurrah for the doctors that meet in the spring!

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS held their annual meeting in St. Louis, May 3d, and were entertained at dinner by the "Press and Library Club." The officers for the present term are, president, John V. Shoemaker, M. D., of the *Pennsylvania Medical Bulletin*; vice-president, D. S. Reynolds, M. D., of the *Louisville Progress*; secretary, William Porter, M. D., president of the St. Louis Press Association.

BIBLIOGRAPHY.

BOOKS AND PAMPHLETS RECEIVED.

The story of Don Miff, as told by his friend John Bouche Whacker. A symphony of life. Edited by Virginius Dabney. New York, J. B. Lippencott & Co., 1886. Price \$1.50.

It has been popularly supposed that gentleman belonging to the learned profession of medicine do not read novels.

Now whether this delusion has been nursed by members of that profession with a view towards impressing the laity with the immensity of their practice, or whether the idea was deliberately disseminated by the laity themselves who are never happy if not deluded, must remain for the present an open question. But this is the eventful period of the world's history when the delusion must perforce be laid aside, for though we blush to say it, physicians have recently appeared before the world as the actual perpetrators of novels; and, as it is well known that a long course of assiduous and secret novel reading must have preceded this catastrophe the fact can no longer be concealed. Not only in this degenerate county but in England, and on the continent doctors do read novels, and do enjoy them very much. Such being the case, and acknowledged as such, publishers can no longer refuse to the medical press the romances which they so freely bestow upon the magazines of general literature. This is the first happy result which we hope to observe. The next is, that physicians finding that they can now do openly what they have heretofore practiced in secret, will experience a manifest improvement in their moral character, which though hardly needed, will yet not come amiss.

These thoughts obtrude themselves not unnaturally after the careful perusal of the novel whose name is given at the head of this Review. Of all its good points, which shall we mention? To the Virginian who reads this notice we will say, it is the noble work of a worthy son of Virginia, representing her fair daughters and her brave sons, her old fashioned hospitality and lavish generosity, her happy slaves, and finally her desolated homes! To the humorist we can say, take this book in your hand with confidence, believing that it will afford you many hours of pleasure, though the fun is not unmitigated, and the humor runs often in satire! To the philosopher we would give the assurance that here he will find many chapters much to his taste, but not so much philosophy as to spoil the pure romance which physicians love, for do not romance and sentiment mingle so intimately with our daily toil as to have become almost necessary to a physician's life? Who but he detects the hidden romance in many a home where to all others it is invisible? But this is a theme on which we may not dwell; for are we not writing a Review?

Be advised then our dear doctors to buy this delightful book of Mr. Virginius Dabney. Write to him at his home at 108 West 49th St, New York, and assure him that a good novel is a fitting companion for a good physician. Enclose to him \$1.50 lest his publisher should cut him off with one edition, and then, while some misguided brother is idly gossiping in the corner drug store, take you this book "Don Miff" into your sanctum sanctorum and be happy.

ADVERTISERS' NOTICES.

FRED B. WOOD, M. D., 456 Broadway, Milwaukee, Wis., I have given Peacock's Bromides a *thorough test* and am pleased to state that after an experience of twenty-five years I have never found any remedy which acts so surely as this preparation does. I am sure that in the near future, especially in the treatment of the brains and nerves, it is destined to take the place of the older preparations to the benefit of both physician and patient.

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"Scribimus indocti, doctique!"

ORIGINAL ARTICLES.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted, and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers, by so doing.

HÆMORRHAGE BEFORE DELIVERY.

By Dr. Odo Betz.

HEILBRON, GERMANY.

(For Daniel's Texas Medical Journal.)

THE writer was very much interested in a case of Hæmorrhage before Delivery reported by Dr. E. J. Dœring, of Chicago, in the November number of Daniel's Medical Journal. In view of the great importance of accidental hæmorrhage, and the high degree of mortality attending it, to both mother and child, I would like to call the attention of the readers of the Journal to a paper on this subject, read recently before the Berlin Gynæcological Society, by Dr. Winter, Assistant Physician to the Royal Lying-In-Hospital, entitled "Contributions to the Study of Hæmorrhage before Delivery," which throws considerable light on the etiology of this formidable complication of

labor. In the three cases of accidental hæmorrhage reported by Dr. Winter, nephritis was found to exist as a complication; in two of them the nephritis was due to pregnancy and disappeared after confinement; in the other it continued, being chronic Bright's Disease. These three cases survived the hæmorrhage, but all the infants were still-born. Two of these cases occurred in the eighth month of pregnancy, the other in the seventh month. The symptoms indicating premature detachment of the normally situated placenta were alike in all the cases, consisting of severe pains in the abdomen, more or less external hæmorrhage and anæmia. Labor terminated spontaneously in two of the cases; in the third version was performed. In the absence of any of the usual causes of accidental hæmorrhage, Dr. Winter concluded that in these cases the etiology was clearly found in the existing nephritis.

In the discussion which followed, Dr. Lohbein stated that he remembered a case reported in the Berlin Klinische Wochenschrift in 1881, where hæmorrhage before delivery occurred in a patient suffering from nephritis. He thought an explanation might be found in the increased arterial tension in nephritis, as shown by the very loud aortic sound and increased apex beat of the heart. Dr. Veit also mentioned two cases of nephritis followed by hæmorrhage before delivery from premature separation of the placenta. These observations should lead us to suspect nephritis whenever we meet with a case of accidental hæmorrhage, accompanied by the usual symptoms of severe pains in the abdomen, acute anæmia, external hæmorrhage, sudden increase in the size of the uterus, etc. On the other hand, whenever we recognize nephritis complicating pregnancy we should likewise prepare for a possible detachment of the normally situated placenta occurring before labor.

DIFFERENTIATION BETWEEN DIPHTHERIA AND MEMBRANOUS CROUP.

By Dr. W. A. Morris, M. D., Austin, Texas.

(For Daniel's Texas Medical Journal.)

HAVING carefully read the discussion by the gentlemen constituting the Galveston Medical Club regarding the differentiation between Diphtheria and Membranous Croup, I must

say, that I fully indorse the views advocating the duality of these diseases as expressed therein.

I have given much time and thought upon the subject and have also had considerable experience in the treatment of both maladies; and from my stand point of observation I cannot see how it is possible for a practitioner of any experience to look upon them as in any way allied affections. In the discussion, many of the most prominent points of difference were brought out in bold relief. I will however present a few more of a marked character that are never found in common to both diseases.

Before this country was visited by diphtheria, we never found paralysis following croup; and while croup prevailed from year to year no diphtheria occurred, or diphtheritic complications. Paralysis may be partial, --affecting the vocal cords with partial loss of voice; may affect the eyes, one half the body, the heart and sexual organs.

I treated a case in 1861. The paralysis was general, completely involving every muscle of the body. It followed a mild case of diphtheria two weeks after convalescence had set in. At first I noticed a staggering gait like that of a drunken man; his head dropping from side to side. He would frequently fall. He soon became unable to walk at all, and lost all power to control his head or any of the voluntary muscles. The power of deglutition partially destroyed and the heart's action feeble and tumultuous. He could be rolled about like a log; death seemed inevitable. But after remaining in that condition one or two days an improvement was visible and recovery finally ensued. Again some attacks of diphtheria may be ushered in with such severity that the shock to the sympathetic nervous system from blood poisoning produces death in a few days, even without laryngeal complications, or it may take place at a later period from septicemia. In such cases I have seen the pulse drop to 48 or 50 per minute, with persistent vomiting, pallor and great prostration; and the rule is, death in a short while.

Again in the later stages of this disease, when decomposition of the pseudo-membrane begins, there is a constant drainage from the mouth of a dark sanious character, containing shreds or flakes of decomposed membranes of an extremely offensive

odor, sickening to the attendants. It is sometimes so free that it becomes necessary to keep the little patient on the side in order to prevent the fluid passing into the stomach, thereby further poisoning the system or pouring into the glottis producing death by apnœa.

I confess that I see in diphtheria an infectious and contagious disease, zymotic, idiopathic, distinct from any other disease, having an identity of its own; and when there are complications, as are often found in croup, scarlet fever, and in many other afflictions, it is only when diphtheria is prevailing, either as an epidemic or in its sporadic form. I will here tabulate the differentiation embracing the whole subject.

DIPHThERIA.	CROUP.
1) Asthenic.....	1) Sthenic.....
2) Tonsils, pharynx and soft palate first involved.....	2) Larynx and trachea first involved.....
3) Dribbling from mouth foetid sanious fluid mixed with shreds of decomposed membrane.	3) Mouth and throat usually dry.....
4) Epidemic.....	4) Never epidemic.....
5) Constitutional with blood changes.....	5) Local.....
6) Lymphatics of neck greatly involved.....	6) Slightly if at all.....
7) The pseudo-membrane involves the mucous and sub-mucous tissue.....	7) Upon the mucous tissue.
8) Infectious and contagious.	8) Neither ..
9) Hemorrhagic.....	9) Not hemorrhagic.....
10) The deposit forms upon blistered and other abraded surfaces and wounds.....	10) No so in croup.....
11) Paralysis follows mild as well as severe cases, involving motor muscles of eye, pharynx, larynx, sexual organs, etc.....	11) No paralysis at all.....
12) Pathological changes are found in the brain, heart, kidneys and other organs.....	12) In these organs no pathological changes.....
13) Death results sometimes from paralysis, toxæmia, septicæmia or Uræmia.....	13) Never
14) Albuminuria.....	14) No Albuminuria.....

RUPTURE OF THE BLADDER.

A. Case by D. Berrey, M. D., Secretary West Texas Medical Association, San Antonio.

(For Daniel's Texas Medical Journal.)

I WAS called on the morning of the 11th of May, about 10 o'clock, to see Felix Rocha, a Mexican, living on Monterey street, in the suburbs of the city. Was told by the messenger, that on the morning before while on the way to his work on the City and County Hospital, he had an altercation with another Mexican, who kicked him in the abdomen, knocking him down, and kicked him several times while lying on the ground. On arriving at the house I found the patient a man of about 35 years of age, of small stature and slender build. He was in a state of semi collapse, extremities cold, cold clammy moisture of the skin, and distinct drops of sweat upon the brow. He was sitting upon the side of the bed and expressed himself as unable to lie down on account of the severe pain which the recumbent position produced. The abdomen, externally, presented no sign of violence; there was some bulging in the right hypochondriac region, but otherwise the appearance of the abdomen seemed normal; there was excessive tenderness over the entire abdomen, but it seemed most severe at the point of bulging in the right hypochondria. While I was in the house he passed a quantity of bloody urine, and stated that shortly after receiving the injury his water had been bloody, but later in the day he had several times passed his urine and it was natural in color. He had vomited frequently the day before, and when I saw him he was complaining of constant nausea. I inquired particularly as to the length of time which had elapsed between his passing water and injury, and was told about an hour before he received the kick his bowels and bladder had been evacuated freely. I diagnosed traumatic peritonitis with a lesion of some of the abdominal or pelvic viscera, which particular organ involved it was just then impossible for me to determine. I gave morphia hypodermically, and prescribed one quarter grain of the same drug every two hours; hot applications to be kept constantly applied over the entire abdomen;

whiskey to be given frequently, and small quantities of iced milk and egg-nog to be given at stated intervals.

May 11th, 5 p. m. Pain still continues, but not so severe as in the morning; has slept at intervals during the day; pulse about 120 and irregular; temperature, under the tongue, 97° , in the axilla normal. He had passed no urine during the day, so an elastic catheter was introduced and about three ounces of normal colored urine drawn off; ordered the same treatment to be continued.

May 12th, 9 a. m. Patient had slept some during night; had voided a small quantity of urine; temperature normal; pulse about 100, weak and irregular; had vomited a great deal during the night, but the family thought he had retained the greater part of the whiskey, milk and soup which had been given him. Some tympanitis existed, and the bulging in the right hypochondria seemed to be increased; saw no indication for change of treatment, so ordered it continued with the addition of lime-water to the milk.

May 13th, 6 p. m. By request, Dr. C. E. R. King saw the man in consultation. Pretty much the same state of affairs as at my last visit. Tympanitis had somewhat increased; temperature in the axilla normal; pulse about 100 and very irregular; had passed some clear urine during the day.

On consultation, it was determined to substitute opium for morphia, so 1 gr. of opii pulv. with one-eighth gr. of ext. belladonna was ordered every two or three hours; remainder of treatment to be continued.

The probability of rupture of the bladder was discussed, and the propriety of a laparotomy, but the patient's general condition forbade an operation of such magnitude.

May 14th, 10 a. m. Patient decidedly worse than the evening before; extremities cold, pulse imperceptible, respiration quick and impeded; tympanitis had increased to an alarming extent; abdominal walls exceedingly tense and percussion gave tympanitic resonance over the entire abdomen. On careful palpation we thought we could discover a wave of fluid. It was evident, unless the condition of affairs was relieved, the man could not survive but a short while longer. So, as an exploratory measure, we determined to introduce a

aspirating needle in the most prominent part of the swelling. A needle was introduced into the prominence in the right hypochondriac region, when, instead of gas as we expected to find, a dark colored fluid, resembling bloody serum, came bubbling through the instrument. The aspirator failing to work we had to resort to the trocar, which was introduced in the linea alba below the umbilicus, and eleven and one-half pints of a dark-colored fluid, resembling bloody serum, was withdrawn. The fluid was carefully examined, and had none of the odor peculiar to urine about it. A bandage was applied around the abdomen, enemias of milk, brandy and beef peptonoid given, hypodermics of brandy administered, and other treatment ordered continued.

May 14th, 6 p. m. Patient seemed better; respiration free, pulse about 80, and although irregular, was stronger; temperature normal; vomiting still continues.

May 15th, patient vomiting excessively, impossible for him to retain medicine or nourishment, stimulating hypodermics and nutritive enemias ordered every 3 or 4 hours.

May 16th, a. m., patient vomiting bilious looking matter constantly. Hypodermic injections and enemias continued.

May 16th, p. m., patient evidently sinking rapidly; pulse imperceptible at the wrist, extremities cold and respiration shallow; mental faculties clear. An attempt was still made to save his life, by hypodermic injections of brandy, and the tube of a stomach pump was introduced high up in the bowels, and an enema of a quart of warm milk, 2 ounces of brandy and $\frac{1}{2}$ ounce of beef peptonoid given. In spite of our efforts to sustain the vital powers, the patient gradually sank and died at 9 p. m.

Pursuant to an order issued by Jno. C. Crawford, J. P. acting as coroner, on the 16th day of May at 11 a. m., Dr. C. E. R. King, assisted by Drs. Geo. Cupples and D. Berry, made a post mortem examination on the body of Felix Rocha. The autopsy was made 14 hours after death. Rigor mortis well marked. The adipose tissue of the walls of the abdomen very thin. On laying bare the abdominal cavity some bloody serum escaped, and evidences of general peritonitis were found. The small intestines were inflated with gas, and the large ones contained some fluid fecal matter. The ascending colon was bound

down by adhesion. The liver appeared normal in size and color. The gall bladder contained a small quantity of bile; kidneys and spleen healthy. The mucous coat of the stomach was injected, and the organ contained a quantity of brown colored mucus mixed with bilious matter. On examination of the bladder a rupture and contusion, both of considerable size, was found on the anterior surface of the fundus of the organ, incipient gangrene of the abraded surface was also noticed. Death, in our opinion, was due to general peritonitis following rupture of the bladder and extravasation of urine, the result of a blow or blows upon the abdomen.

A RARE CASE OF A GUN SHOT WOUND WITH RECOVERY.

By C. K. Gregg, M. D., Ramos Arispe, Mexico.

(For Daniel's Texas Medical Journal.)

PHILLIPE DELBOSQUE, aet. 21, whilst imbibing too freely of a favorite Mexican liquor, "Pulque," at a "Pulqueria," on Sunday afternoon April 28th, attempted to draw his pistol, a 45 cal. S. & W., (secreted under his vest, and between his pants and shirt), and which was accidentally discharged.

He was removed to his home at once, and seen a few moments after the accident. I found that the bullet had entered the hypogastric region of the abdomen, to the right of and above the bladder, taking a downward and oblique course, and making its exit from the body at the apex of left testicle, producing a slight wound on the inner side of the left thigh, and lodging in his drawers. As he had passed his water shortly before my arrival, and which was free from blood, (the bladder having been quite distended prior to accident.) I came to the conclusion, therefore, that the bullet must have passed above and near the neck of the bladder, without injuring that important viscus, under the symphysis pubis and following the spermatic cord made its exit as above stated. Hemorrhage was slight, but shock very great; however, as apparently the bladder had not been injured, I gave a favorable prognosis. Fearing subsequent peritoneal trouble, the bowels were ordered to re-

main at rest, and all purgative interference strictly prohibited. He was given a hypod. of morphia, and cold applications applied to both wounds; liquid diet, and absolute rest enjoined, for fear of secondary hemorrhage.

For the first few days he did exceedingly well, with the exception of suffering some pain, which however was easily relieved by hypods. of morphia. On the third day he had some fever, temperature reaching 101 degrees Fahrenheit, (highest point reached.)

On the fifth day suppuration commenced from the lower wound, and on the same day pain in testicle and abdomen was excruciating. Scrotum, penis and left iliac region of abdomen became ecchymosed and remained so until convalescence was well established. Suppuration, especially from the testicular wound was very profuse, lasting nearly two weeks.

No symptoms of peritonitis manifested themselves, which I attributed in a measure to the quietude of the bowels for the first eight days. He always passes his water freely except when under the influence of morphine. About the eighth day he was greatly annoyed by nausea and gastric irritation, which however, was easily relieved by an effervescent mixture of pot. bicarb and acid tartaric. When cold applications were no longer necessary, the remainder of the treatment consisted in applying iodoform and zinc ointment alternately over the wounds which caused them to heal very quickly.

In less than one month my patient was able to ride on horseback and attend to his duties as "*Gendarma.*"

A CASE OF PLACENTA PRÆVIA, ASSOCIATED WITH HYDATIFORM TUMORS, ETC.

Reported by R. H. L. Bibbs, M. D. Saltillo Mexico.

(For Daniel's Texas Medical Journal.)

ON the 25th of last May, I was requested to take charge of Senora C. a primipara, aged 23 years, who menstruated last, on the 1st of November preceding, and was married on the 20th of the same month. With exception of nausea and vomiting, patient had noticed no deviation from her usual health until the latter part of March, from which date, she had

been continually "loosing blood." From about the middle of April, she had suffered from irregular chills, sweatings and a fetid, sanious discharge, frequently associated with large quantities of blood. Family history of herself and husband, good—negative as regards seymphilis.

Her condition at the date of my first visit, was decidedly septicæmic; eye-lids, face and feet œdematous; abdomen, large and tender; frequent vomiting and diarrhœa; tongue, pale and flabby; pulse, 140 and gaseous; temperature, 103; countenance, anxious and waxy; she was flowing considerably and every movement provoked attacks of syncope.

From a digital examination, I found the placenta firmly attached to, and around the internal os—the back of it occupying the right side of the uterus; on the left side, it was detached, and my finger readily entered the cavity of the organ. The uterus and the vagina were hot and extremely tender, and the parts were bathed in an offensive ichorous discharge. Auscultation failed to detect the foetal heart, and the placental soufflé was heard very indistinctly.

I explained to the family—a very intelligent one—that the patient was in a dangerous condition; that she had placenta prævia and was suffering from septicæmia caused by the retention of putrescent products of conception, and that in my opinion the only hope—even if the case admitted any reasonable grounds of hope—consisted in speedy evacuation of the uterine contents, and requested that Dr. Smith be called to my assistance.

Pending arrival of Dr. Smith, and in obedience to the indications suggested by her condition, as well as to fortify the patient for another examination, I gave her, hypodermically, a sixth of a grain of morphine and a hundredth of a grain of atropine and ordered iced champagne freely. Under this, the patient revived, so that, by the time the consulting physician arrived, she expressed herself as feeling much stronger and entirely free from the previous disposition to syncope.

Dr. Smith's examination confirmed the diagnosis already expressed, and concurring with me in treatment, we determined to repeat the injection of morphine and atropine and to dilate and empty the uterus at once.

Acting upon this determination, the patient being brought under the influence of the anæsthetic mixture used at Grey's Hospital, London—alcohol, ℥i chloroform, ℥ii sulph aether ℥iii—I introduced my hand, previously annointed with cosmo-line, gradually dilated the uterus, broke up the placental attachments and extracted, in conjunction with a gallon and a half, or more, of hydatiform cysts, a large, well formed decomposing female foetus, apparently in the fifth month of gestation.

My hand was again introduced into the uterus, carrying with it, the tubing of a fountain syringe, by means of which, the organ was thoroughly washed out with *hot water* containing bichloride of mercury in the proportion of one part per thousand. There was considerable hemorrhage, but under the stimulus of the *hot water* and ergotine hypodermically, the uterus contracted well—expelling my hand, which brought away all debris, thus leaving the organ in the most favorable condition possible, under the circumstances.

The patient was cleansed, wrapped in warm blankets and put to bed. Reaction, which was slow, was produced by friction with dry mustard, application of bottles of hot water, and hypodermic injections of ammonia, brandy and caffeine—she being unable to retain anything taken by the mouth.

Twice during the operation, which was prosecuted with as much haste as was deemed compatible with safety and thoroughness, the extreme debility of pulse—from which, I thought, there could be no reaction—necessitated the exhibition of ammonia by inhalation, and of ammonia and brandy by the hypodermic method.

The subsequent progress of the case, under favorable hygiene, daily uterine irrigations with the bichloride of mercury, the free use of stimulants, chiefly champagne, administration of iron and quinine, with an occasional injection of morphine, although tedious and slow, was to perfect recovery, and the patient was discharged restored, on the 15th of July following.

Quite a number of the cysts were subjected to microscopical inspection, but the total absence of hooklets and other evi-

dences of the cysticercus, left no room to doubt their hydatiform identity.

It may not be out of place, since many of my Texas confreres are occupying themselves somewhat extensively in studying the application of electricity to conditions often met with during pregnancy and parturition, to state that, when this patient began to "flood" in March, she was treated by a Mexican physician who informed her she had aborted, and that he would apply electricity to produce uterine contractions. The family noted that, while there had been much hemorrhage, clots of bloods, etc., there had been no appreciable diminution in the size of the patient's abdomen, and requested the physician to explain the phenomenon, which he did, by saying the case was one of superfetation in which one embryo had been expelled, and the other had remained, and would go on to full term if he was permitted to continue the daily use of the electric cure, which was consented to, and faithfully applied, up to the date of my first visit—with the result, as the family believe, of producing the death of the remaining embryo, and causing the growth of the hydatids removed by me on the 25th of May.

A CASE OF MALARIAL IRRITATION OF THE BLADDER IN THE FEMALE.

By Henry K. Leake, M. D. Dallas, Texas.

[Abstract of a paper read before the Texas State Medical Association. F. E. D.]

I desire to record an observation, which I have recently made, exemplifying the effect that the malarial poison may exert upon the female bladder; an observation which may appear common place, since, as is well known, it has not escaped mention by Prof. Skene in his excellent work on the diseases of the bladder and urethra in the female, as well as by other authors of equal or less prominence, who have attended to the same subject.

Nevertheless, considering the mere allusions by these writers to irritation of the bladder in women, which may be caused by the presence of malaria in the system, on account doubtless of the rare occurrence of this affection, it may be

questioned whether the latter has been sufficiently individualized as a distinct and independent malady, deserving especial prominence in the nosology of diseases of the bladder, which seriously disturb the functions of this sensitive viscus. There is the additional reason also for reporting the experience which I have had of this peculiar and interesting disorder, in the fact, that much obscurity yet surrounds the entire subject of disturbance of the functions of this organ in the female, the integrity of which is so vital to the comfort, happiness and safety of the individual.

Moreover, such conditions often tax the diagnostic acumen of the physician to the utmost, and even when by the exclusive method, rigorously employed, many causes of irritation of the bladder may be eliminated from the problem in hand, there will yet remain in particular cases, other causes which may elude discovery, thus obscuring the pathogeny and defeating every measure of treatment, which is attempted.

About March 1st of the present year, a lady whose health has been uninterruptedly good, thirty-seven years of age, the mother of six children, the last of which being an infant of four months, applied to me for treatment, for what, she considered the ailment to be, incontinence of urine. She stated that the condition had come on gradually, at the first amounting to a mere frequency of urination during the day, without any attendant pain or other symptom, which attracted her attention. This frequency had increased, however, to such an extent as to seriously embarrass her in the performance of domestic duties, and prevent her from visiting friends, or doing necessary shopping. Moreover, she soon became troubled at night, often rising six or perhaps a dozen times in obedience to the urgent calls for micturition.

The amount of urine passed at each discharge was not large, but exceeded in quantity that ordinarily retained in cases of acute cystitis, which the affection in many respects closely resembled.

There were no deposits in the urine worth noting. It appeared to be somewhat higher colored than normal. There was also a super-abundance of mucus, in the form of large flocculi, but no pus or blood.

As the case progressed, the desire to evacuate the bladder was preceded by a sharp twinge of pain, which the patient averred was "low down at the very neck of the bladder," but which was immediately relieved on emptying the viscus. There was no tenderness at any point except a slight pain, experienced when the neck of the bladder was firmly pressed towards the pelvis.

The frequency of micturition increased to almost constant dribbling from the bladder, both daily and nocturnal; the cloud of mucus in the urine was much augmented, and while the color appeared to remain unchanged, there was evidently a large excretion of solid matter composed probably of phosphates.

The uneasiness elicited at the neck of the bladder by pressure on this part soon changed to actual soreness. At the end of the second week the case had passed into one of apparently serious import, and was operating with telling effect on the vitality and mental equipoise of the patient.

The tripod of treatment, namely, rest, opium and alkalies, upon which Van Buren and Keys cogently protest the successful management of cystitis rests, was relied on to relieve what I now feared was a case of this distressing disease, the cause of which I could not then determine. The constitutional effect of belladonna was evoked also to mitigate the symptoms, and finally hot water vaginal injections were employed for their well known analgesic and antiphlogistic effects upon the pelvic viscera.

Such measures gave only temporary relief, the features of the case resuming their original character whenever the effect of medication, which was occasionally suspended to ascertain the *status quo* of the disease, had passed off.

At the beginning of the third week from the first appearance of the symptoms, the patient complained of slight chilliness towards evening, and it was observed that this was followed by fever, the thermometer in the mouth registering 101 degrees. These symptoms were interpreted to indicate the constitutional expression of the local inflammation existing in the bladder. Hence no special attention was directed towards them.

The chilliness was repeated however on the third evening.

and on the fourth day at the same hour reappeared as the prodrome of a marked rigor, followed by an abrupt rise of temperature of 103 degrees succeeded by sweating and a return to the normal temperature in about four hours, thus clearly demonstrating a well defined periodicity of the febrile movement.

Suspicion being now aroused as to the essential nature of the case, the patient was promptly placed on ten grain doses of the sulphate of quinine to be taken every four hours with mercurial and saline purgatives, the latter being indicated by the appearance of the tongue, and the confined state of the bowels, which was due not altogether to the opium administered, since this physical modifier had been exhibited both freely and simultaneously.

The substitution of the quinine for the treatment previously pursued, like the fabled wand of the magician, broke the spell of enchantment, which, by its subtle and potent influence had held the patient with relentless grasp for three weeks, and had transformed a hopeful and contented disposition into one of melancholy and apprehension.

At the end of four days from the administration of the first dose of quinine the patient was virtually convalescent. During this period no opiate was employed, nor any other medicine but quinine taken, save an occasional dose of neutral mixture, chiefly for its sudorific effect. Nevertheless, the irritation of the bladder did not return, and the close of the week found the patient, although debilitated by the trying ordeal through which she had passed, enabled to resume her accustomed duties.

[We regret that we cannot insert the Doctors' interesting comments on the case for want of room, Ed.]

A TWO POUND CHILD.

By S. L. Post, M. D., Alvarado, Johnson County, Texas.

REGULAR MENSTRUATION DURING GESTATION.

For Daniel's Texas Medical Journal.

MRS. L. age about twenty-three years, and mother of three children. On the 14th day of May, 1886, I was called to Mrs. L. and found her in active labor. Soon after my

arrival I delivered her of a two pound fœtus at full term. As usual I examined for pulsations in the umbilical cord but to my surprise I found none, and after further examination I discovered that the cord was detached from placenta at point of union to placenta, cord being cold, and in an atrophied state. After diligent work with the infant I succeeded in getting it to breathe, and since its birth is doing as well as any infant that I have delivered under more favorable circumstances. The husband of Mrs. L. informs me that during her entire gestation she menstruated regularly, and for the last four weeks has flooded profusely; unable to attend to her domestic affairs.

Now the question is could not the fœtus live in uterus with cord detached from placenta? One of my learned colleagues says it is utterly impossible for life to be sustained any length of time, after separation of cord from placenta, during uterine life. Now, I do not pretend to say how long the cord was separated from placenta before delivery. After placing the infant in the hands of nurse, I found by digital examination that the placenta was adherent to fundus of womb; and by manipulating womb with hand introduced into vagina, I succeeded in removing placenta. All of my brother physicians in the town of Alvarado that I have talked with about the case, say that they have never seen any thing of the kind; one of them a prominent practitioner of thirty years standing. I am well aware of the fact that the fœtus receives its nourishment from the mother through the umbilical cord—but the question which arises in my mind, is could not the child probably live a few hours, or even a few days, with the cord separated from the placenta? The theory of fasting is advocated by some of our learned men, that an individual can live without food for a considerable period—and the question is, can a fœtus live with nourishment cut off; or in other words are they so constituted that they cannot fast for the shortest period? I write this article in justice to the case, and to have the opinion of yourself and other learned medical men on the subject.

NOTICE OF BINDING.



With this number of Dr. F. E. Daniel's Journal, the volume of 1885-86 is completed, it being a fact that it is a valuable reference book to the fraternity, and should be preserved as such. I make a very liberal offer to bind it in good substantial manner at the prices given below :

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Very respectfully,

R. von BOECKMANN.

Austin, Texas.

CORRESPONDENCE.

LUSUS NATURÆ.

MANOR, TEXAS, February 22, 1886.

EDITOR DANIEL'S MEDICAL JOURNAL:

On the night of the 2nd day of this month, I was called to attend Mrs. B. in her second confinement. About fifteen minutes after my arrival, was informed that the "bag of waters" had ruptured, and that this was the first indication of approaching labor. I immediately made a digital examination, and found, to my surprise, the vagina filled with a soft mass, that felt more like the small intestines, than anything else that I could imagine. Upon further examination, I found that the entire mass projected from the os uteri, which was dilated to the size of a silver dollar. I then came to the conclusion that I had a prolapsed cord, and also shoulder presentation to deal with, and finding no pulsation in what I had decided was an abnormal cord, I informed the husband of the lady, that I thought the child was dead; and as the os was still too small to introduce my hand to perform version, I feared trouble in the delivery. I then asked for consultation, and he sent a messenger for my friend, Dr. W. T. Richmond, to come to my assistance. When the Doctor arrived, he made a digital examination, and very honestly said that he could not be certain what was presenting, but that it felt to him more like intestines than anything else, yet it might be an abnormal cord. The Doctor then kindly administered chloroform for me, and upon further examination I found the child small, and had very little difficulty in pulling down both feet and delivering. We had before us what we considered a real curiosity; and as the husband refused to let us have the fœtus, I will endeavor to give you a description of it. The most concise description would be to say that we had before us a case of *spontaneous evisceration*. The mother said that she had not expected her confinement until March 1st, yet the fœtus appeared mature; head was perfect, left arm absent, left ribs except last two, absent,

sternum absent, thoracic and abdominal walls absent on left side, beginning at a point where the left clavicle should have been attached to sternum, and extending downward along the median line a little below the umbilicus, thence to a point near junction of the last lumbar and first sacral vertebrae, thence upward along the spinal column to the lower portion of the scapula, thence obliquely to the sternal notch. The spinal column was very much curved toward the left side. The heart and a rudimentary left lung were protruding from the extreme upper angle of this opening; just below them the liver, and what appeared to be an enlarged stomach; and on left side of the opening was an enlarged kidney with a broken ureter hanging from it. Below this were the large and small intestines, these having constituted the mass that so puzzled Dr. R. and myself before delivery of the fœtus. At the extreme lower angle of the aperture was the bladder distended with urine and attached to it the other end of the broken ureter. The mother and father of this freak of nature, are both healthy and well developed persons. The father about 24 or 25 years of age and the mother 23 years. During the early months of this pregnancy, the mother was troubled with chills and fever, and last fall she had dengue, but at the time of this confinement her health was good. I forgot to say that the child from the first pregnancy was well developed, but died last summer from dysentery, complicating dentition. So far as I was able to learn there was no fright or nervous shock of any kind to apparently account for such an unfortunate deformity in the fœtus. Hoping that this report may be of some interest to you and the readers of your sprightly journal, I remain,

Yours Fraternaly,

R. S. GREGG.

SOME SURGERY IN SAN ANTONIO.

EDITOR DANIEL'S MEDICAL JOURNAL.

DURING the last few weeks a great deal of operative surgery has been done in San Antonio. This report will only concern the most interesting cases, and such as came under my immediate observation.

Dr. P. Ornelas a few days ago, performed *laparotomy* in a boy, aged 14 years, for abdominal tumor. The tumor seemed to be of traumatic origin. I will state, as nearly as I can, the particulars. The boy had been injured by a horse in the right hypogastric region over a year ago. Soon after the injury a swelling was noticed, but it seemed as if the parents had paid but little attention to it, until of late, when a well defined tumor could be felt through the abdominal walls. The tumor was slightly moveable and could be traced below in the hypogastric space and extending to the linea alba and iliac fossa. There was slight fluctuation on palpation, and in the upper region near the diaphragm, the tumor seemed to be nodulated and of hard consistency, giving the appearance as if it had connection with or originated from the omentum. The diagnosis was divided between sarcoma and floating kidney. On opening the abdomen, some serous fluid escaped and the tumor was examined with the hand. It was a solid, partially nodulated, sarcomatous tumor, nearly the size of a small child's-head, extending beyond the intestinal track on the right side down to the spinal column. It was adherent, at different places, to the intestines, and to the peritoneum parietale. Entire excision, or enucleation could not be done on account of the many adhesions and the extremely emaciated condition of the child. Dr. Truehart of Galveston, as guest, and Drs. Herff, Graves, Favre and myself were present and assisted. [It is to be inferred that the tumor was, then, partly removed; the writer failed to give the result of the operation. Ed.]

Another interesting case concerns a patient of Dr. Adolf Herff, afflicted with vesico vaginal fistula. The orifice was large enough to admit three fingers. It was situated above the collum vesical, leaving at this place only the urethra and a small part of the bladder intact. The first attempt to close this large defect, was not satisfactory, due mostly to improper light. After about four weeks, Dr. A. Herff made a similar operation, and this time in the hospital, where more artificial light was had. The result was very satisfactory; the patient being able to urinate freely. Each operation lasted two hours; it was neatly done.

RAIL ROAD INJURY.—A Mexican, aged about 38 years, was

run over by a work-train; a number of car-wheels passed over his legs. He was sitting upon the side of a flat car, with his legs hanging over the edge, and in passing,—a plank or post [?] near a cattle-guard, his right leg struck against the vehicle and knocked him from the car directly under the wheels. He was removed to San Antonio for treatment, and arrived about three hours after the injury occurred. It was nearly midnight, when I took charge of the case in the hospital. Both legs were torn to pieces just above the ankle, the achilles tendon only and his boots keeping them in connection with the feet. The bones of the right leg were fractured to splinters upwards to the gastrocnemius; and the soft parts, and tibia of the left leg were also crushed to jelly to the ankle joint.

As it was an urgent case, and having no other instruments at my command, (it being night and, my amputating cases were locked up in a drug store), with a common pocket-case and a good steel saw, and with no other assistance than Dr. J. Favre, (who luckily was at my house the same night), I concluded to amputate at once. The right leg I amputated in the upper, and the left one in the lower third. The Sisters of Charity assisted in holding the lights and forceps in ligating the arteries, and Dr. Favre gave chloroform. The unfortunate man survived the operation, but we had to inject five times at intervals a hypodermic syringe full of whiskey to keep his power up. The man was very anæmic, but there was, as usual in such injuries, but little hemorrhage.

The next morning, to our surprise, we found the patient quite cheerful, with pulse feeble and accelerated, and complaining but little. On the third day, he complained somewhat of his throat and mouth and we thought trismus would be the result. I had given him a morphine injection before and after the third day. After the fifth day he could swallow better and felt in general all right. On the twelfth day, the bone of the left leg was protruding a little caused by sloughing of a small part of cuticle, and re-amputation was feared. Two weeks later however, the flaps granulated satisfactorily and the stumps of both feet will now in the fourth week, soon be completely cicatrized.



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DANIEL'S
Medical  Journal,

PUBLISHED MONTHLY AT
AUSTIN, TEXAS.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER

Subscription Price: Two Dollars per Annum in Advance.

Papers for publication in this Journal should be in the hands of the Editor by the 10th of the month preceding the month in which it is wished to appear; they must be original,—never having appeared in print elsewhere, and must be contributed exclusively to this Journal.

Contributions to the department of Original Articles are cordially invited from the profession of Texas, especially. What is most desired is Clinical reports of cases, essays and short practical articles on any medical topic; also solicited reports of proceedings of societies, clubs, etc., and items of medical news of general interest to the profession, such as notices of appointments of physicians, removals, changes, marriages, deaths, etc.

EDITORIAL.

AUSTIN FLINT, AND HIS ADDRESS IN MEDICINE.

We have received from the Publishers, the Messrs. Appleton, 1, 3 and 5 Bond Str. N. Y., a little book entitled, "Medicine of the Future," it being the address prepared by Austin Flint, (Senior), M. D. L. L. D., and which was to have been delivered by him before the British Medical Association this year. It is printed in clear large type on Bristol card paper, and bound in fine cloth and boards, with gilt title and edge. It is illustrated by an exquisitely artistic steel engraving of the author, which is, moreover, an excellent likeness. The book seems to have been gotten up as a *souvenir*, for presentation, and has some ten or a dozen blank leaves in front and back; suitable for inscriptions.

These pure white surfaces may well typify the spotless

character of the life it is sought to commemorate; but there were no *blank leaves* at either end of his useful and eventful life; for beginning early, he worked constantly, and ceased not till the very day of his death. He literally died in the cause to which he had given the whole of his busy life,—this exquisite essay being one of the last, if not the last production of his fruitful brain and pen. Every physician who loved the *Great Father of American Medicine*, the MODERN HIPPOCRATES, (and who did not; who with soul so dead as not to reverence his memory?) should have a copy of his “Address” as a keepsake.

Austin Flint was no ordinary man;—

“Cast in the massive mould
Of those high statured ages old
Which into grander forms our mortal metal ran,”

he stood,—alone in his grandeur in the western world! “Like some tall cliff that lifts its mighty form,” he towered above his fellows,—the peerless physician—author—man;—or like that matchless orb which majestically rolls through the ethereal realms of the upper deep—the monarch of the midnight skies,—whose ray of transcendent brilliancy distinguishes it in the star-set heavens, he shone in the firmament of the professional world, the Jupiter of Modern Medicine! He too, was surrounded by *Satelites*; and of a brilliant constellation, was the grand central,—the supreme figure! He will never be forgotten! He lives and breathes in his works yet fresh and warm from his mighty brain; and so long as the human heart shall beat, and the human lungs give out the “respiratory murmur,”—so long will Austin Flint’s name be associated with their sounds. The taps on his little pleximeter, so familiar in the wards of old Bellvue will echo down the corridors of time, till time shall be no more!—and as with ceaseless course the circling centuries roll away, Austin Flint will be canonized. He will live for aye in the annals of medicine, and in the hearts of its devotees; even as the Sage of Cos lives to-day; and future generations will esteem him, as we, of the present, do his prototype—less a man than a God!

SPLENETIC.

“Let the galled jade wince.”

—SHAKESPEARE.

For inaccuracy and looseness of statement, and for perversion of facts, commend us to the *New York Medical Record*. Indeed, this agitator leader has become quite notorious for misstatement of facts, and for making “mountains out of mole-hills.” In support of this assertion we cite our readers to the *Record's* entire record during the controversy over the organization of the International Medical Congress.

If this shortcoming were the result of ignorance of the subject which the *Record* undertakes to expound, it would be almost inexcusable; but when it is apparently intentional, and for the purpose of attempting to be “smart” at the expense of others,—if it is willful and conscious perversion, it cannot be too severely condemned. A recent case in point has occurred which has very much the latter aspect.

In the *Record* of the 15th of May, in an editorial headed “Serious Split in the American Medical Association,” the dissatisfaction and withdrawal of half dozen or so individuals who were not permitted to ride rough-shod over law, order and precedent—the illegally returned delegates, who were very properly not permitted to sit in convention, is magnified into a “serious split in the ranks;” and the object is apparently in keeping with all former exaggerations and misrepresentations—to damage the American Medical Association and the cause of the Congress. (We had occasion to correct a misstatement of fact on the part of “our esteemed” only last month, with reference to laparotomy for intestinal wounds.

Really, we had believed the *Record* would show some magnanimity, and take defeat of its revolutionary schemes and agitation with a better grace; and that it would cease to show its teeth, and to vent its impotent spleen on all occasions, because defeated in this Congress business, of which the *Record* seems to have “made a specialty.” On the contrary, the *Record* seems to be the Conkling of the Medical Press, and to have been, like the genuine Conkling, “born sneering.”

In its issue of May 15th, the *Record*, in an editorial on “The

Pictorial Spirit of the American Medical Association," speaking of, and ridiculing the "beautiful pictures" as the quaint Quimby called those of delegates which adorned the pages of the St. Louis papers during the Convention; and after enumerating the States whose delegates were so complimented—pointing out with especial emphasis the fact that New York was slighted—(notwithstanding Dr. Hammond's picture—the only New Yorker so complimented—was conspicuous amongst the "distinguished;"—maybe there is where the shoe pinches—Hammond and not Shrady) says of Texas: "The great State of Texas, which produces annually, millions of bales of cotton, or some other equally valuable products, had only one pictorial representative, an injustice which we trust will be properly commented upon by our fiery contemporary at Austin."

"Our fiery contemporary at Austin" has only to say, by way of comment, that as there were portraits of four Texas physicians, including that same fiery contemporary, in the *Globe-Democrat* on the 5th of May, and one of another Texas physician in the *Republican*, later, the f. c. at A. has nothing to complain of on the score of injustice.

The *Record* man, therefore, is in ignorance of the subject he attempts to elucidate—or—or has made a misstatement of facts as usual, in order to get off a silly sneer at us, and at Texas. "Our esteemed contemporary" evidently feels slighted that HIS phiz was not amongst the distinguished representatives of American Medicine, "an injustice" made the more manifest by the paraded claims that the medical profession of America reside solely in New York and Philadelphia. Really the *Record* should not show such ill nature as to envy the brethren so poor a compliment. We feel sorry for the *Record*—sorry that it should be driven to such straight; but it is the result of having espoused a bad cause; and we commend to "our esteemed," by way of friendly warning and advice, the fate of Annanias,—and the fame of Jo Mulhatton. Surely the *Record* would not emulate either of those worthies.

We should explain that the almost imperceptible sneer at the production of cotton in Texas, is for our benefit; directed at us, in reference to a speech we had the temerity to make at New Orleans in opposition to the nefarious and arrogant scheme

to ignore the South in the organization of the International Congress. In urging the claims of the Profession of the South to representation, we spoke of the greatness and wealth of Texas incidentally; and directly of the intelligence and ability of her medical men, and demanded representation in their behalf; and that shot which went home, and which aided largely no doubt in the "destruction of the shenanigan" which the immaculate tried to play on the South and West, seems to be rankling in the bosom of the *Record* still,—which is why we remark "let the galled jade wince."

ANOTHER STULTIFICATION—A HOMŒOPATHIC STRIKE.

The Southern Homœopathic Association, which is to Homœopathic State Associations what the American Medical Association is to the several State Medical Associations—their national organization, met recently in New Orleans. Their "organ" (wind instrument) is jubilant over the fact—said to be a fact—that the "roll of members now numbers *fifty-seven!*" (stand from under!!) and a delighted delegate writing from up north somewhere, to the "President"—the Austin Jeremy-Didler—who is to the Homœopathic lay-out what the fellow in Mikado was to the government—the Pooh-Bah—or everything "high"—declares on his honor that he actually "counted twenty-seven delegates on the floor at one time."—Great Scott! but wasn't that a gathering of the clans to make the average alopathic head swim! In a report of the proceedings of this mighty throng of mutual admirers published in said "organ" we find the solemn declaration in the shape of a resolution passed.

"That *this Association is opposed to State Medicine*".

Doubtless they were under the impression that by "State Medicine" is meant some kind of control of practice by the State, in the interest of the hated "Regulars;" hence, in a spirit of charity and commiseration for their ignorance and their fears we inform them—that by "State Medicine" is meant "public hygiene;" but for fear they do not know what that is, we will give it in plain English—in Prof. Chaille's own words.

"State Medicine is the application of the aggregate of medi-

cal knowledge to the public weal"—the *prevention of epidemics*—the protection of the public health from all kinds, and all sources of danger, (quacks included.)

Let it go on record that *twenty-seven of this class of persons* in these free United States have solemnly declared themselves, in convention assembled, opposed to the *protection of the public health*; opposed to *public sanitation*. "A little learning is" indeed "a dangerous thing." Gov. Ireland will have to call out the militia to quell this mob, when Dr. Cummings goes to lay those sewers in Austin, so much needed for the "protection of the public health."

THE ROUND-UP.

With this number closes Volume One. "Here ends the first lesson" as the good minister says; and we trust it has been a lesson by which our readers have been benefitted. This finishes, too, our first round trip on that "journalistic sea" of which we said so many pretty things when we "launched" the "New Texas." We have rounded to, and have made the landing, after a fair voyage and a quick run, encountering naught on the way but favoring breezes, and helping hands. We step ashore and make our obeisance gracefully, and tender our most grateful acknowledgements to our *compagnon's du voyage* who have not only borne us delightful company but who have, by their assistance, enabled us to make the most successful trip on record. To drop the stilts however, and come down to hard facts; this number closes a year of journalism of unprecedented success; the result has been most gratifying and encouraging. The outlook for the second round compared to that of the first, is as sunshine to "midnight, e'en in the zenith of her dark domain." We have had the satisfaction of seeing contributions to the pages of the JOURNAL, by men who, perhaps, had never before written a line for publication, copied and commented on in favorable terms, not only throughout the Union, but even in Europe.

Under the stimulus of repeated and impressive exhortation, organization has boomed, a number of

counties having wheeled into line and gone to work; while over one hundred new members have come into the parent fold. Look at our twenty odd pages of the cream of medical advertising, that feature of journalism which delights the publishers' heart and makes glad ye printer; while our subscription list has swollen so rapidly that we are obliged to increase our monthly issue 25 per cent. From and after July twelve hundred and fifty copies will be issued; and the size of the JOURNAL will be increased to 76 pages, which will give our readers fifty-six to sixty pages of choice reading matter; and encouraged as we are, we will begin Vol. 2 with stout hearts and high hopes, and will endeavor to infuse into it all the vim, vigor and vitality engendered in our hopeful nature by the unprecedented and overwhelming favor with which Vol. 1 has been received. We want every physician in Texas to read the JOURNAL. It is edited and published in Texas by a Texan (by adoption), for Texans, and in the interest of the Texas State and County associations; and every physician who has the welfare of the profession at heart, and who desires progress, purification and elevation in Texas medicine is earnestly invited to co-operate in the endeavor to put Texas ahead in medical journalism as she is in agriculture and education, and all the elements that go to make up a great and glorious state. "All aboard!"

EDITORIAL NOTES.

PRIZE ESSAY—A SURPRISE IN STORE FOR THE PROFESSION.

The committee appointed by the Texas State Medical Association to award a prize of \$100 in gold for the best original essay by any member, received nine papers. They were all long, some longer, and one longest. There is an old saying that "the longest pole knocks the persimmons." In this contest the longest paper, (and the committee thought the best) knocked the prize; it being awarded to Dr. J. R. Briggs, of Ft. Worth, Texas. His paper filled sixty-seven pages of closely type-written folschap paper; and was bound in book form. The subject was :

“*Reflections on Physical and Mental Culture, in reference to Hereditary Predispositions, Action and Reaction of Mind and Body, Habits, Normal Automatic Mind Action, Automatic Mental Action Resulting from Stimulants and Narcotics, Clinical Aspects and Suggestions for Physiological and Psychological Advancement!!!*”

The title is quite a long pole, itself, and if any modern Shakespeare would know “what’s in a name,” just let him take a peep at the prize essay of T. S. M. A.; there is very considerable—length, in it, at least. The “prize essay” will appear in the Transactions, and we predict will be a stunning surprise to the profession of America. The names of the committeemen making the award, are Dr. J. D. Osborn, Cleburne, Chairman; Dr. R. D. Wallace, Terrell; Drs. H. K. Leake, S. D. Thruston and E. L. Thompson, Dallas. Those gentlemen are entitled to the sympathy of the profession, after having read these nine papers, all of which possessed one feature in common, at least,—length.

“AS THROUGH A SMOKED GLASS, DARKLY.”

The *New York Medical Record* speaks of the Philadelphia Medical and Surgical Reporter’s “sunset cover:”

The defeat of Dr. Shradys’ revolutionary schemes and the setting down on his Philadelphia friends by the A. M. A. must have jaundiced his vision very much indeed, to cause him to see *pumpkin colored* sunsets!

YELLOW FEVER COMMISSION.

Congress has passed the bill providing for a commission of three physicians to visit Brazil and other foreign tropical countries for the purpose of studying the alleged inoculative protection process of Friere and Carmona. Uncle Sam once investigated Condurango, in Brazil.

PRACTICING “THE SAME.”

Our alert contemporary, of the *Southern Clinic* tripped us up once on a *lapsus linguæ*. We now return the compliment:

In his “leader” in June, Brother Bryce gravely asks: Should the State grant license to a physician, who, after a fair trial,

has demonstrated his unfitness to practice the same successfully?" Eh? Bro. Bryce? Well, Homer once nodded.

THE HOMŒOPATHS have petitioned Gov. Ireland to appoint a homœopath on the Board of Regents, and they also demand a division of "State patronage;" citing the fact that "an allopath" fills every State position where a medical man is required. How absurd to suppose a homœopath could fill a position where a medical man is required!!

"PROGRESS," is the name of a new medical journal to be issued at Louisville, in July, by Raymond & Co., and edited by Prof. Dudley S. Reynolds. We cordially welcome Dr. Reynolds back to the ranks of journalism. We have missed his fluent and flowery pen.

Dr. W. A. Morris, who contributes the paper on Differentiation of Croup and Diphtheria in this number, is a practitioner of fifty years experience, and his opinions and views are entitled to, and receive, from all who know him, much respect. Read the paper.

THE TEXAS DRUGGIST is the name of the latest venture in medical journalism in Texas. We have received Vol. 1. No. 1. It is to be a quarterly, and appears to be run in the interest of a large drug and grocery house in Waco. Dr. H. L. Taylor's name appears at the head of the editorial columns.

NATIONAL PATROL OF THE COAST BY REVENUE CUTTERS FOR THE PREVENTION OF INTRODUCTION OF CONTAGIOUS DISEASES.

Circulars have been issued from the United States Treasury Department to medical officers of the Marine Hospital Service, directing them to "cruise actively" with revenue cutters under their respective command upon the outer lines of their respective cruising grounds, and to exercise especial vigilance in inspecting all vessels arriving from foreign ports or from Southern ports of the United States," with the view of preventing the introduction into the United States of cholera and other infectious diseases. If an infected vessels, or one from an infect-

ed port is overhauled, she is to be sent to the nearest quarantine station. This is ordered by the President, to assist local authorities in the maintenance of quarantine against infectious diseases as provided by Sec. 4792 of Revised Statutes. Act of April 1878

BIBLIOGRAPHY.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES, embracing the entire range of *Scientific and Practical Medicine* and *Allied Sciences*, by various writers; illustrated by *chromo-lithographs* and wood engravings; edited by Albert H. Buck, M. D., Vols. 1 & 2. William Wood & Company, New York, 1886.

We have received Vols. 1 and 2 of this masterpiece of painstaking, laborious and successful compilation. It is, strictly speaking, a complete encyclopedia of medicine and surgery; brought up to the moment of going to press; and contains exhaustive and well written treatises on every subject connected with the science and arts of medicine and surgery, by the masters of modern art. It is practically *invaluable*. Possessed of this complete set, the practitioner should not want any other library. The subjects are arranged alphabetically; the first two volumes giving from "ace-cat" to "eye," and embracing every subject under those heads. The article on cataract alone, is worth the price of the set; while that on Electricity in Surgery, puts the reader in possession, practically, of all the facts at present known with reference to this important therapeutic advance. Indeed, the work is a masterpiece, and no live man can afford to do without it. The chromo-lithographs are models of the art, while the abundant wood cuts are above the average. Bound in a neat and substantial morocco, sold by subscription only; for the complete set, seven volumes, \$8, per volume.

Text Book of Ophthalmoscopy, by Edward G. Loring, M. D., part 1: The Normal Eye; Determination of Refraction;

Disease of the Media; Physiological Optics and Theory of the Ophthalmoscope; N. Y., D. Appleton & Co., 1, 3 & 5 Bond Street, 1886.

To say that this contribution to the subject of Ophthalmoscopy is a valuable addition would be but scant justice; it is a big advance on anything heretofore offered to the profession, that has fallen under our observation. The general practitioner shrinks from diving into the mystery of thorough ophthalmoscopy, as something unusually difficult; but with the introduction of the ophthalmoscope, much that was mysterious and little understood, has been elucidated, and is now relegated to the domain of demonstrated fact. Dr. L. has rendered no little service to his brethren by beginning at the beginning, and teaching them *how to use* the ophthalmoscope, so as to get the benefit of its revelations. Both the direct and indirect methods of using the instrument are fully and comprehensively described; and the value of such knowledge will be apparent, when we say,—quoting the author, “Five-sixths of the art of ophthalmoscopy are contained in a knowledge of the normal eye; the rest is a series of representations which can be read almost at sight.” Want of room prevents our saying more of this truly meritorious work. The lithographic plates are superior pieces of work, and the book is turned out with that neatness which characterizes the Appletons. To the specialists, particularly, this work must be of great assistance, while even to the medical tyro, it could not prove otherwise than interesting.

ADVERTISERS' NOTICES.

TRY IT ONCE.—Physicians who have not as yet used Caulocorea in their practice, know nothing of its merits, and are voluntarily dispensing with a very valuable aid in treatment. We would recommend those who have never used it to prescribe it in a test case, and we feel convinced they will be pleased with results. It is in universal use and favor amongst our more progressive brethren north and east. See advertisement.

A GOOD MEDICAL EDUCATION is much to be desired: It can be best obtained where there are facilities for teaching—clinically as well as didactically,—and where there are able teachers. We commend to the profession of Texas the Louisville Medical College as possessing these requisites in an eminent degree. A diploma with such names as KELLEY, MILLER, GALT, HOLLOWAY and their able associates is a passport to respectability all over the world. Please see announcement of fall course, and write for catalogue. Mention this JOURNAL.

SAVE THE BABY.—In the “summer disease” of children, (gastro-enteritis, “teething,”) where, from inability to digest and assimilate even mother’s milk, the baby is wasted to a skeleton, with a constant diarrhœa; where everything put into its stomach ferments and distends its abdomen with gas, only relieved by vomiting and purging,—(the child is starving), we say put it on Mellin’s food, dry. We know whereof we speak. Mention this JOURNAL. See inside of 1st cover.

DR. SAMOSTZ’ BEEF WINE AND IRON is prescribed by the leading Austin physicians, and recommended as an excellent nutrient, tonic and restorative. Patronize home industry and talent. See advertisement.

A CHALLENGE.—In the quality and price of all kinds of surgical instruments. ISAAC PHILLIPS of Atlanta, Ga., challenges the world; and beside, you can order and get your goods in three days and a half—*think of it.* See *list of prices* in new advertisement in this issue. PRICES are to be considered these hard times, and Phillips guarantees satisfaction. Mention DANIEL’S MEDICAL JOURNAL.

BELLEVUE HOSPITAL, MEDICAL COLLEGE.—FLINT’S College!—It would be as superfluous as to paint the lilly, for us to say anything in praise of this noted Institution. To refer to the standing advertisement is sufficient. (announcement of next regular session.) Send for a catalogue and mention this JOURNAL.

P. P. C. E.—This is not a puzzle; read it, and it will be as clear as day. Those four letters stand for Perseverance, Pluck, Capacity and Enterprise. That those qualities will win, was never more clearly demonstrated than in the wonderful success of Seabury & Johnson in the acquisition of fortune and fame in the manufacture of — plasters! Their success has been stunning, paralysing, in some sense, since their products have about driven all other plasters out of market. It illustrates too that any specialty may be made successful, however insignificant it may seem, if P. P. C. E. are brought to bear on it. Please read their full page advertisement in this issue; send for samples and catalogue and say we recommend you to do so.

HOUSEHOLD WORDS.—Fellows' Compound Syrup of the Hypophosphites (lime, soda, potassa, manganese and iron, with quinine and strychnine) *all the best tonics, all the best deobstruents, and alteratives!* It is the prototype of scientific pharmacy. Write and say we said so, DANIEL'S TEXAS MEDICAL JOURNAL.

THE ATTENTION OF SURGEONS especially, is directed to the advertisement of A. L. Hernstein in this issue. With due consideration of the wants of the profession he has established agencies all over Texas where his celebrated instruments can be had on same terms as in New York, i. e. 25 per cent. discount off of list price, and an additional saving in the expressage.

STUDENTS AND PRACTITIONERS will be interested in the announcement of the fall course at the great Bellevue. Read it.

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