
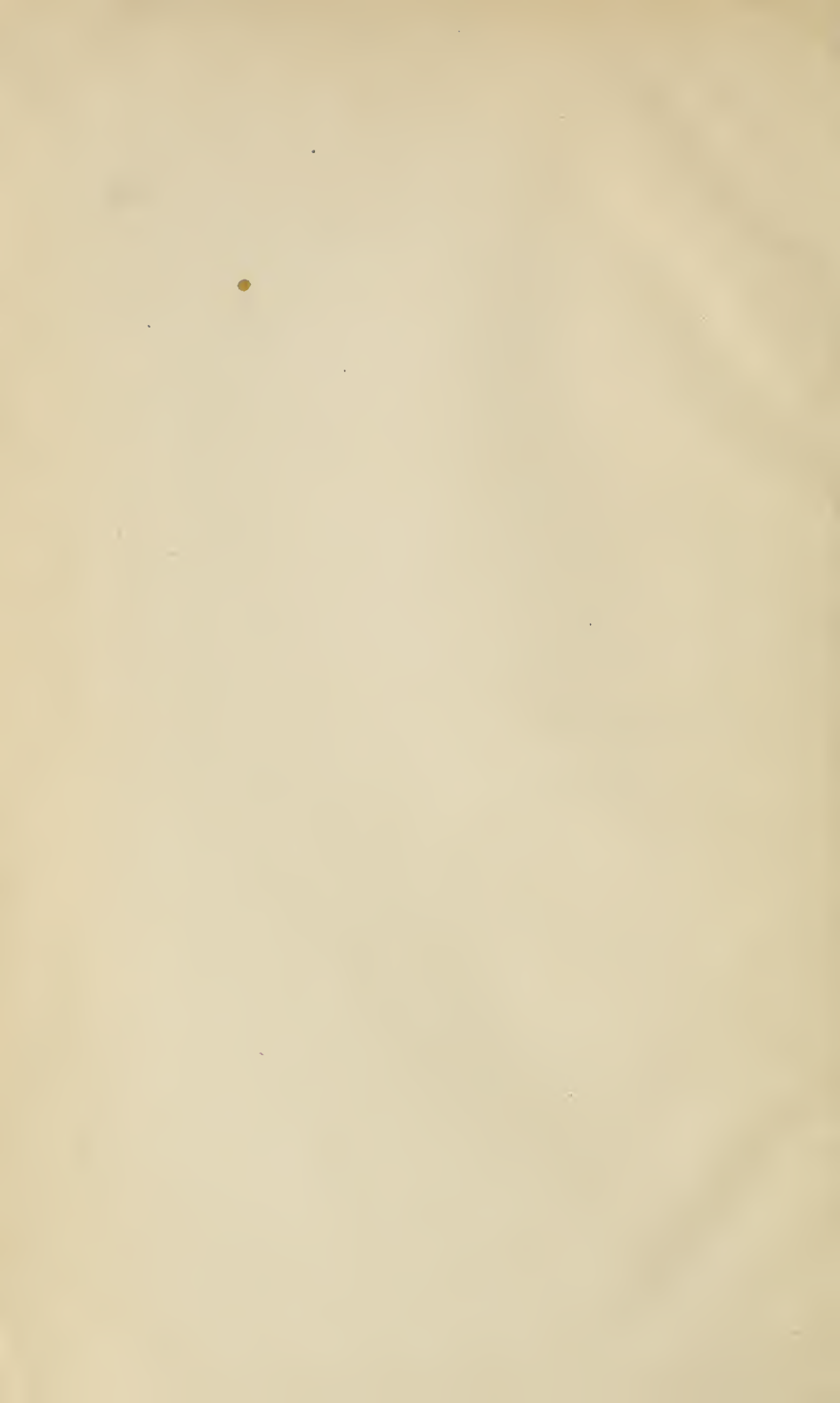


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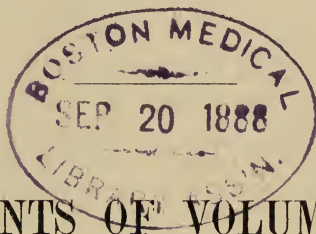
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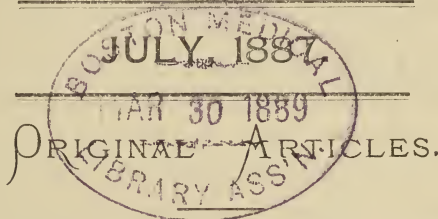
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NEW ORLEANS
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No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Asiatic Cholera as it Occurred in My Practice in Concordia Parish in 1849.*

BY DR. D. R. FOX, JESUITS' BEND, LA.

In almost every newspaper notices are given of the progress of this great pestilence, which, having started from its cradle in the East, is gradually travelling westward, having already crossed the ocean and made its appearance in the Western Continent. As it is probable that this great scourge of humanity will soon visit this portion of the country, I thought that a brief account of my observations and experience in this disease might be of interest to the younger members of this Society.

Before relating my personal experience, I have deemed it appropriate to give a brief history of the epidemic of 1849.

In 1847, cholera prevailed as an epidemic in India, and entering Europe it advanced steadily westward, pursuing a course corresponding singularly with that of its last invasion, reaching Moscow before the end of the year. In the spring of 1848 it advanced westward, reaching St.

* Read before the Louisiana State Medical Society.

Petersburg in August, Berlin in September, then Hamburg, and crossing thence to Great Britain, attacked Edinburgh in October and London soon after. On the 9th of November, a ship with emigrants sailed from Havre to New York. At the time of her departure there was no cholera in that port or at Paris, and the crew and passengers were all healthy. The vessel had been sixteen days at sea when the disease appeared on board, and she arrived with it at the quarantine ground, Staten Island, on the 1st of December. The passengers were landed, and very soon after the disease broke out in the neighborhood, but did not extend beyond that vicinity, and ceased entirely before the beginning of the new year. Twelve deaths occurred from the disease in New York city. Another ship which had left Havre on the 2d or 3d of November, without cholera on board, was attacked by the disease twenty-six days after leaving port, and brought it with her to New Orleans, where she arrived on the 7th day of December. Cases of cholera soon afterwards appeared in the city, and rapidly multiplied (the weather being very hot and favorable for the spread of the disease.) From New Orleans it extended up the Mississippi river, reaching the city of Memphis as early as the 22d of December, and spread over the entire valley of the Mississippi with unheard of rapidity.”*

The disease prevailed on nearly all the cotton plantations between New Orleans and Memphis, and was extremely fatal.

Situated in the parish of Concordia, Louisiana, about forty miles below Natchez, is a neighborhood known by the pilots and river men as “Deadman’s Bend.” In the spring of 1849, during the latter part of April, the disease made its appearance in this locality. There being no physician at that time nearer than Vidalia or Natchez, one of the planters made application at Vicksburg for a physician. I was recommended, and arrived at Deadman’s Bend about the 1st of May. The population of that district at that period consisted of the planters with their families,

*Woods’ Practice.

their overseers and negro slaves, the proportion as to race being about one white person to fifty negroes. The cholera seemed to prevail only among the slaves, as I saw but two cases in white persons, and both of these recovered.

The sanitary condition of the plantations was bad, and nearly all the planters at that time were using river water to drink, as there were very few cisterns at that period. The epidemic occurred at a time of year when the river was at its height, and its water was loaded with silt and other impurities.

Every precaution had been taken by the planters to have the negroes treated as promptly as possible when threatened with an attack while at their work. Every overseer upon going out into the fields in the morning, was provided with some favorite cholera mixture; a cart and a team of mules were kept in readiness to carry home as speedily as possible any slave that was taken with an attack. The usual cholera mixture was composed of laudanum, tinct. camphor, tinct. capsicum and tinct. Jamaica ginger, equal parts of each; the dose was a tablespoonful. When a field hand was observed to go aside more than once he was immediately given a dose of the mixture and sent at once to the house, but oftentimes so violent was the attack that even three and four would be brought in in the same cart, and were often in a dying condition when they reached the house.

The epidemic lasted but a few weeks, and by the 1st of July the disease had entirely disappeared.

As soon as I had set foot on the plantation where I was to reside, I was called to treat one of the house servants, a bright mulatress, about twenty-five years of age, and found her in a state of collapse, with choleraic voice, vomiting, and suffering from incessant cramps of the limbs. Her skin was shrivelled and her evacuations were like rice water (the diagnostic symptom of Asiatic cholera). By promptly administering stimulants and applying counter-irritants, such as sinapisms and frictions, with dry mustard, and giving small doses of calomel and morphine, in the

course of two or three hours her symptoms were better ; vomiting and cramps had ceased, her skin became warm, her pulse stronger, and in two days she was convalescent.

During the following three weeks I was constantly engaged, day and night, endeavoring to arrest the disease by every means that could be thought of, but with little success, as about two out of every three died. Many, after recovering from collapse, died in a comatose condition on the second day, probably in many instances from overdoses of opiates.

My chief reliance in the treatment of this disease was in calomel, for I had observed that as soon as the rice water discharges became changed to a dark color by the use of this remedy reaction generally took place soon after.

During the year 1848 to 1849, the *London Lancet* published the discussions of the Medical Society of London, in which the opinions of the most prominent physicians of England were given concerning the treatment of cholera, and among the opinions my attention was called to those of Dr. Joseph Ayre, of Hull, England, who asserted that he cured cases of cholera, even in collapse, without the aid of stimulants or other auxiliaries, by giving calomel in one and two grain doses, with a drop or two of laudanum to assist the stomach to retain it, every five or ten minutes. "This," he says, "was my sole remedy in the stage of collapse." One of his patients took five hundred grains of calomel, and one of his friends gave a patient eight hundred grains. Both were cured without ptyalism. Dr. Ayre practiced among the poorer classes, particularly the inmates of almshouses, which cases are the most unfavorable, treating in all 219 cases of the disease.

I at first treated most of my patients with calomel in doses of from fifteen to twenty grains ; after reading Dr. Ayre's article, however, I adopted a similar treatment as far as the calomel was concerned, giving it in five grain doses, with five drops of laudanum every five minutes, placing the calomel on the tongue and washing it down with the laudanum in a tablespoonful of water. I continued to use

stimulants, together with other remedies, and observed that under this plan of treatment recoveries were more frequent.

I found that in this disease, as in yellow fever, it was necessary to keep the patient in the horizontal position, as many patients in attempting to get up to evacuate their bowels, fainted and died.

I would mention that among other remedies, I tried bleeding, as recommended by Sir James Annesley, surgeon to the Madras General Hospital. The first case on which I tried it, was that of a strong negro man, who recovered. Two others that I bled—one a negro man and the other a woman—both died.

During my experience I found that calomel and opium were the most valuable remedies that we possessed at that time. Since then a most valuable remedy has been added to the list—chloroform—the internal administration of which had not been tried by me in that period (1849) in the treatment of cholera.

In the administration of opium, the greatest caution and judgment is required to know when to desist.

Dr. Bennet Dowler, in his article on the natural history of cholera, published in the *New Orleans Medical Journal*, November, 1857, properly remarks that “the preparations of opium, as laudanum or the salts of morphia, surpass all other remedies in the universality of their therapeutic efficacy when administered by skillful hands. The administration of opium or any other drug in cholera is, however, attended with much difficulty, as the strength or repetition of the dose; if the power of absorption be greatly impaired by frequent vomiting and purging, the dose may be excessively, and in other conditions, dangerously large, and may be often repeated without the toxic effects that might otherwise be expected.”

I will mention as a singular fact that during this epidemic there was a plantation only a few miles from the one where I resided, on which there were about one hundred negroes, sixty of whom were field hands, and not a single

case occurred there. On making inquiries, I found that this plantation was adequately supplied with good cistern water, and that the owner of the plantation allowed his negroes to drink no other.

I will report two cases selected from several on which I took notes at the time, they being sufficient to show the usual treatment adopted.

May 22d, 1849.—Was called to see a negro man, a slave; history: He had been taken in the morning with diarrhœa, but did not quit work until one or two hours after he was attacked. His symptoms becoming more aggravated, he came home from the field, and has since been having copious rice water discharges from his bowels every few minutes. He has vomited three or four times; has violent cramps in his legs and in his side and back. I was called in the afternoon, and found him in the following condition: features shrunken and haggard, skin bathed in sweat, extremities and body warm to the touch, although he complained of cold feet and legs. He had two large rice water evacuations after my arrival, and the cramps in his limbs became more severe. He had been given twenty grains of calomel previous to my visit, and doses of camphor and capsicum had been frequently administered, together with enemata of starch and tannin, but no relief had been afforded. I prescribed at once the following:

℞ Pulv. capsici ℥.
Hydrarg. chlor. mitis grs. xii.
Sodii bi-carb. grs. xxiv.
Pulv. opii grs. vi.

Ft. in pill, No. xii et Sig. One to be taken every hour.

Also the following mixture:

℞ Tinct. opii.
Spts. ammoniæ aromat.
Hoffman's anodyne.
Tinct. capsici \overline{aa} ℥ss.
Aquæ ad— ℥iii.

S. A tablespoonful to be given every hour alternately with the pills.

I ordered the enema of starch and tannin to be repeated after each evacuation. I also ordered hot toddy, to be given freely. On the following morning the patient appeared to be better, the evacuations were not so frequent, and the cramps had ceased. At 12 M. he was worse, had involuntary evacuations and was comatose. His skin was warm and pulse weak. I ordered the stimulants to be diminished and the opium suspended.

In the evening I found him much worse; his features were pinched, and deep coma had set in, from which he could be aroused with difficulty; he continued in this condition, and died during the night.

Case 2.—A mulatress, aged about 22 years (slave); had had diarrhœa three or four days previous to my seeing her. I prescribed an anodyne and stimulating mixture; also pills of calomel, Dover's powder and capsicum, four grains each, to be taken. In the morning, I found her worse, the diarrhœa had not been checked and she was having choleraic rice water evacuations. There was great uneasiness and restlessness. Her features became pinched and cramps in the lower extremities soon set in. I gave her fifteen grains of calomel immediately, and prescribed the following pills:

℞ Pulv. camphor.
Calomel, \overline{aa} grs x.
Pulv. opii, grs iiss.

To be made into five pills, one to be taken every hour until all were taken. I ordered enemata of starch, laudanum and tannin to be given, and also ordered a tablespoonful of a mixture of equal parts of tinct. of opium, tinct. of capsicum and tinct. asafœtida, to be given as often as occasion should require. After continuing this treatment several hours, the cramps ceased and her evacuations became dark colored. To relieve the cramps sinapisms and frictions of mustard were used. She was kept in the horizontal position, whisky toddy was freely administered and reaction set in at about midnight, her skin

becoming warm and purging checked. There was slight febrile excitement; stimulants and narcotics were discontinued and mucilaginous drinks freely given, together with effervescing powders. The woman convalesced rapidly, and in a few days was well, with the exception of symptoms of slight salivation.

A Substitute for Iodoform.*

BY CHAS. CHASSAIGNAC, M. D., NEW ORLEANS, LA.

It is generally conceded that iodoform stands in the front rank of antiseptics. As a surgical dressing and an application to venereal or other ulcerations, it is more extensively employed than any other substance. It became fashionable many years back, becoming officinal in the U. S. Pharmacopœia in 1870, and has enjoyed the continuous confidence of the profession ever since. In fact, so universally has it become known, that people often resort to it for the treatment of venereal sores independently of medical advice.

Notwithstanding this extreme favor with which iodoform is received, there are two very important objections to be brought forward against its general adoption :

Firstly. It has been determined that iodoform, when largely used externally, can become absorbed in sufficient amount to produce toxic effects which are distressing, at times alarming, and have already resulted fatally in at least eleven recorded cases. Evidently, then, it is dangerous to use this agent in cases where a large surface is to be dressed, especially when frequent dressings are necessary.

This is a grave objection, but we attach more importance to the other, for it is always present, always will be, and the better known is the stuff, the greater the objection. This is its odor. The Dispensatory calls it "saffron-like and almost insuppressible." To tack on *almost insufferable*

*Read before the Louisiana State Medical Society.

and most tenacious, would still be putting it mildly. However, it is not only the disagreeable nature of the odor which is objectionable, but it is so characteristic that once smelled it is recognized early and easily, and the ordinary mind at once connecting it with some venereal disease, it acts, if you will pardon an expressive slang phrase, as a "dead give-away." So much so is this the case, that it has become difficult, if not impossible, to use it on the person of any one going about and coming in contact with others. In private practice we are frequently compelled, on this account, to use instead an agent we deem otherwise less valuable.

A multitude of expedients have been tried to destroy or disguise the odor of iodoform, but they all fail, for the reason that they either decompose the iodoform or have to be added in too large a proportion, or, finally, if they act simply by substituting one odor for another, the disguising smell invariably proves the less lasting and the original comes to the front as powerfully as ever. The reason we assert that this objection will always hold good is that if there were ever discovered an odor at the same time more penetrating than the one in question, it would be unique, would become characteristic in its turn, and in the end betray as much as our present acquaintance.

The article which we believe to be a good substitute for iodoform is the oxy-iodide, or sub-iodide of bismuth. It was used some ten years ago by Dr. A. S. Reynolds, who found it very efficient, but it was not generally adopted at the time on account of its high cost. Lately again the doctor has published the result of his experience with it, and Dr. E. Matlack has been using it extensively at the Philadelphia Hospital. He also expresses himself as highly pleased with it.

Sub-iodide of bismuth is of a bright brick red color, impalpable when well powdered, almost odorless and tasteless, insoluble in water, alcohol, ether or chloroform. It does not stain or impart its color to linen, and is easily washed out. It can be made by different processes, but we

will only quote from the *American Journal of Pharmacy* one devised by Jos. W. England, Ph. G., and recommended by him, in an article on the subject, as "practicable in general employment." Take of

Bismuth subnit.	℥ijss, gr. xxjv.
Nitric acid.	f ℥ij.
Hot water.	f ℥xij.
Potassium iodide.	℥xj, gr. iij.
Hot water.	f ℥xxvij.

Dissolve the bismuth salt in the acid in a porcelain capsule with the aid of heat, and add twelve fluid ounces of boiling water in small portions at a time, stirring after each addition, then pour the bismuth solution in the hot water in which has been dissolved the iodide, agitating it well after each addition. Continue agitating until decomposition is complete. Filter at once. Wash the precipitate with warm water. Dry and powder.

When subiodide of bismuth is dusted on a raw surface it produces over the latter a thin silvery film, somewhat analogous to that caused by lunar caustic when lightly applied, but much more faint. However, it imparts no stinging sensation, as this fact might suggest, but seems to have an anæsthetic effect similar to that of iodoform. It has a marked healing effect upon chancres, as well as chancroids. Dusted over wounds, whether accidental or made by the surgeon's knife, it acts as an antiseptic, diminishes the secretion of pus and seems materially to hasten cicatrization. It is certainly a good deodorant, for we have applied it to chronic and foul ulcers of the leg, which, with ordinary application, required dressing daily or every other day, and with this could remain a week almost without being touched, and then be found without bad odor, having suppurated very little and granulated magnificently.

We can cite, as a sample of its efficiency, a case in which its topical stimulating virtues could be compared with that of other agents. It appeared to be the most successful. This was a case of amputation below the knee, performed for a railroad injury. The patient, after having been operated

upon by a confrère in the country, was transferred to one of the writer's wards at the Charity Hospital. The flaps sloughed entirely away, owing probably to previous contusion. After a long siege of it there was left an unhealed stump, the ulceration measuring two or three square inches. Every expedient was tried to obtain cicatrization of this ulcer; application of iodoform, of subnitrate of bismuth, of powdered cinchona, etc., strapping with adhesive plaster, touching with solid stick nitrate of silver, even skin grafting. The latter measure did a little good, as one of the many grafts took and led to a slight diminution in size of the ulcer, but it otherwise retained its obstinacy; at one dressing seeming to have improved, at the next just as bad as ever. At this time we had commenced experimenting with subiodide of bismuth, kindly furnished for that purpose by Mr. Ferd. Lascar, of New Orleans, and concluded this would be a good opportunity of testing it. This agent was applied to the stump, which was otherwise dressed as usual. On the third day, when the dressing was removed, we were gratified upon seeing the ulcer looking much more rosy and healthy than usual. A second application was made, and stump was not disturbed for four or five days, as it had been noticed that scarcely any suppuration had occurred after the first. This time not only did the ulcer look well, but the formation of new skin could be distinctly noticed all around its edges. The subiodide of bismuth dressing was made after this once a week for two or three consecutive weeks, when the obstinate ulcer finally healed.

We have now used this substance for over two months, both in the Hospital and in private practice. It has always acted satisfactorily as an antiseptic and a stimulating topical agent for fresh wounds, ulcers and venereal sores. We have made no experiment with it given internally.

Not only the former obstacle to its general use (its high price) is removed, but it can now be procured for less than iodoform. The subiodide of bismuth can be made so as to cost from \$3 to \$3 50 a pound, while iodoform sells at present for \$5 a pound.

We can understand from its chemical composition that the agent we recommend is a good antiseptic, etc. Bismuth in the form of the subnitrate has been extensively used as a soothing absorbent and antiseptic dressing. Add to it the stimulating and more markedly antiseptic properties of iodine, and you have the substance which we believe is destined in the near future to replace iodoform to a great extent, because it is as efficient and has the triple advantage of being safer, not malodorous, and cheaper.

Sycosis.*

BY LUCIAN F. SALOMON, M. D.

Sycosis is a non-contagious inflammatory disease, attacking the hairy portion of the face, and consists of a folliculitis or perifolliculitis, involving the hair follicle and leading to the development of pustules and nodules, the perifollicular inflammation often extending to the surrounding tissues and producing abscesses. Through extension of inflammation the intervening skin becomes involved, giving rise to infiltration and a roughened appearance.

It is essentially a chronic disease, often extending over a period of years, and this is due to the fact that in many instances the true nature of the disease is not recognized in its earlier stages; or for the want of proper treatment it becomes in time very rebellious, often requiring patience and perseverance on the part of both physician and patient; but that it can be cured within a reasonable time is unquestionable.

The disease usually begins by the formation of small pustules, perforated by a hair and surrounded by a more or less elevated area of inflammation of the cutis, a succession of fresh crops of pustules, resulting in a distinct patch of disease, and presenting a red, uneven, nodulated surface and thickened condition of the skin. Successive crops of pustules form about the margin of the affected spot and

*Read before the New Orleans Medical and Surgical Association, March 19, 1887.

thus the disease is extended, but very slowly, often being limited, confined, etc.

The pustules are generally discrete, but sometimes they are so numerous as to coalesce, and discharging their contents, the result is the formation of a uniform crust covering the affected part. There is as a rule very little, or an entire absence of, itching, there being instead a sensation of heat and tingling.

Unlike ringworm, sycosis does not leave a clear spot in its centre, but as it extends leaves behind the red, roughened, inflamed appearance characteristic of the disease, in which new pustules continue to form. The hairs are firmly imbedded in their follicles, except where there has been much suppuration, or when surrounded by a pustule, when they can be easily removed.

As to the cause of the disease, there has been much difference of opinion among the most competent observers, although in the majority of cases it is impossible to fix definitely upon any etiological factor. Tilbury Fox thinks it may be due to a dyspeptic or a debilitated condition of the individual.

Duhring and VanHarlingen both candidly admit that the cause is unknown. Veiel, of Cannstatt, believes it to lie in irritations affecting the skin directly, Hebra believed that the presence of two hairs in the same follicle gives rise to the disease, a view which I have never been able to verify, while Lunger, following the same line of reasoning, attributes the disease to the development of a new small hair follicle, and consequent perforation of the old hair follicle by the new small hair. Westheim, somewhat in the same line of argument, thinks the cause to lie in the fact that the transverse diameter of the hair is relatively too large for its follicle.

Hyde advances a new theory, which, while not clearly setting forth the cause of the origin of the disease, to my mind accounts for its increase and persistency. He says :

“A careful study of many of these cases (sycosis) convinced me that the hairs themselves are the aggravating

cause of the disease and the sources of its peculiar obstinacy. In health the motion of the free shaft of the hair does not irritate the follicle in which it is set. In conditions of disease it is quite different. Each free hair operates like a lever upon the inflamed ring of tissue which encircles it on its escape from the follicle beneath, and this whenever by the touch of the hand, by the action of brushing, by currents of air or by any agency whatever, a movement is imparted to it. Every such movement must tease to a variable degree the surface beneath, already irritated, and when estimate is made of the hundreds of such movements to which each hair is subjected during a period of twenty-four hours, the relative importance of this apparently insignificant factor may be appreciated."

I have quoted this author thus at length, because this, to me, explains rationally the chronicity of the disease, the difficulty often experienced in its treatment when this fact is lost sight of, and because I desire to again call attention to it when considering the question of treatment.

From my own observations I believe the disease to be due to direct irritation to the skin, and occurring preferably in persons either debilitated, or affected with gastro-intestinal irregularities, such as dyspepsia or constipation. Irritation is shown to be the cause in those cases wherein the disease occurs on the upper lip, engendered by the discharge from a profusely-running or chronic nasal catarrh. Such cases have been occasionally observed and noted by authors. It has been my fortune to have seen two such.

The diagnosis of the disease is of the utmost importance, as upon the correctness of this rests the success of treatment.

From *sycosis parasitica* or *tinca tonsurans*, a closely allied disease and in many instances somewhat resembling the one under consideration, a differential diagnosis is easily and certainly made with the aid of the microscope. In the parasitic disease the vegetable fungus, *trichophyton tonsurans* will be found attached to the roots of the hairs. Besides, while the two diseases affect the hairs, and in this

only are similar, in the parasitic the hairs are lustreless and loose in their follicles, often found fractured or are easily broken, readily extracted without pain and frequently falling out of themselves, the pustules are generally isolated in the otherwise healthy skin except in the later stages, when kerion occurs, the history then showing that the disease began as a ringworm.

In the non-parasitic affection or *true sycosis*, the hairs are firmly imbedded in their follicles and are not extracted without more or less pain, and often on being withdrawn will be found bringing their sheaths with them and surrounded by a small pus-sac.

In eczema the disease is not limited to the hair follicles, is not confined strictly within the limits of the hairy portion of the face, may generally be found affecting other portions of the body and presents a surface moist with the exudation peculiar to this disease, and there is less infiltration and thickening of the skin.

From lupus and the pustular syphiloderm the differential diagnosis is so easily made as not to call for special consideration here.

When recognized, *sycosis non-parasitica* is a disease which can always be cured, although the more chronic the case and the consequent greater infiltration the longer will be the time required, two or three months of active, persistent and faithful treatment being necessary to effect a permanent cure without liability of a relapse.

The first step in the treatment and one which must be insisted upon as a *sine qua non* is repeated shaving, This in view of the facts to which attention has been directed, as set forth by Hyde. By shaving every day, or every second day, the irritation maintained by motion of the hairs and which tends to keep up and aggravate the disease is removed and an important point gained in its successful management. I do not believe epilation at all necessary, except when there is discovered a fresh pustule surrounding a hair, when this hair is withdrawn, simply as the easiest way of allowing the escape of the pus, while at the same

time it permits of the application used entering into, and coming in contact with the diseased follicle.

Patients may object at first to shaving on account of the pain produced, but it is soon well borne. Where there is the formation of many pustules and incrustations on the surface from their discharge, the hairs may at first be clipped short and an ointment of white precipitate, one-half the officinal strength, applied, the part having been previously well bathed with warm water. This repeated twice daily for two or three days will be found to be the best and most rapid method of removing incrustations and setting up a more healthy action of the skin, and answers the purpose, according to my experience, much better and with less annoyance to the patient than applications of oil, poultices, etc., or even Hebra's method of binding on diachylon ointment, and after allowing it to remain twenty-four hours shaving under the application.

After the removal of the incrustations the shaving must be begun. If the skin presents an actively inflamed condition, it will be first necessary to allay this by bland and soothing lotions (preferably oxide of zinc and calamine), or an ointment of oleate of zinc. The majority of cases, however, will present themselves ready for the treatment which I am about to propose and which I have found the most successful, and which consists of the following plan methodically pursued: Chrysophanic acid applied either in the form of an ointment, or a solution in flexible collodion, ten or fifteen grains to the ounce. It is better not to trust the patient with the application of a remedy which demands as careful handling as this, and consequently, I prefer the collodion solution applied by myself and used as follows:

Paint the affected part with the above mentioned solution, being careful to confine it only to the diseased surface. This will remain on the skin two, three or perhaps four days. When it begins to peel off have the patient wash the part with warm water and soap, dry well, and apply the ammoniated mercury ointment for several days, or

about a week, when the chrysophanic collodion is to be again applied and treatment continued as before. As a rule not more than three or four such applications will be necessary, for it will then be observed that new pustules cease to appear, the skin has become less swollen and rough, and presents only a red patch without any of the annoying symptoms which tormented the patient before. After from four to six weeks of this portion of the treatment the disease will be found to be under control, necessitating only the use of a mildly stimulating ointment, preferably of the red oxide of mercury, fifteen or twenty grains to the ounce of simple cerate or lanolin. This should be continued for some weeks, even after all evidence of the disease has disappeared, to assure a permanent cure, and the shaving should be continued for at least ten or twelve months after the disease ceases to be apparent. I have alluded only to local treatment, for the disease is thus to be cured. Of course it is hardly necessary to state, that should the constitutional condition of the patient indicate it, appropriate tonics are to be used in conjunction with the local treatment, or should gastro-intestinal irregularities exist these are to be corrected.

I do not propose to weary you with reports of cases, for nothing would be added thereby to the generalizations contained herein, and they would only be repetitions of what has been set forth. Suffice it to mention, that I have seen cases of seven, nine and even thirteen years standing permanently cured by the above treatment which is earnestly submitted for your consideration.

On the Necessity of the Examination of the Urine to Ordinary Country Practitioners.*

BY JAMES WARE, M. D., Marksville, Louisiana.

Within the last few years I have been very much impressed with the necessity of examining the urine as a means of diagnosis. The more the urine is examined the

* Read before the Louisiana State Medical Society.]

more apparent becomes its necessity, until at this moment it becomes impossible to say in what cases it may with impunity be neglected. It is to be supposed that city physicians, whose opportunities for study and improvement are so great, never leave this important matter undone, but in the country I believe the urine is examined systematically by very few physicians. Even in cases of disease of the urethra, bladder or kidneys it is not always done; and frequently when the necessity of it is felt, the urine is bottled and sent to some town or city where the necessary knowledge and instruments may be found. The risk of changes occurring in the fluid by time, temperature, etc., always ought to prevent the adoption of this method.

The lack of practical skill on the part of country practitioners in important surgical cases, and in cases of gynecology, and in those instances of profound disease requiring a high order of mind and long experience to diagnose correctly—I say the lack of skill here on our part is certainly to a great extent excusable. What we want to know is how unerringly to tell the common diseases of the country, and then successfully to treat them.

It would undoubtedly be better for us and our patients to know how to treat properly, and bring to a favorable issue, the varied forms of malarial disease, the ordinary maladies of inflammation, the common diseases of women and children, than to be able skilfully to perform ovariectomy or lithotomy. Many country physicians treat these diseases remarkably well. As a class we are acute, industrious, observing and receive less for what we do than any other body of intelligent men in the world. Now, this is the army of men whose attention I seriously call to the necessity of the examination of the urine as a means of diagnosis. It is not my intention to attempt to teach a single lesson upon a study the threshold of which I have scarcely passed; but I do most earnestly invite your attention to a subject that certainly will excite your most profound interest. The field is a wide one, but it is like every other field in medicine, the objects in it that are the most important are those

that we can the most easily become acquainted with. Two or three works upon the subject, a good microscope, a few test tubes and reagents are all that you want. Please take my word for it, that in six months you will feel fully repaid. Visit the pathological department of the Charity Hospital, that institution that Louisiana not alone, but all the world is proud of, and every morning you will find from ten to fifteen specimens of fresh urine for examination. Those boys in that institution know what they have been taught, and they are going to profit by it. When they go out in the world they will not leave the urine of their patients unnoticed. A physician even only partially acquainted with this subject is frequently saved a good deal of mortification. He often attracts patrons, and his reputation as a medical man is justly extended.

Let me illustrate the necessity of this matter by reference to a few cases.

A man who had been indisposed for two or three years came to me for an examination of his throat. I found very little the matter and gave a simple prescription. As he was leaving my office I asked him if his urine had ever been examined. He instantly said, "No, never." He left some of it with me, and after he had gone every test for albumen was quickly responded to. He is dying of Bright's disease.

A man, ten miles from me, wanted a prescription for his child, eighteen months old; sick for six months, legs and belly swollen, and so on. I asked, "Has your physician examined the child's urine?" He instantly answered, "No." He brought some to me the next day. It was full of albumen with an abundance of casts. Of course, the child soon died of Bright's disease.

Get in the habit of examining the urine in all cases, whether you suspect disease of the kidneys or bladder or not, and you will be surprised at the number of times that you discover matters of importance to yourself and patients. Not long since I was examining a woman, aged forty, mother of eight children, and was embarrassed by the com-

plexity of the symptoms. She had been an invalid thirteen years, and had been prescribed for so often that the family seriously felt the necessary outlay. Upon examination, the urine was found full of pus. She had cystitis, and in ten days she was much improved. Life, instead of being a burden, had become endurable. Her urine had never been examined.

Not long since a gentleman stopped me in the public highway, and told me that he had been ill with all sorts of head symptoms for three years, and that if he did not soon get better he intended to place himself under my treatment. Of course I was delighted to think that my reputation had reached such a height. He had been treated by regulars and quacks in city and country. He visited the city for the third time, and by a favor of fortune fell into the hands of an intelligent gentleman. The first request was, "Let me have a specimen of your urine." In ten minutes the diagnosis was Bright's disease. His urine had never been examined before. The moral of this is, examine the urine; establish a reputation for ability to detect the presence of Bright's disease, diabetes, cystitis and all ordinary affections of the bladder and kidneys, and do not let these patients run to the city just to have their bladders washed out or to receive their death sentence. If this man had come to me three years ago, ten to one he would be in a better condition to-day than he is, for we all know that the only time to treat this disease with any prospect of success is in an early stage. And this is true not only of Bright's disease, but of diabetes, gravel, cystitis and other affections of the same neighborhood. The laity is not acquainted with such facts as these, and it is our duty to teach them in season and out of season, theoretically and practically. But we cannot do this unless we *know* ourselves. "If we do not know a thing we are quite sure not to suspect it, and if we do not suspect a thing we are almost sure not to find it." Moral: carefully examine the urine every time and you will be astonished at the number of times that you will find the kidney or bladder at fault when they were not

suspected, and if they are not to blame you will have the satisfaction of excluding them.

A man, forty-five years of age, came to me not long since with mental agony written in every lineament of his countenance. He urinated fifteen times a day and five times at night. He lived and moved and had his being within half a minute's walk of a water closet. He had been prescribed for by five or six doctors and as many old men and women. His urine had never been examined. He thought he was dying of Bright's disease, diabetes or some terrible affection of the kidney or bladder. I examined his urine and found nothing unnatural in it. I was five or six days in getting at the cause of the irritation of the bladder, but, finally, a few small doses of calomel and podophyllin cured him. (See Beale on Urinary and Renal Disorders.)

A woman, thirty-five years of age, came to me the other day, saying that she had been urinating blood for six months, and that she was falling off from the continual drain. In five minutes the microscope revealed millions of blood corpuscles. In ten days she was well. (Gallic acid, ten grains, three times daily. See Beale again.)

In my opinion the time is rapidly approaching, when physicians will consider it their duty every year carefully to examine the urine of every member of all the families under their medical charge. Conscientiousness on our part and increasing knowledge on the part of the people will demand it. It must be done for the same reason that we vaccinate — to protect against the inroads of fatal disease. The value of an early discovery of many diseases is indisputable. I ask you to look at tables prepared by medical examiners for life insurance companies, and note the large percentage of cases of incipient Bright's disease and diabetes discovered by this necessary examination.

My principal object in writing these few pages is to call attention to the number of times that the urine is left unnoticed in cases where it should be closely examined. This paper is designed, not for those who know more of this

subject than I do, but for those who know less. "I came to call, not the righteous to repentance, but sinners."

Dr. Graves said that he wanted as his epitaph: Dr. Graves—He fed fevers. I want mine to read: Dr. Ware—He examined the urine.

Treatment of Wounds of the Large Surgical Veins.*

BY EDMOND SOUCHON, M. D., Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana.

By large surgical veins I mean the large veins upon which the surgeon may operate with some chance of success, i. e., the internal jugular, the subclavian, the axillary, the femoral and the popliteal.

The management and the treatment of wounds of these veins are but imperfectly understood even by most of our best men, as I found out upon seeking information directly or indirectly from them. It is a more complex problem than that of the wounds of the corresponding arteries, except the carotid.

The occasions to have to face these large veins and to wound them deliberately or accidentally are comparatively frequent for one who belongs to the staff of a large hospital, where such responsibilities will force themselves upon him, and he should be well posted in regard to the accident.

The numerous cases of gangrene following ligation of the large vein of a limb have caused some very good surgeons to advise to amputate the limb at once, as being far preferable to having to wait for the symptoms of gangrene and then perform a secondary amputation. The procedure is a terrible one, and the more perplexing because occasionally some cases of ligation would recover without gangrene, under circumstances not well defined nor understood.

To clear up my mind and to prepare myself for emergencies, I determined to search the literature upon the subject. It is not very rich, consisting really of only two good

*Read before the Louisiana State Medical Society.

articles, written, one by Dr. S. W. Gross on the Wounds of the Internal Jugular Vein, published in the *American Journal of the Medical Sciences*, January and April, 1867, and one by Dr. Lewis S. Pilcher, in the *Annals of Surgery* of January, 1886, in which he gives an account of the researches and experiments of Braune, of Leipsic, and of H. Braun, of Heidelberg.

The following are the classified extracts from the labors of these pioneers. They are all so practically important that I will give them in as few words as possible, that they may make a deeper and more lasting impression.

FIRST. Remarks applicable to almost all of the above veins.

1. When in removing a tumor a vein is expected to be wounded, it is best to ligate it beforehand if possible and to place a double ligature. Before severing the pedicle of the tumor we should ligate the pedicle, or place a precautionary ligature above and below it and cut between the ligatures.

2. When chloroform has been used, the hemorrhage may not take place until the patient has recovered.

3. The spontaneous union of the lips of the wound by the efforts of nature may occur.

4. When a large vein is wounded, the fingers should be applied to the wound at once to stop the hemorrhage and prevent the entrance of air, then we should place two ligatures.

5. If it is impossible to ligate we should use compression, but if compression is ineffective we should ligate the corresponding artery of the limb to stop the bleeding.

6. Lateral ligation is unreliable and should never be used, although some few successful cases are recorded.

7. When a vein is ligated none of the tunics are divided, but the internal surface is thrown into folds which become adherent; the distal side of the vessel presents a clot of blood, which becomes adherent to the walls of the vein.

8. Ligature of veins is an ancient procedure (Celsus),

but the merit of having first ligated the internal jugular is due to Dr. Simson, of Scotland.

9. When the coats of the vessel are healthy and the condition of the blood is normal, the ligature is never the starting point of pyæmia.

There are cases on record where in operating for aneurism the accompanying vein has been transfixed by the aneurism needle, the ligature being then applied and phlebitis following.

10. The dangers from ligating a large vein are œdema, dropsical effusions, gangrene, apoplexy, softening of the brain and especially secondary hemorrhage, coming on about the time of separation of the thread.

The average time for the separation of the ligature is the thirteenth day.

11. Compression should be used only when ligation is impossible.

Digital compression should be used at once, to prevent introduction of air and stop the hemorrhage. It has been used as a permanent measure, and has been successful twice, after forty-eight hours in one case and seventy-two hours in the other.

Plugging is best accomplished by sponges. A small piece is introduced first and then larger pieces. They are to be removed at the expiration of sixty hours or three days, if loose, as the wound of the vein is then usually closed or blocked by coagulum. Antiseptic sponges should be used.

In mediate compression the edges of the external wound having been approximated by few points of the interrupted suture, successive layers of iodoform-gauze are to be piled upon it and retained by a roller or, better still, by adhesive strips. If the opening in the vein be small and not gaping, a moderate degree of pressure must be exercised in order to afford a light support to the walls of the vessel and avoid obliteration of its cavity.

When the amount of pressure required is great, compression is painful and interferes with respiration and deglutition.

Secondary hemorrhages are frequent enough.

Instrumental compression, when applicable, is preferable.

12. It is Henichen and Langenbeck who have proposed, in cases of uncontrollable hemorrhage from the internal jugular, subclavian, axillary and femoral veins, to ligate the corresponding artery to stop the bleeding. In case of the jugular vein the procedure is useless on account of the circle of Willis.

We should be mindful to ligate below the largest collateral (i. e., the subscapular or the deep femoral), lest gangrene may follow from the arterial ligation itself.

SECOND. Remarks special to the internal jugular vein.

1. The causes of wounds of the jugular vein are: extirpation of tumors (28 cases out of 40 cases); suicidal wounds (5 cases); gunshot wound (1 case); stabs (2 cases); ligation of the carotid artery (2 cases).

2, There are cases where from obliteration of the vein there was no hemorrhage when a piece of the vein was removed with a tumor.

3. Division of the internal jugular vein in its inferior third is more apt to be followed by introduction of air, because of the adhesion there of the walls of the vein to the fascia; the hemorrhage is most copious from reflux bleeding from the cardiac end during natural expiration, sneezing, crying, coughing.

Division of the vein in its upper third is less frequently followed by the introduction of air; the hemorrhage ensues from the distal end, little or no blood flowing from the proximal end.

Division near the base of the skull is followed by fatal hemorrhage; no recovery from such a wound has been reported.

4. Wounds of the internal jugular in old people are followed by greater hemorrhage, because the veins are larger in old subjects.

5. The causes of death in wounds of the internal jugular were: introduction of air, twenty per cent.; primary hemorrhage, twenty per cent.; pyæmia, twenty-five per cent.; other causes, ten per cent.

The symptoms of introduction of air into the veins are a wheezing sound, immediate syncope, tetanic spasms and opisthotonos.

The condition most favorable for the introduction of air is canalization of the vessel from inflammatory thickening of its walls preventing their collapse when divided. When the vein is imbedded or firmly attached to a tumor, the accident has usually followed the division of the pedicle; to prevent this a ligature should always be applied to the pedicle before severing it.

After introduction of air death occurred almost instantaneously in two of three cases; in another, in three hours and a half; and in a fourth, after the lapse of seven days.

Cases of gunshot wound of the internal jugular are exceedingly liable to be followed by secondary hemorrhage, pyæmia and death.

Secondary hemorrhage in gunshot wounds occurred on the fourth, eighth, tenth and fifteenth day.

6. The mortality of cases not subjected to treatment is one hundred per cent. from primary hemorrhage, introduction of air, pyæmia and secondary hemorrhage (internal jugular).

7. Secondary hemorrhage followed in twelve and one-fifth per cent., of which eighty per cent. were fatal from the use of lateral ligature.

8. The mortality after ligature based upon forty cases is really but ten per cent. (internal jugular).

The mortality of cases treated by compression is twelve and a-half per cent.

9. On account of the collateral circulation through the lateral sinuses mainly, ligation of the internal jugular vein is not attended with serious results as regards the brain.

10. Deaths following ligation have been due to secondary hemorrhage coming on about the time of the separation of the thread.

11. When the carotid artery is wounded at the same time as the vein the case may recover, but with the formation of an arterio-venous aneurism.

THIRD. Remarks special to the subclavian, axillary, femoral and popliteal veins:

1. To prevent the subsequent gangrene of the limb following the ligation of the large vein of that limb we should ligate the corresponding artery, thereby diminishing the supply of blood to the limb (Liddel, of New York, 1883). But we should ligate below (Lewis S. Pilcher, of New York, 1886) the largest collateral subscapular and circumflex or deep femoral. The artery should be ligated only when the condition of the limb begins to show threatening symptoms, i. e., becomes swollen and blue.

2. We should not ligate the artery when a tumor has been pressing upon the main vein so as to cause the collateral circulation to develop. This applies particularly to the subclavian and femoral veins. It does not apply so well to the axillary vein, because a tumor of the axilla will grow from the vein for a while and will only compress it when very large.

3. The collateral venous circulation of the upper extremity is more developed than that of the lower; for this reason the ligation of the artery is not so often called for.

4. When the subclavian vein is ligated, the prognosis is worse than when the axillary vein is ligated in the axilla, because the cephalic vein and its branch to the subclavian are shut off.

4. When the axillary vein is ligated above the subscapular vein, the prognosis is worse for same reasons.

6. When the femoral vein is ligated above the opening of the internal saphenous the prognosis is worse, because this is also a large collateral branch.

7. When the popliteal vein is ligated above the opening of the external saphenous, the prognosis is worse for the same reason.

8. When during an operation numerous smaller collateral veins, have been divided the prognosis is less favorable.

9. If after amputating a varicose limb, the venous hemorrhage resists elevation of the stump and compression of the stump, we should ligate the femoral artery below the deep femoral.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

REPORT OF THE RECOVERY OF FOUR CASES OF PENETRATING WOUNDS OF THE ABDOMEN, COMPLICATED WITH LESION OF ITS VISCERA; REMARKS PERTINENT THERETO.*

Reported by Dr. J. W. DUPREE, Baton Rouge, La.

Case No. 1. In company with Dr. T. J. Buffington, of Baton Rouge, on the 10th day of April, 1870, I visited Mr. Welsh, a shoemaker by trade, upon whom abdominal section had been done regardless of the mid-line, and with a dirk knife in unskilled hands. We found him in a state of extreme collapse, with an abdominal wound sufficiently large to permit the escape of almost the entire contents. The vulnerating instrument had transfixed the small intestine at two points, apparently with one thrust, making four wounds, which diminished in extent from front to rear, from about one to one-fourth inch. The protruded bowels were besmeared with blood, dirt and fecal matter.

After some little discussion as to time and method of procedure, owing to the extreme prostration from shock, hemorrhage being inconsiderable, we determined to sew up the wounds in the bowels at once, and return them to the abdominal cavity. The dictum of Palfyn, Scarpa, Richter, Zang, Richerand, Lawrence, Larrey and Hennen, with John Bell as its special pleader. "that it is useless to sew up the bowel, since the divided parts would not unite and recovery could only be effected by the formation of adhesions to adjacent parts," had lost its influence over the minds of surgeons, owing to the results of experiments performed by Gross, Travers and others on animals, demonstrating that wounds of the intestines of every degree of severity up to complete division by section of a portion of their entire calibre, were not inconsistent with complete recovery, and confirmed by competent observers upon the

*Read before the Louisiana State Medical Society.

human being. Believing with Dr. Gross, that it was the "sheerest nonsense to fear the irritation of intestinal sutures, and that enteroraphy, *per se*, was the most innocent of operations," the lips of the wounds were brought in apposition by interrupted sutures, which, to effectually guard against the possible escape of fecal matter, (an accident which happened to Dr. Gross through the too long interspace of sutures) were placed not exceeding two lines apart, each suture including about one half line of all the tunics, not excepting the mucous—a fact, in view of the success in the case, which seems to be confirmatory of Dr. Otis' assertion, that "sutures which perforate the mucous coat seem to have an incontestible value over those which do not;" while it opposes the perhaps too absolute statement of Dr. Howse, of London, "that the fact of entrance of the needle into the cavity of the tube, carrying the thread with it, makes the difference between success and failure; cases dying from peritonitis and extravasation when the entry occurred, and recovery following when the thread only included the peritoneal and muscular coats."

After securing the sutures with double knot, cutting off threads close, thoroughly cleansing with luke-warm water (antiseptics not being as fashionable then as now) the bowels were returned to the cavity, and the external wound closed by a single set of interrupted sutures. Cold compresses were applied and secured by a moderately tight bandage; patient was put under the influence of opium, which was continued for some days, relying upon it not only to relieve pain, arrest movements of the bowels, but to keep within due limits traumatic peritonitis. Relaxation of abdominal muscles was secured and maintained by attention to position. Urine was drawn off twice daily and carefully looked after, and only fluid food allowed until convalescence was fully established.

Bowels moved spontaneously on the twelfth day without pain or inconvenience; patient made a rapid and complete recovery without an untoward symptom.

Case No. 2. On the 9th day of September, 1872, I was sum

moned in great haste to see F——, then sheriff of the parish of East Baton Rouge, La., who was reported wounded in the abdomen, and I found him lying on the floor of the room in which he had but a few minutes before received the injury. His small, tremulous pulse, cold, clammy skin and sunken, hippocratic face, denotive of extreme nervous shock, at once suggested the probability of bowel lesion. Upon closer examination, having removed his blood-stained garments, I discovered a wound three and one half inches above the umbilicus and four and one half inches to the right of the median line, inflicted by a conoidal ball, 32 calibre, which, having traversed the abdominal cavity, emerged on the right side of the spinal column, in close proximity to the last lumbar vertebra. The rapidly developed meteorism, agonizing pain, constant jactitation, escape of fetid air, and discharge of fecal matter, associated with the symptoms above enumerated, established the fact that I had to strive with perforated wound of the intestines, complicated no doubt with hemorrhage, and more than likely fecal extravasation into the peritoneal cavity. A more desperate condition could not well be imagined, and demanded prompt action. What to do, what not to do, and what line of treatment to pursue, were imminent questions for me to decide.

Dr. Marion Sims had not then, with almost prophetic wisdom, written: "I have the deepest conviction that there is no more danger of a man dying of a gunshot or other wound of the peritoneal cavity, properly treated, than there is of a woman dying of an ovariectomy properly performed." Nor had abdominal surgery reached the proud height from which it now proclaims so many triumphant achievements.

The ovariectomist, or, perhaps, I might more properly say, the latter day gynecologist, and his name is legion, has only recently fully demonstrated that the abdominal cavity can be laid open from ensiform cartilage to pubis, its lining membrane cut and extensively torn, its contents rudely handled and exposed for hours to a germ-laden atmosphere, without fatal peritonitis.

LAWSON Tait, confident in his matchless skill and rare technique, flushed with the almost phenomenal success of one hundred and forty-six ovariectomies without a death, reserved for a more recent date, on being asked his opinion on the nature of an obscure abdominal tumor, replied, "Cut the patient open and find out;" adding that "surgeons are beginning to understand that laparotomy is not such a dreadful operation after all;" and "the idea is fast becoming a thing of the past, that the peritoneum is a structure which must not be touched;" and "our experience has justified our opening that sacred sac (the peritoneum) very much as we open our pockets."

The late Dr. Otis had not then, in the Surgical History of the War, given as his opinion (perhaps a logical deduction from a careful analysis of the vast amount of material in his possession) "that laparotomy will henceforward be employed with increased frequency, not only in the treatment of morbid growths, but also in obstructions and wounds of the abdominal organs."

Indications for laparotomy in penetrating stab and gunshot wounds of the abdomen, served, only a few years since, as a subject for discussion at a meeting of the New York Academy of Medicine, when prominent surgeons and gynecologists participated, leaving the matter *sub judice*. So it appears to one who has acquired the major part of his professional experience in a malarial region, where science is not supposed to thrive, "malaria being antagonistic to science."

Dr. Bull, of New York, had not then added to his daring career as a surgeon the distinction of his two successful laparotomies, done for perforated wounds of the bowel, to be so soon followed by Dr. Hamilton, of Washington City, with equal success, in a like operation, made for the relief of as many as thirteen perforations of the intestines.

Dr. Parke, of Chicago, had not then shocked the morbid sentimentality of Prof. Bergh and his apostles, and incurred the small carpings and unfavorable criticisms of a few of his own profession, which he so honored and served

by giving to the world the valuable results of his experiments upon thirty-nine dogs with wounds of the abdomen and its viscera, intentionally inflicted while under anæsthetics, for the sole purpose of benefitting that paragon of animals, man.

In the absence of all this wonderful array of evidence in behalf of laparotomy, as applied to the relief of gunshot wounds of the abdomen and its viscera, it is not surprising that I failed to subject my patient to the then much dreaded additional dangers of abdominal section.

With the following teachings of Hamilton fresh in my mind, viz: "Be assured that the patient will have a better chance for life if we let him entirely alone, and it surprises us that any good surgeon would think otherwise;" and that of Gross: "It is still a mooted question as to what should be done when the wounded bowel does not protrude at the opening of the wall of the abdomen. When we reflect upon the fact, in all lesions of this kind the great danger is from fecal extravasation, and that such effusion is almost inevitable, even when the opening of the intestine is of very small extent, the duty of the surgeon, I think, plainly, is to enlarge the abdominal orifice, to seek for the wounded tube and to sew up the cut in the usual manner. In gunshot wounds, no benefit, it seems to me, would be likely to accrue from such a course of treatment, as the bowel is generally pierced in a number of places, and the case on this account must, therefore, generally be fatal."

With all this so insistent in memory, I found myself among those for whom Dr. Fowler, of New York, has so anxiously written: "There is yet work to be done before men, and good men, too, can be induced to come out of their shelf of conservatism, so-called, and with a bold front help us to break down the prejudices and misgivings based upon an ill-founded fear of the peritoneum and its behavior under the knife."

Unfortunately, my patient was even robbed of the moral effect of the assurance that he would be placed in that condition most likely to lead to his recovery, which Dr. Parke,

in his eleventh conclusion, part of the outgrowth of his experiments just referred to, tells us, "can only be secured by laparotomy." He was told that he could not recover—an opinion extorted from me in the interest, as he claimed, of a proper arrangement of his worldly affairs.

Under all the difficulties of judgment and with anxious care, I devoted myself to the following method of treatment: To obtain the best possible drainage the orifice of exit was made dependent by continued dorsal decubitus; inflammatory action was restrained within salutary limits by cold applications to the abdomen and the full and free administration of opium. Until convalescence was far advanced the liberal use of opium not only served to control nervous irritation, but secured, by arresting peristaltic action, perfect rest and immobility of bowels, an absolute requisite for the repair of solutions in their continuity.

Patient was judiciously nourished by means of liquid food in small quantities, often repeated. His urine was drawn off by catheter when necessary, and to prevent undue pressure flatus removed by rectal tube carefully introduced.

Under this treatment peritonitis was limited and extravasation was circumscribed by normal effusion of plastic material, as was evidenced by subsequent discharge of feces and pus in large quantities, gradually diminishing from day to day until the complete closure of the wounds and restoration of health, which was secured about two months after the reception of the wound.

I report principally from memory. The subject of this report lives in enjoyment of robust health, and has reason to congratulate himself that he was wounded, if wounded he had to be, in the days prior to the brilliant results of laparotomy, and attended by one who did not feel possessed of the qualifications and technique reserved for the rarely gifted few.

This case is reported at the instance of my esteemed friend, Dr. R. H. Day, who is familiar with the essential

facts involved, and further elicited by the assertion, recently made, that there is not on record a well authenticated instance of recovery from gunshot wound of the small intestine without laparotomy.

That this was a veritable case of wound of the small as well as large intestine seems to me indubitably established by the direct course the ball must have taken, being conical in shape, propelled by great force, with extreme velocity, at short range, as evidenced by the site of the orifices of exit and entrance; also the further fact that the discharge from the orifice of entrance, never great, was odorless and contained what was supposed to be bile (no chemical or microscopical examination was made), while that from the orifice of exit was foul smelling, and possessed every characteristic of feces as discharged per anum. Ingesta would appear almost as soon as swallowed at orifice of entrance, while their appearance was delayed for hours and sometimes for days at the orifice of exit. Notably, seeds from the raw tomato, a vegetable very grateful to the patient, would appear at the orifice of entrance almost immediately after taking into the stomach, without change, while those that appeared at the orifice of exit were delayed and discharged germinating. As additional evidence of patient's tenacity of life, there are, over region of gall bladder, numerous cicatrices, that mark the former site of fistulous openings, which gave exit to a number of large-sized biliary calculi.

Case No. 3. On the 14th day of April, 1873, O. H. received a pistol wound in the abdomen, three inches above the umbilicus, and one and one-half inches to the right of the median line. The constant desire to evacuate the bowels, intense pain, extreme restlessness, and other evidences of shock caused me to feel quite sure that the ball, 22 calibre, had not only entered the cavity, as ascertained by the probe, but had wounded the large bowel, and he was treated as if such had been fully established.

While the escape externally of gas, intestinal secretion

or fecal matter, not present in this instance, is the only absolutely distinctive sign of intestinal wound, the absence thereof is far from being proof positive of its non-existence. That the ball may have entered the cavity, even traversed it, without wounding the viscera, is quite possible, as demonstrated by the four cases reported by Prof. McGuire, of Richmond, Va., yet no one familiar with such injuries would for a moment contend that such is but the rarest exception to the general rule. Malgaigne and others have gone so far as to assert that it was impossible to penetrate the abdominal cavity without wounding the viscera.

Notwithstanding the fact that fecal extravasation may and does occasionally take place through wounds as small as those made by a medium-sized aspirator needle (Dr. Parke, of Chicago, having encountered two instances, verified by *post mortem* examination), it is none the less a fact, well attested, that wounds inflicted by large balls do not always permit the escape of fecal matter. Notably instanced by the two cases of multiple shot wounds reported by Mr. Erichson, in which no fecal effusion occurred, although the intestines contained much stercoraceous matter, and whereof he wrote: "It is seldom, indeed, that feces are extravasated from gut that is not protruding unless it be very full at the time of the injury, or the wound in it be very extensive." Also the case reported by Dr. Kinloch, with which he opposes "the fixed idea of many, that where there are perforations of the intestines there must be fecal extravasation." To claim that eversion and pouting of the mucous membrane was competent, and did occlude the orifice, already reduced by muscular contraction made by so small a missile, is reasonable, and the absence of general peritonitis has no significance, being no longer regarded as evidence of the escape of the viscera from injury,

One of the first lessons learned from the teachings of the late Dr. Austin Flint, I never have, and trust never shall

forget, *ibi irritatio ibi fluxus*, and that opium relieves irritation, arrests the flow, thereby preventing inflammation. Thus the freedom from pain, rest and quiet, procured by the plentiful use of opium, secured for my patient that condition favorable for the exercise of beneficent, equable pressure, which so tends to avert effusion and favor adhesions to surrounding parts. Diet was carefully regulated; bowels moved without artificial means on the tenth day, and furnished no additional evidence of the missing ball. Patient still lives, enjoys excellent health, and in all these years has never had cause to complain of any symptom of discomfort from the lead he carries with him.

Case No. 4. On the 12th of January, 1884, I was called to see J. H., who had, about twenty-four hours previously, received a pistol shot wound of the abdomen in the right iliac region. I found him suffering great pain, with high fever, restless and distressed by nausea, and a harrassing hiccough; abdomen tender under pressure, and tympanitic; wound discharging fecal matter and fetid gas.

Such symptoms left no doubt of bowel wound, and notwithstanding inflammatory action had already set in and ran high, the patient under opium, position and carefully regulated diet, made a good and rapid recovery. That inflammation was localized and extravasation circumscribed, was evidenced by dullness on percussion around the wound, localized swelling and continued discharge of fecal matter.

While I do not believe, with some authorities, that extravasations have but little tendency to diffuse themselves, but become localized in the neighborhood of the parts from which they were originally poured out, I insist such is possible, and, as proof, submit the instance reported by Dr. Archer, where portions of cabbage, having escaped into the peritoneal cavity, were subsequently discharged through an abscess in the groin, with recovery of the patient.

FATAL HEMORRHAGE FROM THE EXTRACTION OF TEETH.

Reported by C. EDMUNDS KELLS, JR., D. D. S., New Orleans.

The morning papers of May 1st, announced, briefly, the death of Mr. Murray from hemorrhage resulting from the extraction of fourteen teeth. This paragraph attracting our attention, the following facts were learned regarding the case:

At about 11:20 A. M. the patient presented himself, accompanied by his wife, for the purpose of having all (twenty or more) of his teeth extracted. An examination showed teeth and roots loose and gums very much inflamed. Had been suffering greatly from neuralgia and wished cocaine used to offset pain of extraction. Nothing unusual being observed about the man, and as he had eaten nothing since early morning, a "test dose" of $7\frac{1}{2}$ minims of a 4 per cent. solution muriate of cocaine was injected in the gums. At expiration of seven minutes ten minims of same solution were injected. This was followed at once by local applications of a perhaps 50 per cent. solution of same drug to the gums. At the end of twenty minutes extraction of the teeth was begun. At once noticed spasmodic contractions of the muscles of body and face, which became so violent as to render the application of the forceps to the teeth very difficult. After several were removed, the patient suggested that one of the workmen in his shop (close at hand) be sent for to hold him still. This was done, but with no result, as all hands were away, having gone to dinner. Therefore, extraction was continued until ten teeth and four roots had been removed from both upper and lower jaws and all anterior to the molars. This being accomplished without any pain, patient desired operation continued until all were removed, but he was finally persuaded that enough had been done to give him relief. His restlessness continuing, an injection of fifteen minims of camphor water was given, which seemed to quiet him; amyl nitrite was also inhaled. Hemorrhage having ceased, a toddy was administered and patient discharged at about 1 o'clock.

About an hour later, Mr. Murray sent word to the dentist

that he still had another aching tooth, which he desired to have out, but this request was refused upon the ground that he had had enough "excitement" for one day.

At 3:30 the dentist was sent for to call and stop a hemorrhage, which he immediately proceeded to do. Finding his patient very excitedly talking and walking up and down his rooms, and spitting blood in *very large* quantities, fifteen minims of camphor solution were injected in his gums and an attempt to plug the bleeding sockets was made, but failed, as he would not sit down and would suck out a pledget as fast as it was packed into a socket. At 4 o'clock his physician arrived, when plugging of sockets was again unsuccessfully attempted. The doctor suggested that a straight jacket be sent for that he might be controlled, but this was objected to by the family. A mouth-wash of very hot solution of iron and alum was tried without effect. An ice-cold solution of same was used, which seemed to check the bleeding somewhat. In the meantime, attempts to inject about one-eighth or three-sixteenths grain morphine were made, but only with partial success, owing to his constant movements. At last he became quiet and laid down on the sofa. The doctor then left, after giving instructions to repeat the dose of morphine after the lapse of twenty minutes, if he again returned to his violent condition. In a short time his restlessness returned and the appointed time having expired, one-fourth of a grain of morphine was successfully injected, after which he quieted, immediately becoming very pale, although his pulse felt "full and strong." At 7 o'clock, as he was quietly lying on the sofa, without any further examination, he was left in charge of his family. A few minutes later his physician returned and found his patient breathing once per minute. Active measures to restore normal respiration were resorted to immediately, and once, while under the influence of an electric current, it was raised to thirteen per minute, but all efforts proved futile and it soon began to fall again, finally ceasing entirely at about 1 o'clock A. M.

CORRESPONDENCE.

PARIS LETTER.

[Our Special Correspondent.]

OEUVRE DE LA TUBERCULOSE.—Such is the title given to the enterprise instituted by M. Verneuil, together with several of his colleagues of the Medical School, MM. Bouchard, Brouardel, Charcot, Cornil, etc., having for its object the collection of documents on all points connected with tuberculosis. The results of the researches of these gentlemen up to the present has just appeared in a first fascicula, of three hundred and fifty pages, under the title of *Etudes Expérimentales et Cliniques sur la Tuberculose*. The collection begins with a notice of the labors of M. Thaon, of Nice, in regard to tuberculosis. M. Cornil contributes an article on the phenomena of karyokinesis, which, according to the author, is determined by irritation due to the penetration of Koch's bacillus into the cells. M. Gosselin, of Caen, has endeavored to find means to attenuate the virus of tuberculosis; while MM. Raymond and Arthaud have labored to render the organism refractory to the malady. MM. Landowzy and Martin have attacked the hereditary side of the question. The pathological anatomy and external pathology of the subject have been studied by MM. Reclus, Valade and Verneuil. The different methods of treatment are also examined by various authors.

The *France Médicale*, of April 2d, publishes notes from a work recently read by Dr. Brochin before the Société de Médecine Pratique, upon several cases, clearly demonstrated, of contagious pulmonary tuberculosis. In one of these cases a man, whose wife was a tuberculous patient, contracted the affection in an incurable degree by sharing the same bed. M. Brochin is of opinion that once the contagious character of pulmonary tuberculosis is clearly demonstrated, measures for the isolation of tuberculous patients, disinfecting and antiseptic measures should be rig-

ously adopted in France, as they are already in Germany and England.

At a recent meeting of the Académie de Médecine, M. Proust read a communication by Dr. Roussel, Geneva, concerning the treatment of pulmonary phthisis by hypodermic injections of eucalyptol.

M. Dujardin-Beaumetz stated that from his researches upon this subject he had found that eucalyptol exercised a beneficial action upon pulmonary secretions and diminished them. He had not, like M. Ball, found that it destroyed the spuma bacilli. The diminution of pulmonary secretion caused by eucalyptol is occasionally followed by symptoms of oppression. Moreover, the constant exhalation of the eucalyptus essence, through the respiratory passages, caused great disgust to the patient.

M. Dujardin-Beaumetz recommends the solution of eucalyptol in medicinal liquid vaseline, at twenty to thirty per cent. Injections of fifty centigrs. to one gramme of eucalyptol a day should be made. The author has obtained similar results with injections of arachide oil, and does not consider eucalyptol injections of much service in tuberculosis.

A NEW METHOD OF TREATING PHTHISIS.—In a note read before the late Medical Congress at Moscow, Prof. Kremianski reported his experience in the treatment of two cases of phthisis by means of aniline. This method of treatment is based upon the effect that weak solutions of aniline exert on Koch's bacillus, and also upon the fact that aniline does not appear to be poisonous to the human organism. The medicine was introduced into the lungs by inhalation, and also into the general circulation. In one of the patients, a young girl, aged eighteen, a remarkable and almost immediate change was obtained on administering this drug. Four drops of aniline in a mixture of nux vomica, mint water and anti-febrine were prescribed, but the patient, by some mistake, took three times the quantity of aniline indicated, which resulted in the disappearance of the râles, while the temperature, respiration and pulse

soon became normal. The second case was complicated with tuberculous peritonitis, meningitis and typhoid fever. The bacilli disappeared from the sputa, and the patient is said to have recovered perfect health.

DUJARDIN-BEAUMETZ ON ALIMENTARY REGIMEN IN BILIARY LITHIASIS.—The author recommends the suppression of all fatty substances and the carbo-hydrates, which may furnish cholesterine. Peas especially should be forbidden, as they contain a fatty substance similar to cholesterine. Avoid the exclusive use of meat, and eggs should be rarely eaten. A mixed diet, composed of meat and green vegetables, is the best. All green vegetables may be eaten and also potatoes. Fruit should be taken, if not too sweet. Pastry should be forbidden. Meals should be taken often, in order often to empty the gall bladder. Wine mixed with Vichy water forms a good drink. Keep the abdomen free and take plenty of exercise.

GENERALIZED EMPHYSEMA IN INFANCY.—In the *France Médicale*, of the 2d of April, M. Cadet de Gassicourt describes a case of generalized emphysema consecutive to stridulous laryngitis, in a little girl. Roger, in 1833, first called attention to generalized emphysema of non-traumatic origin. In the case described by M. C. de Gassicourt the violent attacks of dyspnœa, which accompanied stridulous laryngitis, brought on emphysema. Broncho-pneumonia subsequently declared itself. The patient recovered. In many cases emphysema brings about serious complications and causes suffocation. According to Roger, the prognosis depends principally upon the degree of gravity of the preceding affection of the respiratory organs.

COMBY ON DILATATION OF THE STOMACH AND OSTEOMALAXY.—At a recent meeting of the *Société Médicale des Hôpitaux*, M. Comby reported a case of osteomalaxy following dilatation of the stomach. The patient, a shoemaker, aged sixty-six, had no hereditary history of disease. He belonged to a family of twenty-two children. He entered the hospital to be treated for dyspepsia, which was characterized by meteorism and constipation. The

appetite was good, but the patient was considerably emaciated. On examination, the stomach was found to emit a flapping sound an inch below the umbilicus. The other viscera were unaffected and the urine was normal. The digestive trouble had existed for many years, and the patient showed marks of rickets, with which he had been affected when a child. About ten years before entering the hospital he had suffered from dull pains in the bones, and deformation began to appear. The vertebral column became curved, as did likewise the clavicles and the bones of the forearm. Since five years the pains had ceased, but the deformation continued. The fingers were covered with nodes. Like M. Bouchard, M. Comby thinks that the lesions of the bones are due to the excessive formation of lactic and acetic acids in the digestive tubes.

MORRHUOL, OR THE ACTIVE PRINCIPLE OF COD LIVER OIL.—The *Tribune Médicale* publishes two interesting cases in which the exhibition of morrhuol proved very efficacious in diseases of the respiratory organs :

Case 1. The patient, a child aged 7, was affected with purulent pleurisy, with scrofulous antecedents, which were very manifest by the frequent eruptions and impetigo. Auscultation discovered extensive humid rales, and percussion revealed a slight dull sound at the base of the left lung. In a short time an abundant purulent effusion was produced, which was evacuated, and the pleural cavity washed antiseptically. Three capsules of morrhuol per day were now administered to the patient, who had never been able to take cod liver oil, and were absorbed and digested with facility. A month after the operation, the little patient was in the most satisfactory state, which has been steadily maintained for two years.

Case 2. The patient, a young girl aged 14, was affected with habitual bronchitis, and also with scoliosis. Hereditary antecedents. The general weakness of the patient rendered alimentation extremely difficult. Four capsules of morrhuol per day were administered, which re-established a permanent appetite and rapidly increased the patient's strength. The

bronchitis soon disappeared, and the patient is now in a comparatively satisfactory state. A dose of five to six capsules per day need not be exceeded, but should be continued for some length of time.

Dr. Pecholier recently communicated to the *Académie de Médecine* the result of his treatment of typhoid fever by quinine and luke-warm baths. He applied this treatment in sixty-five cases successfully. This treatment is not only curative, but abortive; it shortens the duration of the illness. M. Dujardin-Beaumetz, commissioned by the Académie to report upon this method, states that this treatment errs, in that it is a systematic treatment. He is of opinion that typhoid fever should be treated by different methods adapted to the manifold, simultaneous or successive manifestations of this disorder. Cold baths, calomel, large doses of carbolic acid have been prescribed, as severe and certain remedies. These methods are attended by certain risks. M. Pecholier's treatment was employed at the first appearance of febrile symptoms. It cannot therefore be certified that the sixty-five cases treated by M. Pecholier were cases of genuine typhoid fever.

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LEADING ARTICLES.

ANTIPYRIN AND ANTIFEBRIN.

It seems pretty well ascertained now that these drugs reduce temperature, chiefly by diminishing heat-production (H. C. Wood), but also by increasing heat-dissipation. That they *have* the power of decidedly lowering the temperature in disease is demonstrated.

Antipyrin has been called a perfect antipyretic, but it

certainly has some objectionable features which antifebrin, equally efficient, has not. We regard antifebrin as in all respects the equal, in some the superior, and in none the inferior antipyretic; efficient in a smaller dose, it is not so prone to produce disagreeable and untoward effects, and it is very much cheaper.

We have used both these drugs in the Charity Hospital in a sufficient number of cases to enable us to speak with something of the force which comes of extended experience.

We have used the drugs in a great variety of cases, in malarial intermittents and remittents, in simple continued fever, in phthisis, in pneumonia, in erysipelas, in puerperal septic fever, in surgical fever, following operations, and in a number of other pathological conditions with elevated temperature. In all these we have at times seen good accomplished, by lowering temperature. In none, however, can we say that the disease has been shortened in its duration. In a case of intermittent fever under our observation, temperature $107^{\circ}5\text{F.}$, we thought the temperature a distinct element of danger; antipyrin happily reduced it, quinine was administered and a recurrence of the paroxysm prevented. Here, distinctly, a dangerous condition was temporarily abolished, and time was given for the exhibition and preventive action of the antiperiodic. In remittent fever we have seen decided good accomplished by the antipyretic, in conjunction with cinchonidia or quinine. We believe, though we have not records to show it, that antipyrin or antifebrin not only holds dangerous temperature in abeyance for a time, in which we may resort to antiperiodic treatment, but that it is actually synergic to the antiperiodic. We must clearly recognize the fact in the treatment of malarial forms of fever that these remedies are antipyretic simply, never antiperiodic.

In simple continued fever, where quinine salts had no good influence, we have used the drugs in several cases. We are able to say that, though the temperature was invariably reduced where a sufficient dose was given, the course

of the disease was in no way modified or abridged; indeed, in one case, lasting eight weeks, temperature morning and evening, without the antipyretic, nearly always 103° , frequently 104° , antipyrin and antifebrin were each faithfully tried in turn, with reduction of temperature, it is true, but with no other good effect and with some depression, but there was perceptible amelioration and gradual convalescence when *medication had been entirely stopped*. In this case the drugs seemed actually to do some harm and certainly accomplished little, if any, good. In the other cases, too, of this form of fever, we have not been prepossessed in favor of the antipyretic.

In pulmonary phthisis we believe decided good has been effected by reducing the temperature whenever it has risen above 103° . In this disease elevated temperature produces great discomfort, irritability and inability to sleep. Antipyrin and antifebrin easily reduce the temperature and make the condition much more tolerable. We have been especially pleased with the action of antifebrin in this condition. One, two or three five grain doses seem to induce sleep almost like morphine. The effect is not simply the result of the reduction of temperature, for we have noticed it in cases where the temperature was but little above normal. In two well advanced cases of phthisis, one case having a cavity in one lung, the other, a boy of thirteen, with a large cavity in each lung, five and three grain doses, respectively, of antifebrin had a most happy effect on several occasions in inducing sleep, and this whether the temperature was elevated or not. Dr. Dujardin-Beaumetz, it was announced some months ago, was experimenting with antifebrin in epilepsy; we have not yet seen published the results of these experiments, but in the *New York Medical Journal* of May 28 (see *Journal American Medical Association*, June 18) are reported by Dr. Allan McLane Hamilton, some of the results of treatment by antipyrin and antifebrin of epilepsy and headaches. Dr. Hamilton remarks: "There can be no doubt, however, that in wakefulness due to general disease, especially with high tem-

perature, the value of both these drugs as hypnotics is very great." These remedies would seem to be "valueless or even harmful in cases of organic or symptomatic epilepsy, but worthy of a trial in the light cases attended by rather general cerebral vascular spasm and not much muscular movement."

In pneumonia we have rendered the condition of the patient more comfortable by removing from time to time the cause of restlessness, the high temperature. That any appreciable effect has been made upon the course of the disease, we are unable to say. In the septic fevers, where the temperature has ranged high, we feel sure that much good has resulted from the administration of these antipyretics, by frequently reducing to normal the temperature which is undoubtedly a serious source of danger. In erysipelas it has been of service; in meningitis, we think antifebrin deserves a trial. We must consider these antipyretics extremely useful agents in the treatment of diseases marked by a high range of temperature, and in some, even where the temperature does not run high.

Fever is not elevated temperature, but a complex condition, of which temperature is one of the most important manifestations, and elevated temperature is not the cause of the many symptoms.* To say that a drug which reduces temperature is, therefore, calculated to strike at the root of fever, is not correct. While we may thus remove *one* of the elements of danger, it is not impossible that other elements may be made more prominent. Thus, in typhoid fever, with which we have had no experience and cannot, therefore, speak of ourselves, some have thought that since the introduction of antipyrin and antifebrin the duration of cases has been prolonged and relapses have been more frequent, though temporary good effect has resulted from lowering of temperature. At the recent meeting of the Association of American Physicians, a very interesting discussion was held on the use of these antipyretics. The opinion was unanimous that

*See lecture by Dr. H. Von Ziemssen, Antipyresis and Antipyretic Methods, *Journal American Medical Association*, May 14, 1887.

the drugs would reduce temperature, but the general belief seemed to be that they were only applicable under certain conditions. Sometimes antipyrin or antifebrin was of benefit, but occasionally the application of cold was more soothing and more lasting in its effects. In other words, the cold bath, they agreed, must not be discarded because we have these convenient antipyretics. It is certainly questionable how far the grave effects of fever are due to the elevated temperature. Indeed, we may, with some, go a step farther and regard the elevation of temperature as a conservative effort of nature, and it will not do lightly to disregard this and fall into the error of considering a patient with high fever as in a much more dangerous condition than one whose temperature is lower, but whose other symptoms may be more indicative of danger. In other words, we may imprudently interrupt with our antipyretics the natural course of a disease which tends to recovery, substituting for this a course which may end in death. The experience of some in typhoid fever, at least, would seem to warrant this statement.

To sum up, then, we would say:

1. Avoid routine in the use of these antipyretics; do not order the exhibition at regular intervals, hoping thereby to *prevent* a dangerous rise of temperature. Wait for positive indications.

2. Only use them for reducing temperature, when this seems to be a distinct element of danger, or causes great discomfort; when the temperature reaches 104° and continues at such height, it may be regarded as dangerous and may be combatted with the antipyretics. *Sometimes* a lower temperature requires reduction.

3. The smallest dose that will effect the reduction should be used; the temperature should be brought down gradually by repeated moderate doses rather than by one or two large doses.

4. When the temperature has fallen to 101° , the antipyretic should be further given very cautiously, if at all; you have gotten rid of the temperature-element of danger,

forbear, then, to substitute the danger of depression and interference with function.

5. We prefer antifebrin to antipyryn, and the latter to thallin and to other antipyretics of this class; antifebrin requires a smaller dose, and is cheaper (the least of its advantages), does not so frequently or severely nauseate, has a greater sedative action on the excito-motor centres of the medulla and cord, but, nevertheless, seems less prone to produce cardiac depression than antipyryn; it seems to be more reliable, and its effects seem to be prompter and more prolonged.

6. Antipyryn has also been occasionally of great service in certain nervous affections: in hemicrania or migraine, in recurrent cranial neuralgias, in headaches, whether due to indigestion, loss of sleep, menstrual disturbances, or mental fatigue and in uræmic headache,* it has decided value as an analgesic,† Germain Sée finding that antipyryn (and we believe more decidedly, antifebrin) affects favorably “almost every painful affection,” but especially those consisting in disorders of the *peripheral* nervous apparatus, rather than the centric, by moderating sensibility and reflex excitability, without disturbing the heart or circulation; it has been highly recommended in painful dysmenorrhœa:‡ it is valuable as a hypnotic, not only by reducing temperature or by quieting pain,|| but in cases where neither exists, as we have above mentioned; it has been used by Henocque and Huchard§ as a nasal hemostatic, and is said by Lavrand to be superior to perchloride of iron for this purpose;¶ and finally, it has been used with benefit as a local dressing for ulcers, being said to be an excellent stimulant and promoter of granulation. Of the latter uses we have no experience. We would, however, advise a trial of antipyryn, and especially antifebrin, for their quieting influence on the nervous system. The doses for this purpose should be smaller than for the reduction of temperature.

* *Med. Record*, Feb. 26, 1887.

† *Med. News*, June 11, 1887; also *Ed. May 28*.

‡ *Med. Record*, May 21, 1887; 4 *Med. Record*, Feb. 26 and *May 21*.

|| *Med. Record*, Feb. 26, 1887, and our own experience.

§ *Med. News*, March 26, 1887.

¶ In three or five per cent. solution on cotton, pushed up into the nostril.

7. Our admiration for these antipyretics in fevers should not blind us to the well-established value of the cold bath, which may succeed where these drugs fail. We believe, with H. C. Wood, that the effect of cold is not merely by increasing heat-dissipation, but also by a decided action on the heat-centres. Occasionally, we venture to suggest, cold and the antipyretic may be employed as synergists.

8. Where collapse threatens or is feared digitalis may be advantageously combined with the antipyretic; where sweating is excessive and harmful, atropia may be given, bearing in mind that it may interfere with the heat-reducing action of the antipyretic.

9. These drugs lose after a time their effect, and a time comes when it is of advantage to discontinue them.

As to dosage and administration. Determine the effective dose by experiment in each case.* Begin with 15 grains of antipyrin or 5 grains of antifebrin; in one hour and a half increase by 5 or 10 grains of antipyrin or 2 grains of antifebrin, if the temperature be not reduced perceptibly; in a second period of one hour and a half, repeat the dose or increase, as circumstances may dictate. We have given frequently 30 grains of antipyrin or $7\frac{1}{2}$ grains of antifebrin, repeated in one hour and sometimes again at end of the second hour; but though we have seen as yet no bad effects from this method, still, as the dose scarcely accomplishes reduction in less than two hours† as a rule (we have seen it lowered in less than an hour), we believe it better to give more time than an hour. As soon as the temperature is reduced to 101° discontinue, as said above, until another rise, or repeat in diminished doses.

Antipyrin will dissolve in two parts cold water—in less, if warm—and may be given in solution by the mouth, rectum or hypodermatically, or in wafers or capsules. Antifebrin, being insoluble in water and other vehicle fluids,

*Eisenhart and the French observers assert that 5 grains antifebrin=20 grains antipyrin—and this our experience confirms.

†The antipyretic effect commences occasionally in a half hour, but usually after a longer period, most observations being two hours.

cannot be given hypodermatically, but may be given with good effect suspended in mucilage by the mouth or *per rectum*, or it may be given in wafers or capsules.

In conclusion, while we freely acknowledge the good offices of these antipyretics, we would insist that they must not be considered entirely harmless, and we urge that they be used with care and under observation.*

Since writing the above, we have seen one case of threatened collapse from antifebrin. The following was ordered for a case of remittent form of fever at 7 P. M., temperature then 104° and pulse 99;

R̄ Antifebrin, ʒss.

Mucilaginis acaciæ ʒij.

M. S.—Tablespoonful every hour until sweating profusely; in addition 10 grains of cinch. sulph. and $7\frac{1}{2}$ minims of laudanum were ordered every three hours after fever had been reduced. Was seen by the student of the ward at 8 A. M.; was then almost pulseless, the student informed us, and temperature 95° F. He had taken *all* the medicine ordered. Digitalis was given. At 11 A. M. we saw him; skin cool and moist, pulse 70, rather soft and compressible, but regular and of sufficient volume; temperature in mouth $96^{\circ}.6$, axilla about the same, rectum 97° . The day being rainy, covering was increased to stop loss of heat by radiation; stimulants (whisky and digitalis) were ordered; no medicine. $3\frac{1}{2}$ P. M., pulse 60 and good, temperature not taken; general condition satisfactory. 7 P. M., pulse 61, temperature $98^{\circ}.5$, general condition very satisfactory.

Here, if directions had been followed strictly, the dangerous condition, we believe, would not have supervened. As it is, the admirable qualities of the drug, if properly handled, have been forcibly brought out.

*Complete collapse is said to have occurred in a phthisical case after a single dose of 11 grains antifebrin, the pulse disappearing and respiration ceasing. (Riese, *New York Medical Journal*, June 18.) For references to fatal cases of antipyrin collapse see *National Dispensary*, fourth ed., 1886. This Dispensary article, we may here remark, scarcely does justice to antipyrin and rather discourages its use.—Eds.

OUR FOURTH YEAR.

With this number we begin our fourth year, and Volume XV, N. S. Last year, on a similar occasion, we said that "the volume has certainly been the best we have issued, and we might, perhaps, be pardoned for declaring it the best volume of a medical journal ever issued from a Southern press." With more confidence than ever we repeat the same this year. We feel that we have kept up to the high standard we early fixed for ourselves, and that the time is not far distant when the goal we strive for will be reached, when the JOURNAL will become a *necessity* to every medical man in the South.

In proof of the justice of our claims for the past and of our hopes for the future we have but to point to the index which accompanies this number. With the single exception of Arkansas, every State in the South has contributed to our pages, and the list of contributors contains the names of men whose fame is known wherever medicine is a science.

That valuable feature of a journal, Correspondence, far exceeds anything of previous years, and Hospital Reports and Clinical Notes surpass even our own expectations.

Nor have the Editors been slothful. No journal of the South can show a higher order of editorials, and our department of Abstracts, Extracts and Annotations has well covered an extensive exchange list.

With such a record we know our patrons will be prepared to trust our promise that the coming volume shall excel the last. However, we must say to them that they must continue to lend us their invaluable aid. No editors can alone furnish a good paper. A medical journal is really a joint stock affair, and depends for success as much upon the physicians, its subscribers, as upon the editors. With their aid, and this aid includes financial as well as literary and moral support, the editorial staff will issue a JOURNAL of which the whole South will be proud.

YELLOW FEVER.

Yellow fever still exists in Key West, despite the efforts of the local and M. H. authorities, and in the face, also, of a general exodus of the floating population—the unacclimated, so called. Indeed, if we correctly interpret the meagre telegrams, we would say it is quite well diffused throughout the town, and is likely to remain more or less active until cold weather appears in the fall. If this opinion is not well founded, it is because the “specials” and other telegrams are so contradictory and misleading. A special of one day will censure the authorities for haste in declaring the fever epidemic, and the very next will say the fever is no longer controllable since it has gotten among children and others in widely separated parts of the town. All such inconsistent reports are not only wrong, but very impolitic, and very injurious to the afflicted community. It would be far better if the Mayor, or the Board of Health, or some responsible body would send to certain repositories of news a daily report or bulletin of the course and progress of the fever. If the National Board of Health had accomplished nothing more, it would still deserve the lasting thanks of the people, for establishing and enforcing the principle that truth and honesty should prevail in matters of contagious diseases. We do not think that the Key West Board is endeavoring to conceal anything, but we simply advise it to have an eye to the corps of irresponsible correspondents, who will certainly succeed in doing damage if allowed to go uncontradicted. For instance, the Sunday *Times-Democrat* contains a telegram that because no death or new case had occurred in Key West on Friday, Tampa had relaxed its quarantine measures against the former town. We can scarcely believe any such wild statement. Certainly, any intelligent body, and the Tampa Board is presumably intelligent, knows that the danger is not so much from the person of a case of fever as from fomites. A very short memory will recall to them the fact that Key West itself was infected, not by a stray case, but by bedding from Havana.

Notwithstanding the early appearance and seeming violence of the fever, yet every circumstance seems so favorable for confining it to its present place of operation, there are strong hopes that no general epidemic will start from Key West as a focus.

The total number of cases up to June 14 were 26, and the deaths 9. (*M. H. Bull.*) By daily papers to June 23, 38 cases, 16 deaths. (*Picayune.*)

AN OLD FRIEND: OR, "COLONS ARE NOT FULL STOPS."

Tempora mutantur, et nos mutamur in illis, is true not only of men but of things, and "things" include poetry. Though this good old saying contains a great deal of truth, still there are some of us who don't change. The celebrated gentleman from North Carolina, who so greatly enjoyed a promenade in the "*Boys de Burlony*," none the less well represented the citizens of that State, whose Governor said to the Governor of the old South State, "It's a long time between drinks."

These and perhaps equally irrelevant thoughts passed unbidden through our mind as we joyfully greeted an old friend in the *American Practitioner and News* of June 11. True, this old acquaintance had been rehabilitated in certain respects, had been touched up here and smoothed down there; but bless its heart, we knew it; and we always will know it, for were we not present at its birth? Shall a man forget a friend of his early days? No, sir! "Medicine and Medicine Men" is as dear to us today as on that memorable night of December 2d, 1882, when it was christened and god-fathered by the New Orleans Medical and Surgical Association, and there is not a member of that Association now living who has forgotten his god-child, or who could be induced to repudiate any of the rights justly vested in a god-father.

However, "should auld acquaintance be forgot," we would refer such forgetting member to Volume X, pp. 481-498, NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, 1882-83.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

ACCIDENTAL VACCINIA.

An interesting case of "Accidental Vaccinia" is abstracted by the *Analectic* from an Australian Journal. A male infant, age eight months, was a sufferer from infantile eczema of the face, neck, ears and upper part of the chest. On June 30th, the family physician vaccinated an older child, age $2\frac{1}{2}$ years, with human lymph, the result being a typical vesicle. On July 20th, the infant was brought to the physician because of an exacerbation, as the latter at the time thought, of the eczema. On the sixth day after the onset of fever, numerous isolated vesicles with commencing central depression appeared, which, however, were still not suspected to be other than eczematous. The next, or seventh day, a consulting practitioner suggested, what proved to be the true state of affairs, that the raw eczematous surfaces had become infected with lymph from the other child. Inquiry showed that the two children had been allowed to sleep in the same bed several nights prior to the infant's illness, and before the vesicles were healed in the elder. The child progressed quite favorably until the fourteenth day, when it refused to eat and died in collapse next day.

The mother, who had nursed the child up to the fifth day, developed several vesicles on the nipples and elsewhere. She had not been vaccinated since infancy.

This case called forth a similar one in a boy, age two years, who was also suffering with eczema, and who contracted the vaccinia from a vesicle on an infant brother's arm. The child recovered; his temperature never rose beyond 101° .

The reporter of this last case has vaccinated eczematous children, but he selects spots remote from any eruption, and covers the resulting vesicle with wire netting to prevent auto-inoculation.

The *American Journal of Pharmacy* strongly recommends a solution of menthol gr. 2 to gr. 10 in \mathfrak{z} i of water, as giving immediate relief in urticaria and pruritus.

A foreign journal, quoted by *N. Y. Med. Record*, contains the experience of Dr. Predazzi with splenic pulp in anæmia. The results in chlorosis were marked. 1. General health improved. 2. The red blood corpuscles increased. 3. All disturbances of the nervous, digestive and urinary systems were relieved. 4. Increase of weight and arterial tension. The formula is:

℞. Brandy, ℥iss.
Splenic pulp, ℥ivss.
Emulsion bitter almonds, ℥xss.

All to be taken in one day.

TREATMENT OF DIPHTHERIA.

Brondel advocates a form of treatment in diphtheria which has proved successful in two hundred successive cases:

℞ Sodii Benzoatis, ℥i—℥i., gr. xv.
Aquæ, ℥v.

M. S. Tablespoonful every hour.

Calcium Sulphide, gr. $\frac{1}{8}$, is given with each dose of the liquid, and the throat is sprayed every hour, night and day, with a ten per cent. solution of benzoate of soda. *Bull. Gen. de Ther.*

CARBOLIC ACID INHALATIONS IN WHOOPING-COUGH.

In the *Deutsche Med. Wochenschrift*, No. 21, 1886, Dr. R. Pick, of Coblenz, published several cases which seem to show that the inhalation of concentrated carbolic acid solutions has a powerful curative action in whooping-cough. Dr. Knidziolucki, of St. Zofia's Hospital in Lvov, Galicia, accordingly tried the same method in a severe case of his own, occurring in a weak, emaciated, febrile girl, aged nine. The affection had lasted four weeks, and the paroxysms occurred about twenty-eight times a day. The inhalations of carbolic acid, either pure or diluted with an equal amount of distilled water, were repeated hourly, being continued for ten minutes on each occasion. The number of paroxysms during the subsequent days fell to 20, 19, 12, 12, 6, respectively, and from the sixth day the patient had not a single attack. The temperature became normal on the third day. After ten days the girl was discharged well. No poisonous symptoms were observed either in this case or in those related by Dr. Pick. Equally satisfactory results were observed by Dr. W. Jakobski, of

Odessa, who used a fifty per cent. solution of the acid, the inhalations being carried out for ten minutes every two hours. In one case the daily number of paroxysms fell rapidly from 32 to 6. They principally use a mask resembling that employed for giving chloroform. This is placed over the nose and mouth. Dr. Jakobski, finding that this apparatus frightened children and led them to resist the application, devised an instrument like a toy, consisting of a pasteboard tube with gold paper gummed over it, and fitted with a handle. Within the tube are two thread nets and between them a layer of cotton wool moistened with the solution. With this Dr. Jakobski found no difficulty in getting the little patients to take the inhalation. —*British Medical Journal, April 30, 1887.*

SURGERY.

A NEW OPERATIVE PROCEDURE INTENDED TO SUPPLANT HERNIOTOMY.

Dr. Augustus C. Bernays, in the *St. Louis Medical and Surgical Journal* for May, proposes a new operation for strangulated hernia. The operation is a subcutaneous section, as in tenotomy, of Poupart's ligament, and is performed as follows: A vertical incision, one-eighth of an inch in length, is made exactly in the inguinal fold, through the skin only; a probe-pointed knife is then pushed through the subcutaneous fatty tissues up under Poupart's ligament; the ligament is then pressed down against the edge of the knife and cut as in tenotomy; the knife being withdrawn, the hernia is easily reduced. The doctor advises that the ligament be cut at least one inch from the sac toward the iliac spine; but he thinks it quite possible that an incision nearer the spine will do as well. The after treatment should consist of rest in the recumbent position until the ligament can unite. The operation applies to oblique and direct inguinal, as well as to femoral hernias.

[There are many cases in which this operation would promise relief, but there are some where it would be unsuitable. The doctor mentions one variety of cases, namely, that in which the ligament is relaxed and the strangulation is caused by the sac itself. Another class is that of the long-strangulated hernia, where gangrene is imminent. We have seen cases, too, reduced without incision of the sac, after cutting the constricting band. In several such cases

death has unexpectedly occurred in a few days, the *post mortem* examination showing a band constricting a knuckle of the intestine that had formed part of the hernial contents. We remember well a case where we assisted a prominent Surgeon of this city. The case was femoral hernia. An incision exposed the neck of the sac to clear view. It was determined not to open the sac. The stricture being cut, the sac with its contents was easily returned and the case promised well. The operator informed me afterwards that the patient died in a few days after the operation. The Bernays operation would seem to us, therefore, as only likely to "supplant" herniotomy in certain cases; it would seem especially contraindicated in old and large hernias, that become suddenly strangulated and unjustifiable in all cases where commencing gangrene is feared.—EDS.]

SCHEDÉ'S TREATMENT OF COMPOUND FRACTURES.

The wound or wounds are laid freely open, irrigated thoroughly with corrosive sublimate sol., 1-1000, all loose splinters of bone removed, fracture reduced and fixation of fragments secured by means of a little device of Dr. Hausmann, the first assistant surgeon. It consists of a little metal plate, about half an inch wide and as long as is necessary, perforated with holes at short distances. It is laid upon the periosteum, a screw inserted through one of the holes into the bone on each side the point of fracture. Two of these little splints are usually employed in a fracture of a large bone, after which the immobility of the limb is secured in the usual way by splints; the wound being left open and treated antiseptically. The metal plate has the advantage over bone sutures in being much more easy and simple in its application as well as removal, and it secures and maintains the approximation and fixation of the fragments just as firmly.—*Lancet*.

AN EXPEDIENT FOR FACILITATING THE REMOVAL OF A SUBHYOID BURSA.

Dr. Weir recently resorted to the following plan, which helped him considerably in the dissection of one of these tumors, usually so difficult of complete removal: The cyst was emptied with a trocar canula and then filled with melted paraffine (which liquefies at a point much below 212°) and subsequently cooled with a small bag of ice. The whole

procedure did not last five minutes, and by its aid Dr. Weir was enabled, with great ease, to remove the entire sac even up to its attachment at the posterior border of the hyoid bone. This method has served well in other cases and is commended as avoiding the persistence of the fistula which so often results from this bursal inflammation.—*Medical News*, March 5.

REMOVAL OF AXILLARY GLANDS WHEN THE MAMMA IS AMPUTATED FOR CANCEROUS DISEASE.

In his recent report before the New York Surgical Society of Four Months' Operative Work at the New York Hospital, Dr. Weir strongly recommended the cleaning out of the axilla, even where no enlarged glands could be felt. The operation practiced is that of Bickersteth, carrying the incision well on to the arm on a level with the insertion of the pectoralis major and then tearing and cutting through the thin layer of fascia, when with blunt scissors or the finger nail, the axillary vein can be isolated in nearly its whole extent, and the fatty mass easily peeled away from the chest wall, large veins being tied before division. If required, there need be no hesitation about dividing the pectoral muscles.—*Med. News*, March 5.

AMPUTATION OF THE BREAST UNDER COCAINE ANÆSTHESIA.

Recently two cases of amputation of the breast have been reported. At the meeting of March 4, 1887, of the Leeds and West Riding Medico-Chirurgical Society (see *Lancet*, April 16), Mr. A. Roberts described a case where he amputated the breast after injection of sixty minims of a six per cent. solution or 3.6 grains. There was no pain, but she became blind and talked rapidly and incoherently; the blindness lasted four hours, but recovery was complete.

The other case was that of Dr. Daniel Lewis, of the New York Skin and Cancer Hospital (New York *Medical Record*, June 4, 1887). The case was a scirrhus involving the whole breast, in a woman of seventy-eight years of age. She was quite feeble and had a double cardiac murmur, so general anæsthesia was thought inadmissible. Less than three drachms of a two per cent. solution (about 3.6 grains) of cocaine were used, and the tumor was removed without pain. In this last case Corning's rubber-covered iron ring, elliptical in shape, was used to retain the cocaine in the anæsthetized area.

OBSTETRICS, GYNÆCOLOGY, ETC.

OXALIC ACID, A NEW EMMENAGOGUE.

Suppression of the menstrual flux can be induced by the opposite causes of insufficiency and plethora, action of cold, climate, habits, food, etc., but oxalic acid would seem, from the numerous clinical cases given by Dr. F. Poulet, to act in almost all of the various sorts of amenorrhœa. It was reported that this agent acts equally well in almost all cases of catamenial difficulty where there may exist a febrile reaction with consecutive inflammation of other organs, and also when there is a hemorrhage, or when there is suppression caused by a cold, which last is so common. Apiol is one of the few sure remedies left to us in amenorrhœa, but it can be used to advantage only when the suppression depends on some nervous cause; but oxalic acid, by the multitude of its applications, suits all cases.

Attention is called also by this author to the fact that there exists an antagonism between the action of cinchona and its salts and oxalic acid. He declares that just as much as oxalic acid favors and provokes the menstrual flow, so does quinine prevent it. So that the last should be a good remedy for metrorrhagia; and, indeed, Dr. Poulet and those with him consider quinine much superior to ergot in such cases; there is, therefore, great danger in giving cinchona preparations to women without considering the menstrual period. Oxalic acid has always been considered a very dangerous poison; but it seems to be one of our physiological proximate principles, since in the normal state it is found in the intestinal juice in considerable quantity, and it is now being studied in animals by Professors Armand Gauthier and Mathias Duval. It probably plays an important rôle in intestinal digestion. The following formula has been used as an emmenagogue:

R Acid, oxalic, 1 part.
 Aquae ferventis, 100 parts.
 Sqr. aurantii corticis amaræ, 30 parts.
 M. Sig. Teaspoonful every hour.

In one case the whole of the above was given before the effect was produced; in other cases, the menses came on before one-third had been taken.—*Philadelphia Medical Times* (*Archives Gyn. and Obst. and Pæd.*).

THE TREATMENT OF VOMITING OF PREGNANCY.

Mrs. D., a young and healthy woman of about 30 years of age, became pregnant for the fourth time. Although her former pregnancies had been very easy, this time she became a prey to the most distressing symptoms. She could digest nothing, and ejected whatever she attempted to eat almost immediately. In spite of the most careful regimen, eating in bed or the reverse, exercising after eating, she vomited everything. She became thin, feeble, pale and dispirited. She was unable to leave the house or even to walk about her own room. When I was called she was finishing the second month of pregnancy. I prescribed in succession nearly everything I could think of without any effect whatever. Fifteen days passed without the slightest improvement. Happening then to think of Garraway's and Edward Béreau's treatment I prescribed the following mixture:

Pure deliquescent phenic acid.....ʒss

Black drop (B. P.).....ʒjss. M.

S. Take four drops in a little sweetened water three times a day, five or ten minutes before meals. On the first day of this treatment the morning meal and the quarter part of the supper were kept down; the dinner only was vomited entire. The next day the dinner alone was partially vomited. This kept on until the sixth day, when the vomiting stopped, not to appear again. From that moment everything changed for the better and she soon resumed her usual health and spirits.—*Bull. Gen. de Therap.*

OPHTHALMOLOGY AND OTOLOGY.

EXOPHTHALMOS FROM TRAUMATIC ANEURISM OF THE OPHTHALMIC ARTERY, CURED BY DIGITAL COMPRESSION OF THE CAROTID.

In the *Revista de Ciencias Medicas*, of Barcelona, Feb. 25, 1887, Dr. Carreras Arago relates a rare and interesting case. A robust girl of 16, of lymphatic temperament, presented herself at his clinic on September 8, 1886, for the purpose of having an operation performed on her left eye, which became more prominent from day to day, and seemed to spring out of the orbit. Vision in that eye was completely abolished. She had been seen by several physicians and one specialist, and they all agreed that only the extirpation of the tumor causing the exophthalmos

would enable the eye to regain its normal position in the orbit.

The exophthalmos measured 23 millimeters. The upper eyelid and the superior, internal and inferior straight, and the oblique muscles were completely paralyzed; the pupil was dilated, the conjunctiva red and œdematous, and the long ciliary veins around the cornea were distended. The right eye was normal.

About six months previous to the examination she received a blow on the left temple from a shuttle. The wound healed rapidly, but two months afterwards the left eye became weak and dim, and it also became more prominent from day to day. At times, intense pains would shoot from the outer angle to the inner and posterior part of the orbit.

Digital examination of the edge of the orbit showed the absence of neoplastic tumors. Moreover, the direction of the eye was not such as would result from a tumor in the antrum of Highmore. The girl's antecedents forbid a suspicion of syphilitic tumor; and not being able to find any other cause for the exophthalmos, Dr. Carreras Arago concluded that it was due to a traumatic aneurism of the left ophthalmic artery, resulting from fracture of the walls of the orbit.

Dr. Arago decided to treat the case by compression of the left carotid. He so explained to the students who attended his clinic, and who volunteered to take turns at making the digital compression. The patient left, to return the next day, but she did not return for four days, in which time the exophthalmos was reduced to one-third its former size, as it measured only eight millimeters. Upon being questioned, the girl said that she and her mother had used digital compression at home, as the doctor described it to the students, and this explained the reduction of the exophthalmos. She continued the compression at home daily for fifteen days, then only every four or five days.

In two months, the movements of the extrinsic muscles of the eye had in great part been restored, but the pupil remained motionless and dilated. The optic papilla was slightly reddish white, and the vessels shrunken. The retina was perfectly insensible to light.

CEREBRAL ABSCESS DUE TO OTITIS MEDIA.

The case is reported in the *Lancet* for April by William MacEwen, Surgeon and Lecturer on Surgery, Royal Infirm-

ary, Glasgow. A boy of nine was attacked with pain in the region of the right ear, causing fretfulness and insomnia, followed by fever, vomiting and crying fits due to extreme pain. On the eighth day he had a rigor, and six between this and the nineteenth day, when he was admitted into the Hospital for Diseases of the Ear under the care of Dr. Barr. He was then emaciated, pale, his upper lip covered with herpetic eruptions; had a short, catching cough and an axillary temperature of $100^{\circ}.8$; pulse, 108. He was drowsy and complained of pain over the right ear, from which pus was escaping through a perforation in the upper part of the *membrana tympani*. On the twenty-second day Dr. Barr perforated the mastoid process and passed a stream of an antiseptic solution through the antrum and out by the meatus. On the thirtieth day Dr. MacEwen saw the case in consultation. The condition had grown steadily worse, and he diagnosticated cerebral abscess and advised an operation, although the prognosis was almost hopeless, the boy's youth being the one favorable point. The ear and the region of operation were rendered as aseptic as possible. A disc of bone was removed from the squamous portion of the temporal at a point an inch above and half an inch behind the centre of the meatus. The dura-mater was slightly congested and there was no brain impulse. The pia-mater was congested and the brain substance had a yellowish red appearance. A hollow needle was inserted into the brain in a direction which, if introduced far enough, would strike the eminence in the petrous bone above the middle ear. It reached the abscess cavity after penetrating about three-quarters of an inch. More than two drachms of pus and some broken down brain substance were removed, and it was thought well to make another opening through the bone and membranes into the abscess from a point just above the osseous boundary of the external auditory meatus, involving the squamo-petrosal suture. Chromicized chicken-bone drainage tubes were introduced into both openings, the parts thickly dusted with boracic acid powder and dressed with sublimated wood-wool pads. The dressings were changed once a week, when the parts were well syringed with a saturated solution of boracic acid. Improvement began almost at once, and at the end of six weeks the child was quite plump. The eyes were examined four weeks after the operation, but no signs of there having been optic neuritis could be found. A watch heard forty inches by the

normal ear was heard at five and a half inches by the affected one.

At the close of a clever and charming—we had almost said fascinating—paper in the March number of *Recueil d'Ophthalmologie*, Prof. Fournier thus sums up the

DIFFERENTIAL DIAGNOSIS BETWEEN PARALYSIS OF THE
THIRD PAIR:

Due to Tabes dorsalis.

Due to Lesion (Syphilitic) of Trunk of Third Nerve.

Historic Symptoms.	{	1. Paralysis almost always partial, dissociated (single muscles affected); often <i>pupil alone</i> affected.	1. Paralysis total — all muscles supplied by nerve affected.
		2. This paralysis is often marked by one or the other of the following peculiarities: (a.) Persistence of accommodative reflex (Argyll Robertson pupil). (b.) Myosis.	2. Nothing of the kind.
		3. Often fleeting, ephemeral, even momentary.	3. Lasting, permanent.
		4. Relapses very common.	4. Relapses exceptional.
		5. Frequently rapid and spontaneous recovery.	5. Cure only affected by specific treatment, slow and gradual.

In the same number of the same periodical Dr. R. Rampoldi calls attention to an often overlooked cause of mydriasis. Dr. R. has frequently noted mydriasis, sometimes binocular, oftener monocular, in patients suffering from chronic broncho-lobular inflammation (phthisis, pulmonary tuberculosis, etc.) The symptom is especially apt to appear after the patient has passed a night much disturbed by cough. When it is monocular it is apt to be associated with pain under the clavicle or scapular spine. In two cases the appearance of the symptom was preceded by hemoptisis. Dr. R. supposes that through the branch of the great sympathetic supplied to the vagus, the pulmonary irritation is reflected upon the cervical sympathetic, and so to the dilator of the pupil. The mydriasis is analogous to that brought about through the cœliac ganglion by the irritating presence of worms in the intestinal tract.

After an extended experience Galezowski writes in the *Recueil d'Ophthalmologie* for December that he has found

the thermo-cautery the best remedy in entropion and trichiasis, in serpiginous ulcers of the cornea, in malignant tumors of the cornea and in tumors of the sclerotic. In the first of these conditions a deep linear eschar is formed in the upper lid parallel with its margin, the brim being carried well into or even through the tarsal cartilage. Phagedenic corneal ulcers are lightly but thoroughly touched with the point of a Paquelin cautery brought to a red glow. Cases of melanotic tumor of the sclero-corneal margin and of melano-sarcoma of the sclerotic are related in which the tumors were successfully removed by means of the cautery, without recurrence. The latter growth had begun in the choroid and penetrated the sclerotic, and the cautery had to be carried entirely through the sclera and choroid into the interior of the eye, in order to destroy the tumor and the tissue in which it originated.

TOBACCO AMBLYOPIA.

In the March number of the *American Journal of Ophthalmology*, Dr. Julian J. Chisholm, of Baltimore, reports a "Case of Tobacco Amblyopia in a Lady." The patient was the wife of a North Carolina farmer, and being childless, and living alone with her husband on a large estate, at his request she learned to smoke for companionship, and for years had taken her pipe with regularity. The patient did not drink even wine. Abandonment of tobacco and the free use of strychnia effected a complete cure in about two months. Dr. C. is quite convinced that tobacco does produce amblyopia. He has never seen sight affected under less than ten years' use of the weed, and thinks that more depends upon idiosyncrasy than the amount of tobacco used.

Dr. Chisholm's experience agrees with that of Dr. Bruns (see *New Orleans Med. and Surg. Journal* for April, 1887, p. 761), though he prefers to use the drug in the form of 1-20 gr. pills. At first one of these pills is given after each meal (three times a day), and then one pill is added until 1-8 or 1-5 grain is taken twice during the twelve hours. It may be well to repeat here that this form of amblyopia is characterized by dimness of vision for both near and distant objects, not improvable by glasses; red and green colors are not clearly discerned, a small ($\frac{1}{8}$ in. square) bit of red or green paper held up on the point of a needle and directly regarded appearing of a dirty grey or brown (central colour scotoma); the ophthalmology

scope reveals nothing of importance; perhaps the temporal halves of the optic discs are pale.

THE TREATMENT OF DRY OR ATROPHIC PHARYNGITIS.

Two interesting articles have appeared in the April and May numbers of *Revue Mensuelle de Laryngologie, d'Otologie et de Rhinologie*—one by the editor, Dr. E. J. Moure, and the other by Dr. Noquet, of Lille. As both of these gentlemen give a hopeful prognosis in the affection, it may be interesting to reproduce their respective treatments.

Dr. Moure first treats the atrophic rhinitis with abundant irrigations, astringent and antiseptic. Once the nasal passages are free from secretions, local pharyngeal applications may be commenced, which will consist of sprays, gargles and special topical applications. For spraying or gargling, either the natural sulphur waters may be used, or solutions of chloride of zinc, one-tenth per cent. of carbolic acid solution or solution of the iodide of potash. To these different medicaments must be added a certain amount of glycerine, which seems very efficacious in keeping the surface moist. Each gargling or spraying must be followed by a topical application made with a brush lightly dipped in a slightly stimulating solution, in order to free the mucous membrane from the products which cover it, and also to open the glandular orifices and increase their secretion. The compound tincture of iodine with glycerine is excellent for this purpose; also the following prescription will give good results:

Tincture capsici ammi. gr. vijss. to xv.

Glycerine. $\frac{5}{8}$ iss.

S. For topical application to the buccal and nasal pharynx.

For constitutional treatment small doses of iodide of potash and cod-liver oil will both be useful.

Dr. Noquet describes his treatment much more satisfactorily, that is, in less general terms. He has become convinced, as Dr. Moure, that a well directed treatment followed punctually and with perseverance, can result in a complete cure. The first indication is to cleanse the nose of the fetid scabs. To accomplish this, he orders a naso-pharyngeal douche to be taken twice a day, consisting of a quart of warm water in which a tablespoonful of chlorate of potash has been dissolved. The whole of this

must be used each time. After the nasal passages are thus thoroughly cleansed, the following spray is then applied to them:

Chloral hydrate, gr. viiss.

Boracic acid, ℥jss.

Glycerine, ℥iiss.

Cherry laurel water, ℥v.

Water, ad. ℥vi. M.

The end of the atomizer is directed first horizontally to reach the naso-pharynx and a little in every direction, without insisting too much in sending the spray towards the frontal sinus.

After eight days carbolic acid is substituted for the chlorate of potash; each quart of water should contain about ℥ss of the acid.

Two or three times a week the naso-pharynx should be touched with a 20 per cent. solution of chloride of zinc.

Finally, when certain points of the mucous membrane remain red, projecting and a little hypertrophied, he touches them with the galvanic cautery.

The treatment brings about very rapidly marked relief. The fœtor disappears, but the treatment must not be modified; it must be continued even when a cure seems assured and there is no more secretion.

Generally, after about three months the treatment can be modified so as to require only one douche and spraying each day.

As for the topical applications, after the first month he makes them only every eight days and leaves them off at the end of four months.

PRACTICAL MEDICAL AND SURGICAL HINTS.

15. How to remove easily a sub-hyoid bursa. Empty the cyst by means of a trocar-canula, fill the cavity with melted paraffine and cool with a small bag of ice. R. F. Weir. See abstract, this number.

16. The best operation for ingrown nail—Cotting's. Run the knife, edge forward, perpendicularly into the toe, letting the plane of the knife glide along the ingrown edge of the nail; bring the point well through on the under surface and cut forward until the knife is brought out at the end and side of the toe; enter the knife again edge backward, carry it to the back part of the matrix and complete the excision of the side of the toe by a transverse cut slightly

curved. In this operation the edge of the nail is the guide for the incision, which should well expose, but not injure, the nail. If the Esmarch band be on, dress the wound with pressure before removing it, as the oozing will be very much less. Cicatrization of the wound removes all danger of recurrence of the trouble. Dr. Cotting in *Boston Medical and Surgical Journal*, April 7, 1887. See also Ref. Handbook, vol. iv., p. 36.

BOOK-NOTICES.

A Clinical Manual of the Diseases of the Ear. By Laurence Turnbull, M. D., Ph. G. Second Revised Edition, Philadelphia: J. B. Lippincott and Company, 1887, pp. 554. Price \$3.

The Diseases of the Ear and their Treatment. By Arthur Hartmann, M. D., Berlin. Translated by Jas. Erskine, M. A., M. B. New York: G. T. Putnam's Sons, 1887, pp. 250. Price \$2 75.

So recent is the study of the ear and its diseases, that a student of only moderate reading finds no difficulty in tracing it through all the phases common to every science: A period of general agreement, the result of almost universal ignorance; one of wide and radical differences of opinion when data are being gathered, sifted and arranged; and, finally, a third period of unanimity, brought about by the apprehension of all the facts within our reach, and a just appreciation of their meaning.

That any department of human knowledge will in time round itself fully into the third and last phase, must seem to us now improbable; and the improbability is especially great of any branch of that mixed science and art which deals with the form and functions of the human body in health and disease, and the application of remedies to these disordered conditions.

The two works forming the subject of this review serve well to illustrate the foregoing remark of Mr. Herbert Spencer. Turnbull's book is big, wordy, diffuse; a monumental example of how little profit may be got by the mere accumulation of cases, be they never so many. As Agassiz once said of a much-bepraised treatise on "Bird

Tracks," "de fault of dis book ees dat it ees desgripteef, not gombarateef." And this *Clinical Manual* has the additional defect that nearly all of the descriptions are borrowed, notwithstanding that the author, as he informs us, had more than ten thousand two hundred cases upon which to draw.

Eczema of the auricle is illustrated by a case from Wilde. Seven opinions on the "etiology of furunculous abscess of the auditory canal" are cited, the author hazarding the bold statement that irritants (a somewhat lengthy list) are frequently the exciting causes. In the section on treatment of purulent inflammation of the middle ear, twelve solid pages are quoted from Grüber. The pathology of chronic aural catarrh is elucidated by nearly five pages from Toynbee's "Descriptive Catalogue," while the same condition is treated with the aid of another twelve page quotation from Grüber, and shorter citations from Hinton, Politzer, Moos and others. And so we might go on pulling the padding from the robust figure of this five hundred and fifty page manual until the pitiful remainder presented much the appearance of Major Penderennis, when, the labors of his valet completed, he was prepared to seek his bed. But even this remainder upon further dissection, presents some striking peculiarities. We are told that in chronic purulent middle ear inflammation, if the perforation is large, and has been of several months duration, it is very difficult to heal, even in a healthy person—an experience entirely at variance with our own, and we have reason to think, with that of others. Since the introduction of the "dry method" the results of treatment are most gratifying, especially where large perforations (provided, of course, that the whole membrane is not swept away) allow free access of the powder to the mucosa of the middle ear. Nor have we been able to find support for the assertion that deafness is often dependent upon the want of teeth, and sometimes an artificial set will restore hearing.

But this discussion has already cost us too much valuable space, our only excuse being that in consequence of the pressing necessity for every physician, and especially every specialist of a certain position, to write a book, the body of medical literature, already of fair size, is being made to assume preposterous proportions by the constant

accumulation, for the most part, of wind, and the members of an overworked profession are distracted in mind and emptied of pocket in the vain attempt to "keep up with the times." In this state of things the medical reviewer has become our sole defender, and it is time for him to quit the hoary habit of saying a few polite words, closing with the dictum, "this work should find a place upon the shelves of every medical library," whenever a professional brother finds it necessary to his peace of mind to pour the slush of a commonplace experience through the irriguous medium of the medical press.

Hartmann's work, on the other hand, indicates that in the comprehension and treatment of many of the commoner forms of ear disease, the masters in otology are approaching the third phase of perfected knowledge and agreement. The truth is, that though otology is the most special of specialties, the so-called diseases of the ear are for the most part merely inflammation of one or the other portion of the organ, and their treatment consists in the rational application of those principles that govern us in the treatment of inflammation elsewhere. Special skill, the result of long and careful training, is demanded in making an examination and diagnosis, in the use of topical remedies, and of certain means whereby well-known measures of relief are applied to the small, shut-in, deeply-seated apparatus of hearing.

With all of these Hartman deals in the first four chapters of his book. Diagnostics, Symptomatology, Frequency, Etiology and Prophylaxis and General Therapeutics are there discussed.

In the treatment of purulent inflammation of the middle ear great stress is laid upon the use of the "tympanic tube," a very small tube introduced through the perforation or an incision in the membrane, by which the middle ear may be kept thoroughly washed and drained. The tube proves useful in keratosis and in catarrhal inflammations in which there is accumulation of mucous, fluid or dried, in the middle ear. In these cases Hartmann advises incision of the membrane and the use of the catheter or Politzer's bag as a means of diagnosis. He urges opening of the mastoid in painful sclerosis of that bone, and in all cases in which it seems to be involved in an inflammatory process, and lays down very clear and exact rules for the performance of the

operation. Here unfortunately occurs one of the two misprints we have noted. In the third line, page 191, "at a distance" etc., should evidently be *for a distance*, etc. The other error occurs on page 210. External meatus should be *internal* meatus.

But we must conclude an already over-long review. We can only say further, that within 250 pages Arthur Hartmann has succeeded in producing the best text-book on this subject we have yet seen. The arrangement is excellent, the style clear, and there is a marvellously un-German freedom from prolixity and pedantry. Quotations are rare, while the results of the author's own investigations into many moot questions form a large and interesting portion of the book.

Heretofore we have regarded Roosa's or Burnett's book as the best we knew for practitioners or students who could possess but one; now we are forced to admit that our countrymen must yield the palm until they can produce a clearer, more compact, interesting and scientific work than Arthur Hartmann's "Diseases of the Ear and Their Treatment."
H. D. B.

A Contribution to the Histology and Pathology of Herpetiform Hydroa. By George T. Elliot, M.D., Assistant Visiting Physician to the New York Skin and Cancer Hospital. Reprinted from the *New York Medical Journal*.

In an able article the author, after referring to the literature of this subject, recites the history of a case which came under his observation, and furnished the section for his microscopical studies

Hydroa belongs to a class of cutaneous diseases which have been much written about of late, in which grouped vesicles or blebs appear seated on an erythematous base.

The author finds degeneration of the peripheral nerves, which he believes to be primary. This would seem to place hydroa in the same category as Herpes Zoster, whose pathology has been already carefully studied.

If the disease begins, as he states, in the epithelium of the sweat ducts, then we have a starting point for the study and differentiation of other kindred affections.

This is the newest feature of the paper.

The only unsatisfactory portion of the article was, the

differentiation between hydroa and Duhring's disease — dermatitis herpetiformis; and we trust that the paper which the author promises upon the latter affection will elucidate this question from a clinical as well as histological standpoint. The carefully executed drawing which accompanies the paper lends additional interest to the author's description.

H. W. B.

PUBLICATIONS RECEIVED.

Report of the Committee on Disinfectants. Presented at the Fourteenth Annual Meeting of the American Public Health Association, held at Toronto, Canada, October 5-8, 1886.

Oration Delivered Before the Alumni Association of the Medico-Chirurgical College of Philadelphia. By Dudley S. Reynolds, A. M., M. D., Louisville, Ky. Reprinted from the *Medical Register*.

Mental Epilepsy. By L. W. Baker, M. D., Superintendent Hospital Cottages for Children, Baldwinville, Mass. Read before the Medico-Legal Society, December 8, 1886.

Feeding Patients Against the Appetite. By Ephraim Cutter, M. D., M. M. S. Reprint from the *Medical Register*.

The Gathering of the Waters, or the Evolution of Seas and Rivers. By D. T. Smith, M. D., Louisville, Ky. Reprint from *Southern Bivouac*, of May, 1887.

Will Contests. By Walter E. Rex, Esq. Read before the Medical Jurisprudence Society of Philadelphia, February 8, 1887. Printed by the Society.

A Novel System of Operating for the Correction of the Deflected Septum. By William Chapinan Jarvis, M. D. Reprinted from the *Medical Record*, April 9, 1887.

Persistent Pain After Abdominal Section. By Jas. B. Hunter, M. D. Reprint from vol. ix *Gynecological Transactions*, 1886.

Two Obstetrical Heresies. By S. F. Starley, M. D., of Tyler, Texas. Read before the State Medical Association at Dallas, Texas, April 30, 1886.

Thomsen's Disease. By Dr. Geo. W. Jacoby. Reprinted from the *Journal of Mental and Nervous Disease*, vol. xiv, March, 1887.

Sur un Nouveau Traitement de la Métrite Chronique, et en Particulier, de l'Endométrite par la Galvano—Caustique Chimique Intra Uterine. Par le Dr. G. Apostoli, Paris: Octave Doin, éditeur, § Place de l'Odéon.

Abstract from the Transactions of the Medical Society of the State of New York for the Year 1887. Merritt H. Cash, Prize Essay. The Physiological Conditions and Sanitary Requirements of School-houses and School Life. By A. N. Bell, A. M., M. D. Brooklyn, N. Y. Published by the Society.

Granular Conjunctivitis With and Without Pannus. By W. C. Cheatham, M. D. Reprint from the *Atlanta Medical and Surgical Journal*.

Pelvic Inflammations, or Cellulitis vs. Peritonitis. By Thomas Addis Emmet, M. D. New York. Reprint from vol. xi, *Gynecological Transactions*, 1886.

In re the Southern Railway and Steamship Association. Argument of Milton H. Smith, in behalf of the Association, for relief to the members of said Association from the operation of the fourth section of the Act to Regulate Commerce.

Al Consiglio Comunale di Napoli. Per Luigi Somma. Napoli: Stabilimento Tipografico dell'Unione, Nell'ex Monastero de S. Antonio a Tarsia, 1887.

Baked Beans. A serio-humorous medical paper by Ephraim Cutter, A. M., M. D. Reprinted from the *Albany Medical Annals*.

Live Birth in its Medico-Legal Relations. Annual Address delivered before the Medical Jurisprudence Society of Philadelphia, January, 1887. By John J. Reese, M. D. Printed by the Society.

A Successful Case of Partial Excision of the Larynx on Account of Intra-Laryngeal Epithelioma. By Lennox Browne, F. R. C. S. Ed. Reprinted from the *British Medical Journal*, February 5, 1887.

Annual Address Delivered before the American Academy of Medicine, at Pittsburg, Pa., October 12, 1887, by R. S. Sutton, A. M., M. D., President of the Academy.

Ninth Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

Some Considerations Concerning Cancer of the Uterus, Especially its Palliative Treatment in its Later Stages. By Andrew F. Courrier, M. D. Reprinted from the *New York Medical Journal* for March 5, 1887.

Speech of the Hon. F. Floyd King, of Louisiana, in the House of Representatives, Wednesday, March 2, 1887.

Congenital Occlusion of the Posterior Nares. By Alvin A. Hubbell, M. D., Buffalo, N. Y. Reprinted from the *Buffalo Medical and Surgical Journal*, December, 1886.

Note on the Treatment of Amenorrhœa with Permanganate of Potash. By Thos. A. Ashby, M. D., of Baltimore. Reprint from *Maryland Medical Journal* of June 4, 1887.

Insanity and the Care of the Insane. By Clark Bell, Esq., President of the Medico-Legal Society of the City of New York. Read before the Society, March 9, 1887.

Seventh Inaugural Address of Clark Bell, Esq., as President of the Medico-Legal Society, pronounced January 8, 1887

Transactions of the South Carolina Medical Association, Thirty-Seventh Annual Session, held in Aiken, S. C., April 12 and 13, 1887.

MARRIAGES.

DR J. A. McCARTY, of Dallas, Texas, to Miss Ona B. McCarty, of Mason City, Ill., on May 25, 1887.

At the residence of the bride's parents, in Sparta, Bell Co., Texas, DR. J. D. DUNCAN to Miss ATTA LEE GRAY, on June 7th, 1887.

Deaths.

Dr. I. E. NAGLE, a former resident of New Orleans, was stricken with apoplexy at his home in Winsted, Conn., May 16, and died after six hours illness, aged fifty-four years. During the late war he was a surgeon in the Confederate Army.

Dr. ELI SIMMS SHORTER, a native of Georgia, and at one time a resident of New Orleans, died at his home, 367 Broome street, New York City, May 14, in the forty-seventh year of his age.

MEDICAL NEWS AND MISCELLANY.

We are sorry to have to announce that Dr. T. G. Richardson, of this city, has been suddenly summoned to Europe by a relative who is dangerously ill. He was to have sailed on June 18th, and the prospects are that he will be absent several months. This unexpected absence will prevent his attendance upon the International Medical Congress, a matter which the Doctor, as well as his friends in New Orleans, whom he would represent, greatly regret. We extend our sympathy to the Doctor, both because of the serious condition of his relative, and also because of his disappointment in the matter of the Congress.

The Fifth International Congress of Hygiene and Demography will meet in Vienna, capital of the Austrian Empire, on Sept. 26th, 1887, and will remain in session until Oct. 2d.

The first of these great International assemblies took place in Paris in 1876, then in Brussels, Turin, Geneva and the Hague. They are composed of sanitarians and scientists from all parts of the world. Boards of Health, as well as national, provincial, municipal and local administrations are represented by special delegates. In each of the meetings held so far, there were no less than 500 members present. This Vienna meeting is expected to be a very large and interesting one, as we read in the programme of announcement many of the most illustrious names of Germany, France, Italy, England and Russia.

Major Humphreys, Engineer U. S. A., is mentioned among those that are to participate in the discussion on sewerage and the relative value of the system of Waring, Shone and others. Dr. Formento, of this city, will also attend, leaving about August 1st.

Our old friend, Dr. David Barrow, has given up planting—which he always looked upon as a temporary necessity only—and entered upon the practice of his profession in Lexington, Ky., in association with his former preceptor, Dr. Sweney, of that place.

ORGANIZATION OF THE LINCOLN PARISH MEDICAL SOCIETY, MAY 25, 1887.—Pursuant to a call made on the 3d inst., at a meeting of the physicians at Choudrant station, quite a number of them met at Ruston, in Dr. DeSeay's office, for the purpose of permanently organizing a "Parish Medical Society."

Dr. DeSeay was called to the chair, and the following officers elected to serve one year: Dr. W. S. Kendall, President; Drs. A. DeSeay and W. T. Smith, First and Second Vice-Presidents; Dr. S. A. Pool, Recording Secretary and Treasurer; Dr. M. A. Laurence, Assistant Secretary; Dr. R. L. Reid, Corresponding Secretary.

On motion, a committee was appointed to draft resolutions to govern the Association.

Committee reported, recommending for consideration the Constitution and By-Laws for Parish Medical Societies as offered and embodied in the "Transactions of the State Medical Society of 1886."

After some discussion by all the members present, the Constitution and By-Laws adopted were in accord with the regulations of the "State Medical Society."

On motion, the following committees were appointed:

Judiciary Committee—Drs. W. T. Smith, M. A. Laurence, O. M. Brown, T. J. McCulloch, R. L. Reid.

Committee on State Medicine and Legislation—Composed of each member of the Society.

Committee on Scientific Essays, Reports and Discussions—Drs. W. T. Smith, Willis Pollard, T. J. McCulloch, O. M. Brown.

ERRATUM.—In June No., page 942, twelfth line from top, for, "calm", read 6 P. M.

MORTUARY REPORT OF NEW ORLEANS

FOR MAY, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	8	4	10	2	5	7	12
“ “ Typho.....	2		1	1		2	2
“ Congestive.....	8	1	5	4	3	6	9
“ Continued.....							
“ Intermittent.....	2		1	1		2	2
“ Remittent.....	1	1		2	1	1	2
“ Catarrhal.....							
“ Typhoid.....	3		1	2	2	1	3
“ Puerperal.....							
“ Cerebro-Spinal.....							
Scarlatina.....							
Small-pox.....							
Measles.....	3		2	1		3	3
Diphtheria.....	6		4	2		6	6
Whooping Cough.....	1		1			1	1
Meningitis.....	10	3	8	5	3	10	13
Pneumonia.....	13	8	12	9	11	10	21
Bronchitis.....	2	6	5	3	2	6	8
Consumption.....	44	32	37	39	74	2	76
Congestion of Brain.....	12		3	9	6	6	12
Diarrhœa.....	12	10	14	8	8	14	22
Cholera Infantum.....	53	13	32	34		66	66
Dysentery.....	6	6	10	2	11	1	12
Debility, General.....	1	1	1	1	2		2
“ Senile.....	14	5	9	10	19		19
“ Infantile.....	14	3	12	5		17	17
All other Causes.....	206	79	153	132	162	123	285
TOTAL,.....	421	172	321	272	309	284	593

Still Born Children—White, 22; Colored, 11; Total, 33.

Population of City.—White, 176,500

“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 28.62.

“ “ “ “ “ “ Colored, 31.15.

“ “ “ “ “ “ Total, 29.31.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—MAY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	29.89	75.3	85	66	9.3	Mean Barometer, 29.948.
2	30.01	76.0	84.4	71.0	0.00	Highest Barometer, 30.10, 9th.
3	30.05	73.7	81.8	68.4	0.00	Lowest Barometer, 29.75, 31st.
4	29.92	70.0	77.0	63.8	.59	Monthly Range of Barometer, 0.35.
5	29.91	71.0	81.2	62.1	0.00	Mean Temperature, 75.2.
6	29.96	73.7	83.5	66.0	0.00	Highest Temperature, 90.9, 10th.
7	30.02	73.7	84.8	65.9	0.00	Lowest Temperature, 62.1, 5th.
8	30.08	75.0	85.8	64.1	0.00	Monthly Range of Temperature, 28.8.
9	30.06	78.3	89.9	68.2	0.00	Greatest daily range of Temp. 21.7.
10	29.99	80.3	90.9	71.4	0.00	Least daily range of Temp're, 12.3.
11	29.93	75.0	88.6	70.1	0.00	Mean daily range of Temperature, 17.1.
12	29.99	73.0	83.7	68.3	.15	Mean Daily Dew-point, 65.4.
13	29.99	72.7	82.6	64.3	.42	Mean Daily Relative Humidity, 74.5.
14	30.02	77.3	87.5	68.0	0.00	Prevailing Direction of Wind, S. W.
15	30.07	70.0	82.0	65.6	.64	Highest Velocity of wind and direction, 24, S. E., 3d.
16	30.06	74.0	81.8	67.0	0.00	Total Movement of Wind, 5186 miles.
17	29.97	76.3	86.0	67.5	0.00	No. of clear days, 10.
18	29.89	75.3	84.0	68.3	0.00	No. of fair days, 18.
19	29.90	71.0	80.7	65.0	.26	No. of cloudy days, 3.
20	29.93	72.0	82.0	64.0	.03	
21	29.99	75.0	83.0	67.5	0.00	MEAN TEMPERATURE FOR THIS MONTH IN
22	29.97	76.7	85.5	68.2	0.00	1873.....73.7 | 1881.....77.0
23	29.91	77.0	89.8	70.4	0.00	1874.....75.7 | 1882.....74.4
24	29.88	79.3	90.0	70.9	.02	1875.....76.2 | 1883.....74.3
25	29.92	78.3	88.4	70.9	0.00	1876.....74.8 | 1884.....76.4
26	29.87	79.0	89.0	72.0	0.00	1877.....73.5 | 1885.....73.9
27	29.83	78.7	88.0	73.2	0.00	1878.....75.5 | 1886.....72.6
28	29.90	76.3	82.8	69.0	.39	1879.....76.5 | 1887.....75.2
29	29.86	68.7	76.3	64.0	1.45	1880.....76.6
30	29.78	75.0	84.7	64.4	.04	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN
31	29.77	79.3	89.5	71.4	0.00	1873.....18.68 | 1881.....3.20
Sums	.....	.....	.....	.....	3.99	1874.....22.22 | 1882.....6.86
Means	29.948	75.2	.....	.....	.....	1875.....2.53 | 1883.....5.41
						1876.....7.10 | 1884.....4.33
						1877.....1.48 | 1885.....5.77
						1878.....8.11 | 1886.....3.07
						1879.....4.63 | 1887.....3.99
						1880.....1.58
						Dates of Frosts { Light, o. Killing, o.

The dash (—) indicates precipitation inappreciable.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

AUGUST, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if *a written order* for the same accompanies the paper.

Ether and Chloroform in Surgery.*

By A. B. MILES, M. D.

Ether and chloroform have been rivals for forty years, and their respective merits have been argued in the language of every civilized country. As yet there have been few attempts at a fair adjustment, based upon a proper estimate of their relative advantages and dangers. It is the rule among medical men to use exclusively one or the other of these agents in all cases requiring general anæsthesia. To this practice we demur. Next in importance to the discovery of the anæsthetic properties of ether and chloroform is the knowledge of how to use them, and when to use one and when the other. Several late contributions to this knowledge are very valuable; none more so than the chapter in the Reference Handbook of the Medical Sciences and the proceedings of a recent meeting of the New York Academy of Medicine. Having weighed carefully the opinions of others and summed up the results of home experience, we have prepared this paper as an expression of our convictions in regard to the use of these two anæsthetics.

*Read before the Orleans Parish Medical Society, June 27, 1887.

Why have most medical men hitherto used one of these agents exclusively in all cases requiring a general surgical anæsthetic? Certainly not in conformity with the principles that guide us in selecting from the agents of other classes those of special merit to be used in particular cases. The physicians of any city or community to-day would appear to practice any but a liberal profession if they were to use exclusively some one of the hypnotics in all cases of insomnia. These agents all tend to the same result, it is true, but by modes of action very different. So of these general anæsthetics. They produce the same ultimate effect, but their mode of action and the phenomena incident thereto are so unlike as to define for each its own sphere of usefulness.

Many adopt either ether or chloroform for universal use as a matter of medical education ; some in compliance with popular demand. In certain sections of this country the people have imbibed from the profession such prejudice against chloroform as to deter some of our brethren from its use in any case.

By a large proportion of the profession ether or chloroform is used exclusively as a matter of habit or medical custom. Most men adopt the opinions of others so much more easily than they form their own, that, unconsciously perhaps, they drop into a general rule or routine of practice. Our customs in medicine are influenced by causes very similar to those that determine the fashions of other men. The authorities in medicine wield the opinions of the masses, and many men use ether or chloroform according to the preference of their leaders.

Again, there is a potent influence over the fashions and affairs of men to which in times past even doctors in medicine have yielded. When the royal mother took chloroform at the hands of Snow, in 1853, when Leopold was born, and again in 1857, at the birth of Beatrice, by her example and approval of the anæsthetic employed she certainly exerted an influence over the practice of that day.

Observe the national predilection for ether or for chloro-

form. The French and Germans, with some exceptions, prefer chloroform. In a few French cities ether is preferred, while in some parts of the Empire the mixtures are used. The British are about equally divided in their advocacy of ether, chloroform and the mixtures containing them in varying proportions. Dr. Dell'Orto, our learned confrère, informs us that in most of the provinces of Italy chloroform is preferred; ether, in the hospitals of Naples. In America most of the profession use ether. Northern and New England men use this agent, with rare exceptions. In the New York Hospital, for instance, ether alone has been given since 1850. Our Boston brethren are the most exclusive in their preference. Why not, when a marble monument in the Commons commemorates the historic occasion when ether was used in their city as a surgical anæsthetic in 1846. The following extract from an editorial in the *Boston Medical and Surgical Journal*, May 6, 1886, fairly represents New England opinion to-day: "Ether does produce total anæsthesia, and it is never necessary to use any other anæsthetic to obtain it. It is the only anæsthetic used at the Massachusetts General Hospital, the use of chloroform having been forbidden in the institution at least thirty years ago. At the Boston City Hospital the anæsthetic to be used is left to the discretion of the surgeons. Here chloroform is occasionally used by a surgeon for some particular reason, such as its non-inflammability or its supposed advantage in irritating the throat less as it is inhaled, but never because total anæsthesia cannot be procured by ether, and probably not oftener than two or three times a year. With these rare exceptions ether is the only general anæsthetic used. * * * The story of its non-effectiveness is a fiction, under the cloak of which certain men persist in their use of chloroform, simply because they have never taken the pains to inform themselves of the proper method of using ether, or because they fear they may be occasionally obliged to bestow a little more time upon a patient, if ether is used." These words sound a little harsh to the ears of men, like our-

selves, who, with better motives than ascribed, have used chloroform more frequently than ether. The physicians of New Orleans, as a rule, prefer chloroform. We have had our sorrows resulting from its use, just as those who use ether exclusively have had theirs. At the meeting of the New York Academy, on the 7th of April, a sufficient number of deaths by ether was reported, even in the household of its friends, to dispel the wide-spread belief in its almost absolute safety. Gradually, by the aid of honest reports, these anæsthetics will find the level of their usefulness, and then the partisan preference for one or the other must yield to a proper discrimination between the two.

We come now to speak of the relative merits of ether and chloroform; their relative dangers and how modified by methods of administration; and to define, as we understand them, the conditions indicating their respective use.

Ether is the weaker anæsthetic, possessing the peculiar toxic quality in less degree than chloroform. In small quantity it is decidedly stimulating to the cerebrum and to the vital functions over which the medulla presides; and, in this action, it is more uniform than chloroform. Indeed, the vital reflexes are so uniformly stimulated by ether that the danger of its primary effect in healthy subjects is as small as possible under general anæsthesia. In those who take ether well, the stimulating effect on the heart's action and respiration may be observed throughout the anæsthesia. Ordinarily, even anæsthetic doses of ether do not depress these functions, but leave them to themselves, uninfluenced by the general anæsthetic action. Under etherization the heart's action and respiration are certainly less liable to the irregularities, which are not unfrequently observed in chloroform anæsthesia. In the latter stages of etherization, however, the vital reflexes may be depressed and powerfully, but gradually, so as to give warning of the approach of danger. Ether danger usually approaches by way of the lungs, and

usually forewarns by the labored, stertorous, irregular breathing, and cyanosis, so as to allow the use of means to avert. Ether danger may, however, approach by the heart. In ten of forty well authenticated ether deaths the heart failed first. These deaths resemble chloroform deaths, but comparatively occur much less frequently. So the comparative safety of ether and its timely admonition of danger are its chief advantages. They are certainly points of great practical value in its favor.

Against the merits of ether stand in stronger relief to-day than ever before its disadvantages and its dangers. The advocates of ether, who use it excessively, especially those who yet believe in its absolute safety, are doing much to-day to demonstrate its dangers. Its inflammability in the presence of artificial light and the actual cauteries is one objection. The danger of igniting is modified by several conditions: the proximity of the light, its position, and whether exposed or not, the saturation of the surrounding air and the direction of the air currents. Ether may ignite at long distances (fifteen feet, it is said) if the currents set in the direction of an exposed light. But the dangers of inflammability may be modified, as above indicated, and much diminished. The exceedingly disagreeable odor and the irritating property of ether, when brought in contact with mucous surfaces, are serious disadvantages. It was this irritating property which refuted the claims of rectal etherization as a warrantable procedure in surgery, but not until it had brought sorrow on its advocates and a worse fate on some of its victims—diarrhœa, dysentery, hemorrhage, collapse, death. The irritation of the respiratory mucous membrane usually causes coughing, strangling and violent resistance. It may cause catarrhal bronchitis and pneumonia. It may very seriously aggravate a pre-existing bronchial or parenchymatous inflammation.

The excessive secretion which ether causes to flow into the breathing passages, is also a disadvantage not to be lightly regarded. This may endanger life by suffocation, especially in cases of pulmonary disease, already attended

with free secretion, as in the catarrhal affections of children and old people. It not unfrequently prolongs the asphyxia caused by the usual method of administering ether.

While in the main we approve of forced etherization, practiced generally in this country, as being less risky than undue saturation of the system, we yet recognize serious objections to the plan. Patients are usually asphyxiated while being anæsthetized. True the asphyxia favors the anæsthetic effect of ether, and therefore obviates the necessity of too greatly saturating the blood. But the asphyxia complicates and increases the danger of anæsthesia. To the Southern visitor, used to chloroform, it is appalling to witness the etherization of patients in the surgical clinics of the large cities by the Atlantic Coast. The patient is overcome by assistants, and, within the period of a very few minutes, smothered into a state which combines about equally the phenomena of asphyxia and anæsthesia. When presented for operation, the subject is perfectly livid in cyanosis, breathing laboriously, with air passages almost choked with excessive mucus, as insensible as compatible with human life. The dangers of such a state are beyond question. They are not so immediate as those of chloroform, and, therefore, have been less apparent and less appreciated.

Asphyxia, as well as etherization, may be carried too far, and at times result disastrously. The respiratory nervous apparatus is exhausted and the heart fails secondarily. The tone of its own texture is destroyed by the supply of venous blood, and by impediment to the pulmonary circulation, its right ventricle becomes over distended and powerless. So, etherization, as much from asphyxia due to the manner of administration, as from its anæsthetic effect, may depress the heart's action, as well as respiration. But the sequelæ of etherization are matters of more serious importance, to which attention is specially directed.

Aside from the danger of inflammatory diseases, caused by the irritating ether vapor, is the liability to pneumonia, as the result of obstructed pulmonary circulation. Patients

rescued from opium poisoning not unfrequently die of pneumonia, the result of blood stasis. Cases of obstructed respiration, relieved for the time by bronchotomy, may die of a similar cause.

Again, the asphyxia which goes along with etherization may increase the patient's depression and retard reaction. The deleterious blood changes in a patient, who has undergone prolonged etherization, cannot be well suited to the healing of important wounds. In the suffocating plan of administering ether the blood suffers not alone of the interruption to the interchange of gases, but as much of the rebreathing of excrementitious albuminoid products, which physiologists tell us are so harmful.

The danger of nephritis, by the action of blood saturated with ether, first pointed out by Dr. Emmet, of New York, has been authentically confirmed by many observers. Healthy organs may be acutely inflamed and those previously diseased may be greatly aggravated by the passage of such an irritant over their secretory surfaces. This danger to the kidneys led to the general adoption of the method by forced etherization, by which the asphyxia lessens the quantity of ether required.

Ether more frequently than chloroform causes nausea and vomiting. This is an important consideration in the selection of an anæsthetic to be administered in cases in which persistent retching may interfere with the healing of important wounds.

Before leaving this division of our subject, we feel obliged to say that, while the immediate dangers of ether are comparatively slight, those which occur subsequently, to which we have just alluded, are matters of very serious consequence. These dangers weigh heavily against the merits of this anæsthetic.

Now, let us pass in running review the advantages and dangers of chloroform.

Its non-inflammability in the presence of artificial light, or the actual cauteries, is an advantage which increases greatly the range of its usefulness. It is certainly the

more agreeable to patients, less irritating to the sensory nerves of the respiratory passages and more enduring in its anæsthetic effect. It causes comparatively little increase of mucous secretion. It is easier of administration, and the mode of administration does not entail any other effect than that of a pure and simple anæsthetic. Chloroform is the more energetic agent, possessing the inherent toxic quality in higher degree than ether. This quality, however, does not differ in character from that which ether possesses.

The primary effect of chloroform, as of ether, is stimulating to the cerebrum and the vital functions; but the excitement is less intense and of shorter duration than in etherization. Being the more energetic agent, it requires less saturation of the system for the exercise of its anæsthetic power. This is an important consideration. The practical advantages of chloroform in surgery are very striking. These and its comparative freedom from disastrous sequelæ take away much of the terror of its immediate dangers.

The dangers of chloroform are soon told. They are immediate. If patients do not die during the administration they are comparatively safe. Nearly fifty per cent. of deaths by chloroform occur at the outset of the administration. The chief danger of chloroform is paralysis of the nervous apparatus governing circulation and respiration, mentioned in the order of frequency. The centres are taken by surprise by the direct and energetic action of chloroform and overwhelmed quickly. This sudden action has given to chloroform the name of being treacherous. It teaches unmistakably the necessity of gradually accustoming the centres to the influence of anæsthetics. We dwell on this point with special emphasis.

A large proportion of deaths by chloroform are reported as occurring suddenly and without warning. These cases are usually reported in a way to lay all the blame on chloroform. While we do not doubt the extreme susceptibility of some patients, which makes them liable to such fa-

tal accidents, we are constrained to believe that in more instances than recorded there are timely admonitions of danger. These admonitions are irregularities of the heart's action and respiration. Experiments on animals have shown how, under chloroform anæsthesia, the heart is liable to sudden irregularities. Clinical experience confirms the observation. Irregularity of the heart's action, as regards the strength of its beats, is especially ominous. The hesitating, irregular respiration of chloroform anæsthesia is but little less valuable as a warning of danger, and certainly demands more attention than usually given. The statistics before mentioned show that in one-fourth of forty cases of chloroform death respiration failed before the heart's action. Patients who breathe irregularly should be anæsthetized with the utmost caution. These irregularities of the heart's action and respiration indicate a condition of the centres which bears anæsthetics badly. This condition is more frequently observed in the anæmic and weakly, and in those under the influence of depressing emotions.

The dangers of ether and of chloroform are modified by methods of administration. Indeed, we feel safe in venturing the assertion that the dangers of anæsthesia lie not more in the inherent property of the agent employed than in the manner of its administration.

The modern method of etherization, aptly and not incorrectly called the "choking plan," has its dangers, arising not alone from forced anæsthesia, but also from the asphyxia incident thereto. These, however, are less than the dangers previously noted, which result from a saturation of the blood with ether, such as occurs when etherization is accomplished with a free supply of fresh air. So, in administering ether, we endeavor to carry our patients safely between the dangers incident to the suffocating plan of administration and those which result from undue saturation of the system.

The following extract from a letter, written February 28th, 1847, by Dr. George Hayward, who was among the

first surgeons to use sulphuric ether in the Massachusetts General Hospital, contains a pretty nearly correct principle of administering ether: "Care should be taken that the lungs are well supplied with atmospheric air, so that asphyxia should not be produced. At the same time, all the air that is taken into the lungs should be well charged with the vapor of the ether."—*Boston Med. and Surg. Journal*.

In this connection, while speaking of how the dangers of anæsthesia are modified by the method of administering anæsthetics, we shall dwell especially on the importance of the more careful administration of chloroform. The more energetic agent should, with good reason, be given the more prudently. The risks are very much greater in the unskillful administration of chloroform than in reckless etherization. In view of the danger of its primary effect, we insist here on the advisability of preparing the way for chloroform. Agents should be given in advance to stimulate the vital reflexes and prepare the nerve centres for the coming anæsthetic effect.

The old-fashioned whisky toddy, taken just before the anæsthetic, still has its votaries. The use of alcohol in this way is objectionable. We cannot rely on absorption from the stomach at the very time its stimulating action is most desirable. If given immediately before the anæsthetic, it is not absorbed in time to sustain the centres as they undergo primary anæsthesia. If given in time for absorption, the alcohol antagonizes the action of the anæsthetic. Alcoholic patients are difficult to anæsthetize, and while under anæsthesia, they often show alarming symptoms.

Again, alcohol is uncertain in the physiological action for which it is given. In many subjects, by abuse, perhaps it may have long since lost its medicinal virtue, while in others its effect may be variable because of nervous susceptibility. Alcohol taken into the stomach before anæsthesia has the effect of exciting many patients after a surgical operation, at the time when it is most desirable

that they should be calm. This excitement may increase the liability to inflammation. The maximum good, with the least harm, follows the use of alcohol when administered hypodermatically, or by inhalation at the outset of anæsthesia. The first whiffs of chloroform may well be mixed with the vapor of alcohol.

A few breaths of the vapor of ammonia, in advance of chloroform, act like alcohol, but more potently and without its disagreeable effects.

The method of mixed anæsthesia, by the hypodermatic administration of the sulphate of morphine alone, or in combination with a respiratory stimulant, as the sulphate of atropine, is as sound in physiological principle as useful in practice. The doses of the sulphate of morphine in adults should not exceed one-twelfth to one-sixth of a grain; of the sulphate of atropine, one two-hundredths to one one-hundred and fiftieth of a grain. The atropine acts particularly well in states of bronchial catarrh, in pulmonary diseases and in all cases indicating the action of a respiratory stimulant. The hypodermatic use of morphine, in the doses recommended, secures the primary stimulant effect promptly when desired, aids the anæsthetic in its action, and subsequently promotes the relief necessary after surgical procedures.

A safe way of preparing the centres for chloroform, and one which we strongly recommend, is by stimulating them primarily with the inhalation of ether. The centres more easily adjust themselves to the action of ether. Statistics show that the danger of the first effect of ether is almost infinitesimal. Thus, the anæsthesia is begun with the agent safer at the beginning, and continued with the agent less harmful in its subsequent effects.

There are causes of danger in the administration of chloroform which occur so commonly as to warrant special mention here. Chief among these common causes of fatal accident is overdosage — an excessive amount in a given time. Patients being anæsthetized with chloroform should never experience the sense of suffocation of which we too

frequently hear them complain. Coughing early in the anæsthesia is usually an evidence of over-action. Chloroform anæsthesia should be begun with minimum doses—a few drops only—and continued to the degree desired in quantities gradually increasing. To overdosage more than to idiosyncrasy of patients should be attributed most of the accidents by chloroform. Witness the manner in which so many physicians give chloroform, by saturating the inhaler at the outset and forcing the anæsthesia, and there will be less difficulty in explaining many of those deaths that occur with such electric suddenness.

Our conviction that overdosage accounts for most of the chloroform* deaths is further confirmed by statistics, showing the number of accidents which occur immediately after replenishing the supply in the inhalers. How often have we observed at these replenishings the chloroform poured on without stint or measure. It adds nothing to the security of a patient to hold such a saturated inhaler only several inches from his face, as the vapor descends so readily. In all human probability, overdosage, forced administration of chloroform and inattention to the premonitory signs of danger, account for most of the deaths by chloroform.

It has never been our ill fortune to witness death by an anæsthetic (said in a spirit of thanksgiving); but in ten years of hospital practice, many sounds of alarm have been given in our presence. Many of them have been traced to those hospital internes, who have not the faculty of doing the two things at once—administering chloroform and witnessing the details of the surgical procedure. Accidents would happen less frequently at surgical clinics if a well-trained assistant were always intrusted with the administration of the anæsthetic. This assistant and the operator should mutually rely on each other. The operator is as incompetent to direct the administration of the anæsthetic and do the surgical work, as the assistant is incapable of anæsthetizing the patient and following the

steps of the operator. The administration of an anæsthetic without observation of the pulse and respiration, is as unwise as the use of steam without a gauge to indicate its pressure.

Haste in the administration of chloroform deserves most emphatic condemnation. The anæsthesia should be produced gradually and maintained uniformly. We believe it unsafe to advise patients at the beginning to "take long breaths" with the view of quickly inflating the lungs with saturated air, in order to produce a rapid effect.

In the calm which follows the preliminary excitement chloroform acts with increased energy. The centres are at this moment in a state of exhaustion, and not prepared to have the anæsthesia forced. We regard the depression which follows the primary excitement as a period in which much harm may be done by overdoses of chloroform.

Indeed, instead of forcing chloroform anæsthesia, at any time, during its administration, it is better now and then to give the patient a rest spell, in order to refresh the residual air of the lungs. Some of the singularly sudden deaths, of which we read, may be accounted for by the cumulative effect on the centres caused by the sudden absorption of vapor which saturates the residual air.

Statistics are yet wanting by which we can accurately estimate the relative death rate caused by ether and chloroform. At the meeting of the New York Academy of Medicine, elsewhere mentioned, Dr. Weir reported five deaths by ether in 10,789 surgical operations. One surgeon reported two deaths by ether, occurring in his own practice, in the course of as many months. These figures do not, most probably, include deaths caused by etherization, yet occurring subsequently, which in years past were not so well understood as now. However, the proceedings of the Academy prove very convincingly the dangers of an agent which enjoys an undeserved reputation for its safety.

At the same meeting of the Academy, Dr. Knapp, of New York, reported that from 1860 to 1876 he had used chloro-

form in three thousand cases without a death; that since 1870 he had used ether exclusively, also without a death. The last death of chloroform in our Charity Hospital occurred on the 12th of November, 1881; the subject a tertiary syphilitic with albuminuria, undergoing operation for removal of necrosis of the tibia. This was one of those appallingly sudden deaths, most of which occur in patients who are anæmic and wasted by chronic illness. The hospital records do not show the number of cases in which general anæsthetics have been used since 1881, but give the quantity of ether and chloroform consumed, all of which, save the small quantity used for other purposes, was given as a general anæsthetic. In 1881 eighty-eight pounds of chloroform were used, six of ether; in 1882, one hundred and five of chloroform, two of ether; in 1883, one hundred and two and eighteen; in 1884, ninety-four and fourteen; in 1885, one hundred and sixteen and twenty-three; in 1886, eighty-eight and fifty-six; from January 1 to June 1, 1887, fifty-three pounds of chloroform and eighteen of ether. During the five years, 1882 to 1886, inclusive, five hundred and fifteen pounds, or nearly fifty gallons of chloroform, and one hundred and thirteen pounds, or a little more than seventeen gallons of ether, were used in the hospital. During these years 85,680 patients of all diseases have been treated, and, as will appear in the figures showing the relative quantity of ether and chloroform used, the vast majority of the patients requiring general anæsthesia, including seven hundred cases of important surgical operations reported, have been treated with chloroform. The above statements are made simply to convey an approximate idea of the extent to which chloroform has been used in this house since 1881 without fatal accident.*

It is our conviction, with the lights before us, that chloroform, carefully administered, with the precautions herein indicated, is as safe as ether administered by the plan generally practiced in America at the present day. How-

*During the civil war, Dr. Hunter McGuire collected the reports of 28,000 administrations of chloroform without a death. Nussbaum has recorded 40,000 cases of chloroform anæsthesia without a death. These records are very remarkable.

ever, the unskillful administration of chloroform and inattention to its warnings are fraught with so much more danger than attends or follows etherization by the usual method, that we recommend ether in the surgery of adults whenever its use is not contraindicated.

Let us now apply practically what we have written, and in conclusion, sum up those conditions indicating and contraindicating the use of ether and of chloroform.

As a rule, in the surgery of adults, anæsthesia should be begun with ether, and continued with ether, unless contraindicated. The chief contraindications are pre-existing inflammation of the respiratory passages, of the lungs or the kidneys; insusceptibility to the effect of ether, unless given in overdoses; violent excitement, which may endanger the cerebral vessels in the infirm; and local evidences of excessive irritation of the respiratory surfaces.

In all quick operations which can be performed during primary anæsthesia, ether is especially preferable. The danger of its primary effect is insignificant.

Ether is the more applicable in all states of anæmia, acute and chronic; and in states of extreme nervous depression, whether caused by shock, fright or the neurasthenia of chronic disease. These are the conditions in which chloroform deaths have occurred most frequently.

Ether is especially preferable in cardiac diseases and degenerations, where the organ is weak in its action, particularly in those cases in which the heart's feebleness is manifested in irregularity as to the strength of its beats. Such are the hearts that are exhausted by over-work; the dilated hearts of mitral and aortic regurgitation; the hearts which sympathize in states of general ill health, poorly nourished, relaxed in tissue, unsteady in action; the hearts of those convalescing of chronic diseases, of patients depleted by exhausting discharges or hemorrhages, of chronic alcoholics, of old syphilitics; and the hearts which have undergone degenerative changes, resulting from disease, or the decay which comes with age.

Chloroform is permissible in cardiac diseases, attended

with over-action of the organ, as in states of compensatory hypertrophy. It is indicated in this condition of the organ, when associated with nephritis. In all diseases and deformities of the heart, whatever murmurs may be heard, if the organ functions well, chloroform may be given if indicated. As there are a great many crippled limbs doing good service, so there are many hearts, altered by past diseases, which yet act so well as to give no trouble. Such hearts are apt to beat more steadily under an anæsthetic than when submitted to the tortures of a painful surgical procedure without it.

Chloroform is preferable whenever a general anæsthetic is required in cases suffering of pulmonary diseases. It is less irritating to the respiratory surfaces, causes but little increase of the mucous secretion, and interferes less with the pulmonary circulation. The contraindication to ether in these cases is very positive. Dr. Gerster has reported three deaths of pneumonia, resulting from etherization, occurring in 1866, at the Mount Sinai Hospital, New York.

In nephritis chloroform is the preferable anæsthetic. In the chronic stage ether is only permissible at the beginning of anæsthesia, to sustain the heart, now usually very weak, and prepare the nerve centres for chloroform. Of all the conditions said to contraindicate both of these general anæsthetics, Bright's diseases are entitled to the most serious consideration. Aside from the asthenic state of heart muscle, respiration is very often impaired, either by pulmonary œdema, or the renal asthma, which results from anæmia of the nerve centres. These conditions in the aggregate make the use of any anæsthetic of maximum danger. The observation of the harmful effect on the kidneys, by blood charged with ether, has been authentically confirmed by a number of writers, and has contributed greatly to a better appreciation of the dangers of ether.

Cases are occasionally met in this city, if not in Boston, in which ether fails to produce surgical anæsthesia, unless given in an amount to saturate the system to a dangerous degree. Such patients, in our observation, after the preparation of the nervous system by ether, take chloroform

very happily and go quickly under its influence. Dr. Gerster has reported eleven of one hundred and twenty-five cases, at the Mount Sinai Hospital, New York, that could not be sufficiently anæsthetized with ether. Chloroform was used in these cases with good effect. Such cases demonstrate how advantageously ether may be used to prepare the way for chloroform. Chloroform is preferable, then, in all cases that take ether badly, and those in which the anæsthetic power of ether is insufficient unless administered in overdoses.

Chloroform is the preferable anæsthetic in childhood. Statistics show that children, compared with adults, enjoy exceptional immunity from accidents by chloroform. Children bear chloroform so well that many can be anæsthetized during sleep; while, under ether, they struggle and strangle and pass through an agony of indescribable terror.

Shall we use ether or chloroform in the aged and infirm? Here we are dealing with organs as delicate as fragile glassware. The heart is tottering in its action and the brain is fed by vessels too brittle for any overstrain. Shall we select the milder anæsthetic, the safer for the heart, but which usually excites such violent struggling and such tumult in the circulation as to endanger the cerebral vessels by rupture, and which causes subsequent dangers so serious in infirm people? Or shall we select chloroform, which obviates all the objections to ether, but which unquestionably, in these subjects, acts on the cardiac and respiratory nervous apparatus with increased energy? The condition of the organs endangered in individual cases should decide the choice. In infirm subjects, more especially, anæsthesia should be begun with ether, when not contraindicated, and so continued in those who take it well. If there be much struggling and resistance, or much increased bronchial secretion, or other evidences of the injurious action of ether, then chloroform should be substituted. In our experience, after the first effect of ether, chloroform has proved the preferable agent in most cases of aged and infirm subjects, save those whose hearts are very weak and irregular.

Shall we use ether or chloroform in cases which may be seriously complicated by nausea and vomiting, as in abdominal and gynecological surgery, and the surgery of the cerebrum? The danger of suffocation by vomited matter, especially in etherization, should never be lightly regarded, nor the ill effects of persistent nausea and retching on the healing of important wounds. Chloroform less frequently than ether causes vomiting, and in emergencies requiring general anæsthesia before the digestion of a meal, is the preferable agent. Indeed, in all cases where obstinate retching after surgical operation might endanger life, chloroform is preferable.

As a measure to prevent nausea and vomiting under anæsthesia we wish to lay stress on the importance of administering the anæsthetic gradually and maintaining the anæsthesia in a uniform degree. Any surprise to the centres, or sudden alteration of their molecular or nutritive changes, may cause nausea. An hypodermatic injection of the sulphate of morphine occasionally has this effect. So, anæsthetics, or other agents acting similarly, when administered interruptedly, act unevenly on the centres, and by such repeated surprises cause nausea. They act like a rough sea.

Finally, if we have in these pages dealt fairly with ether and chloroform, we have shown one about as valuable as the other. They have their respective fields of usefulness, in which they are equally serviceable. They are equally dangerous when given in the face of their contraindications. If the physicians of New Orleans have used chloroform exclusively such a long time, they have sinned no more than a majority of our American brethren in their exclusive use of ether. Not until medical men learn to discriminate properly in their choice of these anæsthetics, and recognize the fact, emphasized in these pages, that the dangers of general anæsthesia depend as much on the method of administration as on the toxic property of the agent employed, will the risk of fatal accidents ever be reduced to the minimum.

Remarks and Suggestions on Meningocele.

By THOS. HEBERT, M. D., New Iberia, La.

In limiting the considerations herein embodied to those cases of tumors related to the cavity of the skull and its contents, I wish to be understood as applying the following remarks to those cases only in which the sac is found to contain fluids which are in communication directly with the sub-arachnoid space, and whose contents are composed of the accumulated secretions of the membranes covering the encephalon. With this limitation in view, the purpose of this communication of mine will be rendered plainer and more distinct; because the double character of these meningeal tumors necessitates a division into two classes: first, those which are composed of brain substance or tissue protruding in the sac, and secondly, those in which the contents are simply fluid. This distinction materially modifies the course of general treatment applied to one or the other respectively in attempting to relieve or cure these cases.

Leaving the question of diagnosis and other pertinent matters out of view, it can be stated that the mode of origin of these tumors will to a great extent determine their nature. In any given case the presence of brain, etc., in the protruding sac will largely depend upon the amount of space allowed for the exit of the semi-hard substance of the underlying organ. It will then be a question of a larger or smaller opening existing in the skull-bone. The situation of these tumors being largely limited to the lower occipital region of the skull, those cases in which the existence of an encephalocele is to be determined will be those in which the greater density and other physical characters of the cerebral substance will not prevent its protrusion by the existence of an opening too small to allow of its exit into the sac. In the case of a suture offering the opening through which the tumor emerges, the contents are likely to be fluid only, and the coverings of the sac are more likely to consist of the dura mater and arachnoid, with the layers of tissue beneath the skin which cover the region in consideration.

In cases of congenital occurrence, or cases in which the conditions are pre-existent for the development of tumor some time after birth, a question arises as to the presence of the dura mater in the coats of the tumor when it protrudes through some other space than that afforded by a suture. The functions of this membrane comprise the property of acting as a periosteum for the internal table of the skull, and therefore it would seem that its absence is necessary at the locality of a congenital hiatus or cloaca in a skull bone or vertebral column. Authorities do not, so far as I have been able to ascertain, state whether this state of things exists or not in these cases. The presence or absence of the dura mater is a matter of some importance, because the long or short duration of these tumors, before the natural course of events will terminate in a spontaneous evacuation of the fluid, if allowed to occur, will be materially affected by the presence or absence of the tough, fibrous and comparatively inelastic and unyielding dura mater.

The following history of a case will serve as a text for the object of this paper, inasmuch as it presents two events of considerable importance, viz.: its unusual point of origin and situation, and its subsequent subcutaneous discharge of the fluid contained in the tumor. It offers the suggestion of an operation for the proposal of which this communication is intended.

Two days after the birth of a female child I was called to see its mother, who was laboring under an attack of fever. After prescribing for her my attention was called to the child, who presented a tumor on the left side just behind the ramus of lower jawbone, on a line beneath the lobe of the ear, and as large in appearance as a small hen-egg. Several enlarged and sensitive lymphatic glands were apparent behind the tumor. The following characters were found to exist: Tumor, cystic, evidently containing fluid, translucent to light, flaccid and reducible. When pressure was applied and contents returned the pupils would dilate, the eyelids open widely, and the face of

the child and its cries would express discomfort and suffering. The pedicle or neck, if any existed, was not apparent, but evidently situated deep in the spheno-maxillary fossa. Turning the child head downwards would be followed by increased tension and bulging of the tumor. The posterior belly of the digastricus or some other bands of tissue lay across the fundus and divided the tumor into two distinct protuberances, which offered all evidences of intercommunication. The treatment applied was simple; pressure by pads of lint and the external application of iodine, etc., with the administration of cod liver oil and other agents, with the object of attempting to correct the scrofulous taint. The family history had developed the pre-existence of tuberculosis in the grandfather on the mother's side, though neither the father nor mother showed any signs of strumous diathesis. The parents were advised to allow nature to take its course, with the exception of measures mentioned, until surgical interference should be demanded.

Five months afterwards, not having seen the child in the meanwhile, I was called to see it. The tumor had increased in size, and had poured out its fluid beneath the deep fascia of the neck, and by gravitation had infiltrated the whole side and anterior portion of subfascial connective tissue, and as far as the larynx and below. Urgent symptoms of dyspnœa existed, due to œdema of the glottis. The tongue protruded from the open mouth; the respiration was much labored and embarrassed; the face, especially the lips, livid or deeply cyanosed, and the head was thrown back to the right side upon the pillow. The shape of the head was not that natural to a healthy child, bulging somewhat about parietal eminences and elongated about the vertex, which pointed very much backwards, showing probably the existence of a slight hydrocephalic state.

Relief was temporarily obtained by the action of a hydragogue cathartic, but the œdema returned quickly, stronger than ever. Before deciding to practice trache-

otomy which, on account of large swelling in front of larynx and trachea, would have been very difficult, I resorted to a puncture made with a slim blade, outside of the sac, slightly to the left of median line, avoiding large blood vessels and nerves, and directed the point towards the lower border of larynx. This puncture was carried beyond the deep fascia until the knife touched the thyroid or cricoid cartilage. On withdrawing the blade about a half ounce of a clear limpid fluid escaped by the opening made. The operation was followed by a considerable degree of shock, and the little patient verged on total collapse, remaining nearly unconscious for a long interval. When reaction had been established the dyspnœa was found to be considerably relieved, and all signs of it disappeared entirely in a few days. Before this another glandular swelling existed in the neighborhood of tumor, and fever was a prominent accompanying symptom.

The cervical swelling continuing to exist, a similar opening was made on the right side of trachea, below the first, with similar precaution, at a point where the redness of the skin and other signs denoted suppurative inflammation of the lymphatic glands. This opening was followed by the discharge of a considerable quantity of clear, limpid, albuminous fluid, giving place shortly to a sanious, flocculent, unhealthy, scrofulous pus. A third puncture, or rather incision, on the left side of the neck below and to right of first, also tended to relieve my little patient greatly, and was in a few days discharging pus after the flow of the clear fluid.

I had then quite a complicated case with which to deal. Gradually, it seemed to me, every lymphatic ganglion in the left and interior regions of the neck inflamed, suppurated and discharged through the openings made into the cervical swelling outside and beneath the original tumor, which gradually flattened as the discharge from it emptied its contents. The tumefaction of the neck also diminished, and all seemed to go on as well as could be expected from the nature of the case. An exploration of the tumor had

revealed the same kind of clear, limpid fluid as that which had infiltrated the anterior and lateral subfacial areolar tissue of the neck. One day, however, after the cervical swelling had almost entirely disappeared, and pus only was being discharged through the openings, kept patulous and washed daily with antiseptic or disinfectant solutions, I noticed that the cyst was returning to its original size from being refilled by the fluid, and I suspected that the subcutaneous opening had become obliterated. In a day or two the sac had become very tense and symptoms of brain pressure began to be manifested. I then resorted to the aspiration of the tumor by means of the largest hypodermic syringe at hand. The tumor refilled so rapidly after every aspiration as to necessitate the application of the syringe three or four times within the twenty-four hours. After thirty or forty aspirations or more had been practiced, I had the satisfaction of noticing that the amount of fluid obtainable was sensibly diminishing, until only one aspiration in the twenty-four hours was necessary, and finally none at all. A curious feature of these aspirations was that when I began to get no more clear fluid in the syringe a bloody pus began to make its appearance at each pumping, until towards the end of these applications of the needle pure pus only could be obtained. I knew that one of two events had probably occurred: either the sac gradually became obliterated, or its communication with the interior of the skull, and pus from neighboring adenitis replaced the clear fluid; or the sac had been gradually displaced by pus accumulating around it, and pushed back into the depths of the speno-maxillary space. But there was no evidence of this last occurrence having taken place, as the sac had disappeared completely, and no trace of it could be found. Here, then, was a complete obliteration of the sac, by these repeated punctures and aspirations with the syringe. When pus only showed at the original site of the tumor and all danger of opening it had disappeared, a fourth incision was made directly over the site of the tumor, which did not afterwards show any signs of returning.

My patient gradually became exhausted, in spite of general supporting treatment and its good appetite, by the extensive suppuration and discharge from the cervical glands, and died, after a prolonged siege, five weeks subsequent to the occurrence of œdema of the glottis, and two weeks after all signs of the existence of meningocele had entirely vanished. I may state that a troublesome cough existed during the child's whole existence. Thrush occurred towards the last and contributed to the fatal result.

I believe that this case points a lesson of which advantage might be taken in situations precluding the possibility of danger from the occurrence of œdema of the glottis or similar serious event. Its history suggests an operation which might sometimes be tried in lieu of those already in use for the treatment of cases of meningocele, and which, it seems to me, offer some advantage not obtainable by other methods. This operation would be following the steps shown in the case above cited by a subcutaneous puncture or incision into the sac, and by this means allowing the tumor to empty itself gradually, by an infiltration of its fluid into the connective tissue beneath. If one incision or puncture be not followed by sufficient plastic inflammation to obliterate the cavity of the sac, it should be repeated as often as may be necessary to accomplish the end in view. I, however, know of no case in which such a procedure has been put into practice. The history of the case above cited shows that this infiltration is not only possible, but almost to be relied upon when the opening beneath the skin is properly placed, so as to allow the gravitation of the fluid to empty the sac. The advantages of this operation are as follows:

First: If repeated punctures with the needle sometimes produce sufficient exudation of lymph to obliterate the sac, repeated incisions, subcutaneously performed, are more likely to be followed by the same results. Second: When rightly performed no air can enter the cavity and sub-arachnoid space. Third: A gradual evacuation is obtained, and the dangers of a sudden flow obviated. Fourth:

The external opening is made outside of the sac, at some point below it, into the areola connective tissue and skin. Fifth: No clamping of the cervix may be required, and where the tumor is sessile the operation is equally applicable. Sixth: Its applicability may also extend to other tumors of the same character as spina bifida. Seventh: The wound produced is not large, and when made with perfectly clean and disinfected instruments no suppuration is likely to occur. Eighth: It can be repeated as often as may be necessary, judging by the results obtained by every incision practiced. Ninth: The danger of seriously wounding a portion of tissue protruding into the sac, and masked by the fluid overlying it, is reduced to a minimum.

The various steps of this operation are to be perfected by experience. Probably the best form of blade to be used may be a tenotomy knife, slightly curved on the flat and long enough to allow its introduction an inch or two below the lower border of sac, the incision being made as near the bone as possible into the neck of tumor and beneath the deep fascia, if this be available. Care should be taken to remember the presence of a portion of spinal cord in spina bifida in the cyst in performing this incision. Even should this method fail to bring about a discharge of fluid into areolar tissue, an advantage still exists in its performance, for when the sac is wounded the inner lining layer of arachnoid, so sensitive to inflaming causes of the slightest nature, will undergo, at least in some cases, that plastic exudation which precedes and produces an obliteration of the sac. The aspirator could be used within limits of safety to empty the sac, and pressure applied to aid in its evacuation.

These observations have been made to the profession for serious consideration, because it seems to me that the operation which they suggest might be practicable and safe in cases of these tumors which are desperate in their nature, anyhow, under all circumstances, and which show but a small percentage of recoveries, whether spontaneous or following the resort to some surgical procedure.

The Spontaneous Origin of Diphtheria and Typhoid Fever.

BY J. M. WELLWOOD, M. D., Graduation Thesis, Medical Department
Tulane University of Louisiana, 1887.

The spontaneous origin or generation *de novo* of certain germ diseases, such as diphtheria and typhoid fever, appears to be doubted by some who evidently base their objections on *a priori* reasoning rather than on clinical facts.

Without entering upon a lengthy argument on this point, all admit the possibility of the transmission of the germ poison from one individual to another; and inasmuch as every disease originated at some time and in some place, why may not similar conditions generate the same specific diseases? While granting that diseases may so originate, it is held by some that the germs are, in the first instance, either very weak, causing mild forms of the malady in the primary cases, or the reverse, the first cases being of a malignant form, while the transmitted germs gradually approach the normal standard of virulence.

The facts, I believe, do not bear out either of these assumptions, but show that cases originating *de novo* may be serious or mild, just as in ordinary transmission from the person, depending entirely upon the vigor of the specific germ or the condition and surroundings of the patient.

The cases about to be cited may not be sufficient to prove the spontaneous origin of the disease in question, but their evidence lies in that direction, and to my mind they admit of no other explanation. The circumstances were special, and the opportunities for observation excellent.

We shall first consider typhoid fever.

In the year 1880 the vast prairie lands in what is now the western portion of Manitoba, Canada, were settled. The country generally consists of rolling prairie, of a rich clay loam, with numerous rivers and small streams, the banks of which are well timbered and the water generally good. The town of Minnedosa was started in the spring of this year, and within twelve months had a population of about

six hundred. It is beautifully situated in a valley, and built up on both sides of the Little Saskatchewan river, about one hundred and fifty miles west from Winnipeg, the capital of the province. The subsoil in the valley is a sandy gravel, supplying the very finest water to the wells, which are generally from thirty to sixty feet deep.

The spring of 1881 was rather wet, and the river, overflowing its banks, flooded the cellars of several houses. Among these was one occupied by a baker, who had a large supply of potatoes on hand. He moved out of the house about this time, leaving the cellar as it was. The house was unoccupied all summer until about the 1st of October, when a Mr. F. moved his family in for a month, while the carpenters were completing a new building for himself. The stench from the cellar was quite noticeable, but as the family only intended to occupy the building for a few weeks at most they did not think it worth while to clean it out. They carefully shut up the trap in the floor and opened a small window on the outside. After the first day or two they found no inconvenience from the bad smell. The family consisted of the husband, wife, two children and four or five boarders; among the latter a newly married couple, who came directly to the house the day after their marriage. All were in the best of health at the time they entered this residence. There was not a known case of typhoid fever within one hundred and fifty miles, this being the distance to a railway or any large centre of population. Communication with the outside world was very slight, the mail stage only coming to the town twice a week, and none of the passengers either stopping at this house or in any way known to have been connected with the fever. The well from which this family obtained their water supply was across the street, fully one hundred yards from the building, and several other households were using from it without any evil results; so that we may exclude this as a source of contamination.

Within two weeks from her marriage the bride was

stricken with a most virulent attack of typhoid fever. The attendant physician at once condemned the house on account of the cellar, and urged the immediate removal of the whole family to the new building, which was now about ready. Here they had a new house, more than two hundred yards away from any other building; a good well, newly dug; a new closet with cesspit, which was about sixty feet from the well and on its lower side, so that the drainage was away from the water supply. To this they removed the family and patient, Mrs. S. She, however, gradually sank, and died in about six weeks from the date of the attack. In the meantime her sister, who had never been in the first dwelling, came to nurse her, and in two weeks took the fever. Then there followed in rapid succession a series of cases—the mother of the first patient, the attending physician, the wife of the owner of the house, and two of the other boarders, besides others outside; in all, some twelve cases, three of which terminated fatally.

When the family moved from the first building, no one was ill but Mrs. S. The two patients next taken down never occupied the infected building, and none of the others took the disease within a month or six weeks from their change of residence. The water supply at the new house was not the cause of spreading the disease, for the public school used from the well regularly without evil consequences; so that the only sources of contagion must have been the emanations or the dejecta of the patient, the former probably affecting the nurses and the physician, and the latter the other inmates of the house, as they were thrown into the cesspit of the closet which was used in common.

I might add that there could be no doubt as to the nature of the disease, as three excellent physicians were in attendance, either upon the original case or on those springing from it.

The next series of cases relate to outbreak of diphtheria in the same locality.

During the autumn of 1882 diphtheria broke out in

a family residing on a farm, twelve miles from Minnedosa. The house was in one sense entirely isolated, a large tract of timber lying to the east and south, while to the north and west there was no settlement for some miles. The general situation is dry and healthy.

It was during the last weeks of harvest, while every one was busy, and for some days the family had not seen a person from the outside world, or had any communication whatever with the surrounding community, when a boy of fifteen was taken ill with sore throat and the other usual symptoms of diphtheria. The parents, not suspecting anything serious, paid but little attention to him, and the lad kept moving about for some days, until a younger sister took ill, showing symptoms of a serious nature. They then sent for a physician, who at once declared the disease to be a malignant type of diphtheria, with little hopes of saving the lives of the two then ill. A second physician was called in consultation the next day, when it was found that three more of the family were ill.

The first two cases ended fatally, the others recovering under treatment. A careful examination of all possible causes of the disease was made, when it was found that they were using water from a shallow well, supplied with surface water, and in the direct line of drainage from the stables. The well was unprotected, and the water quite unfit for use. It was doubtless the cause of the trouble.

Another outbreak occurred in the winter of 1884-'5 a few miles from this place. A child of three years contracted diphtheria, and was at the point of death before medical aid was sought. From this house it spread rapidly, each subsequent case being easily traced to this first fatal one. The origin of this outbreak was carefully sought for; there was no reason to suspect the introduction of the specific poison from without. It occurred in the winter, and the family had no intercourse direct or indirect with any known case. The water supply was good, but the family was large and crowded together in a poorly ventilated, hot room,

which was used for every purpose, and, what was worse than all, they had a large barrel of pig feed which they kept near the stove to prevent freezing. Into this they were in the habit of pouring dish washings, sour milk and other refuse matter mixed with bran. This was found in a state of fermentation, and was doubtless the cause of the trouble.

I will mention one more outbreak of diphtheria, which shows in a very conclusive manner that the poison may be carried by a person who has not had it, and also the length of the period of incubation.

In the summer of 1885 a Mrs. D. was taken ill with diphtheria in Winnipeg. They had an only child, a girl of eight. On Thursday evening they discovered the nature of the mother's illness, and at once sent the child off for the night. The next morning she was placed on the train for Minnedosa, which she reached at four o'clock on Friday evening, twenty-four hours after being exposed to the contagion. She slept that night with a cousin, a girl of twelve years, and on Saturday morning played for an hour or two with the children of a neighbor. On Sunday afternoon the cousin began to complain, and the family, fearing contagion, sent two boys away to the country. On Wednesday one of the two boys took ill, and of those who had played on Saturday for the short time out of doors, *three* took down on Tuesday morning. Here we have four cases developed in forty-eight hours after exposure. The child who carried the contagion was immediately sent back to her parents, and escaped the disease altogether.

It may be allowable for me to state that I was in frequent attendance upon all these cases but one, and had ample opportunities for studying their origin and progress. From the facts before me, I have been led to the conclusion that both typhoid fever and diphtheria may be spontaneously originated; or, in other words, that there are conditions in which these diseases may arise *de novo* without the transmission of the specific poison from preëxisting cases.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL, and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

STRANGULATED INGUINAL HERNIA; OPERATION.

By Dr. R. H. DAY, Baton Rouge, La.

In the spring of 1850, I was summoned to visit Mr. B. (white), of St. Mary Parish, La., aged 45 to 50 years; by profession and occupation an engineer and operator of a saw mill. Not being at home when the messenger arrived, and the case being urgent, Dr. Ethan Allen was requested, in my stead, to see him. The following morning I was again sent for, and having learned that Dr. Allen had seen the patient the day before, I called upon the doctor and ascertained from him that the case was one of strangulated inguinal hernia, which he had not succeeded in reducing after the most persistent efforts to do so. Dr. Allen kindly consented to accompany me, and we at once proceeded to the patient's house, by skiff, distant three to four miles. On arrival, we found Mr. B. on his bed, in the dorsal position; legs and thighs strongly flexed; had spent a restless and sleepless night, from his extreme suffering. Upon examination, we noted a considerable oblong ovoid swelling, occupying the track of the inguinal canal, very sore to the touch. A closer examination revealed that the stricture was at the internal ring. The great tenderness of the tumor, the duration of the stricture, with the small, thready pulse, cold, clammy sweat upon his extremities admonished me that his life was in peril, and that an immediate operation held out the only hope of safety. In this opinion Dr. Allen heartily concurred. The patient, being a very intelligent man and withal of cool courage, I said: "Mr. B., your symptoms indicate the near approach of incipient gangrene of the strictured bowel, and that any further attempt to reduce the hernia by taxis, after the long, fruitless efforts made on yesterday, would be futile, as well as dangerous; that the only resource left, affording any hope

for life, was an immediate operation, and, to be candid, even that might prove to have been too long delayed." He looked me calmly in the face, and said: "Doctor, have you ever operated for such a case?" I replied frankly that I had not, but, I said, "Mr. B., I am quite familiar with the topographical anatomy and relation of the structures to each other, and with the nature of your trouble, and I can safely perform the operation. Besides, sir, your life is now in jeopardy. Without an operation, you must inevitably soon die. By submitting to an operation, there is at least a chance of saving your life." He responded: "Well, doctor, I consent; proceed to operate."

Improvising an operating table, and divesting him of his pantaloons and drawers, and administering about two ounces of whisky and thirty drops of laudanum, he was placed on the table, and I commenced my first operation for the relief of strangulated hernia.

Shaving off the hair from the right side of the pubis, the seat of the hernia, with the scalpel, I made an incision over the centre of the tumor, in the direction of the canal, several inches in length, going through the skin and cellular tissue. Very carefully, by gentle strokes with the edge and handle of the scalpel, I cut through the several layers of condensed and attenuated fascia, the patient saying on several occasions, with great calmness, "Take your time, doctor; remember my life is in your hands." Thus fortified and encouraged by my patient's calm firmness, I carefully proceeded by light touches with the knife, and soon reached the sac, which I found intensely injected, and of a dark maroon color, and in contour so resembling a distended portion of the large intestine that Dr. Allen whispered: "Be careful, that is the bowel." Knowing that it could be only the peritoneal sac, but that it was possible for the inlying bowel to be in close contact with the wall of the sac, I gathered up a fold between my thumb and finger and by gently rubbing soon caused the coats of the bowel to slip out and leave only the peritoneal membrane

between my thumb and finger. Thus assured, I nicked the sac, giving escape to several ounces of bloody serum. Then extending the opening upon a grooved director the constricted bowel was brought into full view, which was deeply congested and of a very dark red color, but with no white or yellow looking patches indicative of disorganization. Introducing my left index finger in front of the bowel and gently pushing it upwards, I reached the internal ring, where I readily encountered the stricture at its upper and outer border. Withdrawing my finger somewhat, and placing upon its palmar surface a probe pointed bistoury, holding it steady in my right hand, I again pushed up firmly against the stricture, and sliding the bistoury cautiously forward under the tense band, turned its edge up, elevating it at the same time with the bulb of the finger, and with a gentle saw motion the stricture was divided, its yielding being distinctly felt and its grating noise heard, when my finger could be easily pushed through the ring into the abdomen. I now pulled the loop of intestine a little down, so that I could carefully inspect all that had been strangulated, as well as the point where the band had pressed, and thus form a better judgment of the condition of the bowel that had been strangulated. After scrutinizing and laving the bowel with warm water, and assuring myself that no disorganization had resulted, I returned the bowel into the cavity of the abdomen and closed the incision by deep interrupted sutures of silk. Over this I applied a thick compress, wet with cold water and whisky, thick enough to afford firm pressure and firmly held in place by a roller around the pelvis. Replaced him in bed and directed him by no means to attempt to rise; to live upon light broths or milk for some days. Opium was given to keep the bowels quiet.

I visited him every day for several days. There was scarcely any fever at any time, and a very slight discharge of bloody serum from the wound for the first twenty-four or forty-eight hours. On the eighth day the wound had entirely healed, the sutures were then removed, but a thick

pad and roller were kept over the parts for some months, so as to give time for the cicatricial tissue to harden and make his cure permanent.

On the fourth week he was permitted to walk around, but strongly advised to wear a thick pad, and roller bandage to hold it in place, which he did for months, and continued in perfect soundness for several years.

He neglected, however, after the lapse of several years, to give the parts the needed support, and his occupation being laborious, frequently requiring the handling and lifting of heavy timbers, hernia again ensued at the same opening, but was small and easily kept up by a good fitting truss.

It is proper to state, also, that the patient, for many years previous to his present illness, had been the subject of a large scrotal hernia of the same side, which had doubtless so distended and enlarged the rings and lumen of the canal as to require a large amount of lymph to be deposited to fill up the space, and of course a more extensive cicatricial tissue to bind the parts together, requiring a long period of time to harden and become strong; hence, a recurrence of the hernia after years of perfect recovery, when subjected to the force of straining and lifting, unsupported by pad or truss.

But the return of the hernia, and its limitation to the internal ring, proved pretty conclusively that the closure of the canal below the internal ring was consolidated and firm, and that had he continued to wear a pad over the internal ring, as advised to do, there would have been no recurrence of his hernia.

This case is now reported for the first time, and, though late in appearing, and not of special interest to experienced surgeons, who have ready at hand every necessary appliance, with skilled assistants, to render their feats in surgery easy and successful, yet as a contribution to surgical history, from the checkered experience of a country doctor, it should be acceptable and full of interest to the rank and file of the working men of our profession. With this hope I report it for publication.

POISONING BY CRUDE CARBOLIC ACID; DEATH FROM
TETANUS ON SEVENTH DAY.

Service of Dr. H. DE MAHY, Charity Hospital; reported by Mr. FELIX LARUE, Resident Student.

Matthew C., aet. 36, a native of Ireland, book-keeper, while intoxicated in the afternoon of May 27, 1887, by mistake drank some crude carbolic acid from a Holland gin bottle. The ambulance reached him shortly and brought him to the hospital. While on the way the ambulance surgeons administered, hypodermatically, one-one-hundred-and-twentieth grain of atropine, one-tenth grain of apomorphia and fifteen minims of tincture digitalis, and, by the mouth, liquor calcis saccharat. Arriving at the hospital, the stomach was well washed out by means of the syphon-tube, with warm water first and afterwards with sweet oil in liberal quantities. The odor of carbolic acid in the washings was decided, but it could not be ascertained how much had been swallowed. The patient now complained of great pain and tenderness in the epigastrium, and became exceedingly restless and frightened. Morphia was given hypodermatically from time to time, and crushed ice was freely allowed. Examination of throat revealed no signs of severe action of the acid, being only slightly whitened in a few spots. Sweet oil, mucilaginous drinks, sweet milk and morphia were given occasionally during the night.

May 28, morning—Great pain and tenderness in epigastrium; frequent violent retching; felt like his head would burst; eyes injected; urination rather painful and scanty, only eight ounces of blood-colored urine being passed since his admission; very much frightened and inclined to be hysterical; effects of whisky about disappearing; odor of acid still detected in breath. Continued morphia, ice, olive oil, and ordered the following:

℞ Bismuthi subnitratī ℥i.
Tr. opii ℥i.
Mucilaginis ad ℥vi.

M. S. Tablespoonful every half hour.

29th—Somewhat better, but still suffers of the epigastric pain and retches occasionally; urine scanty, only eleven ounces in thirty-six hours. Continued treatment.

31st—Urine continues scanty and highly colored; otherwise much improved and wants to get up, but is advised to keep quiet. The improvement continued until the afternoon of June 1st, when the student of the ward was called at 2:30 P. M. Patient was then very much excited, and said he couldn't open his mouth; said he was going to have lock-jaw. He complained of pain in the back of the neck and of a numb feeling in right arm. The condition seemed to have developed very rapidly, and it was thought that it might be hysterical, but at night the symptoms had deepened, the pain being intensified, the jaws more tightly locked. Potassium bromide and chloral was ordered every four hours. At midnight patient became worse, and the student of the ward directed the sedative every two hours, with morphia, one-eighth grain in each dose.

June 2, A. M.—Opisthotonos, dysphagia, with spasmodic action of pharyngeal muscles: teeth tightly clenched; was afraid he would choke; spasm of thoracic muscles made breathing difficult. In spite of all treatment, he became rapidly worse and died at 10 P. M. in a violent convulsion.

Autopsy, held by Dr. Archinard six hours after death, showed the following: Slight inflammation of pharynx and upper part of œsophagus; stomach and intestines normal; heart dilated and full of fluid blood; lungs congested; liver cirrhotic, hob-nailed; kidneys fatty infiltrated; spleen usual size; arachnoid and pia mater of brain and upper part of spinal marrow congested; congestion more marked over motor area of brain.

A REPORT ON CASES TREATED BY THE GASEOUS ENEMATA OF BERGEON.

By F. W. PARHAM, M. D., Charity Hospital, N. O.

When the method of Bergéon had been for some time tried in Philadelphia, and the encouraging papers of Drs. Solis-Cohen and Bruen appeared in the *Medical News*

of April 2, I determined to give the method a trial in the wards of the Charity Hospital. All the cases here reported, with the exception of that sent us by Dr. Lebeuf, of Houma, La., have been treated under my constant observation. I cannot too heartily thank the gentlemen whose names appear with the various reports for their conscientious and enthusiastic carrying out of the rather disagreeable and tedious method of treatment.

We found it difficult to procure well-charged natural sulphuretted water, so the artificial water made by dissolving at first five grains each of sodium or potassium sulphuret, and afterwards ten grains, and even fifteen grains of each in twenty-two ounces of cistern water, was used. Through this about five quarts of Co_2 was passed, the apparatus made by Queen & Co., of Philadelphia, being employed.

Case 1.—The notes of this case have been kept in an admirable manner by Mr. Meyer, the student of the ward. I regret that the necessity for brevity prevents me from giving them more at length. Amos Terry, æt. 27, a tall mulatto, painter by occupation, was admitted April 14, 1887. About two years ago, contracted a severe cough. The cough became progressively worse, expectoration profuse and mixed with larger and larger amounts of blood, until about eighteen months ago he would spit up blood frequently by the mouthful. He lost flesh steadily. On admission, emaciation was marked. Two years ago, he stated, he weighed 182 pounds; one year ago, 146 pounds; present weight, 125 pounds; loss in two years, 57 pounds; in the past year, 21 pounds.* The case was examined also in April by Dr. John H. Bemiss, who substantially agrees with us in our statements about the condition.

To be brief, the general symptoms indicated serious lung trouble, and the physical examination revealed a large cavity in the upper part of the right lung (made out in

*During last winter patient was exhibited by Prof. Chaillé before the medical class of the University as one of special interest, showing, in addition to the signs of cavity in the lung, a heart located on the right side.

Dr. Chaillé has since stated to me that he considered the case an extremely aggravated case of phthisis.

front and behind) and indistinct signs of tubercular infiltration in the left apex. The appetite was poor, cough severe, expectoration profuse, night-sweating exhausting. Sputum showed bacilli. The gaseous treatment was begun April 27, P. M. The following table has been prepared at my request by Mr. Meyer :

	AVERAGE WEEKLY RECORD.								
	Morning.			Evening.			Weights.		
	T.	P.	R.	T.	P.	R.			
April 21 to April 27, inclusive	99	84	23	99	90	24	April 27, 125	lbs.	
April 28 to May 4, "	98	88	20	100	92	20	May 6, 126 $\frac{3}{4}$	"	
May 5 to 11, "	99	84	16	100	88	17	May 13, 126 $\frac{3}{4}$	"	
May 12 to 18, "	100	94	19	101	98	19	May 20, 125 $\frac{1}{2}$	"	
May 19 to 25, "	100	96	20	101	102	18	May 28, 129	"	
May 26 to June 1, "	100	94	16	100	84	18	June 3, 128	"	
June 2 to 8, "	100	103	17	101	104	17	June 10, 128 $\frac{1}{2}$	"	
June 9 to 15, "	100	86	17	100	102	16	June 17, 126	"	
June 16 to 22, "	100	99	16	100	98	101	June 24, 124	"	
	.....	.....	.....	.....	.....	.....	July 1, 126	"	
	.....	.....	.....	.....	.....	.....	July 8, 127	"	
	.....	.....	.....	.....	.....	.....	July 16, 122 $\frac{1}{2}$	"	

N. B. From April 21 to April 27, general treatment; from April 27 to June 4, one enema daily and *no other treatment*; from June 4 to June 14, two enemata daily and no other treatment until June 10, when general treatment was commenced; June 14 to June 25, one enema and general treatment; after June 25, enemata discontinued and only general treatment allowed.

Commentary—There was no decided improvement; the case might possibly have lost more in weight without the gas, but I am inclined to think that he would have held his own quite as well, if not better, on cod liver oil and general tonic treatment.

The night sweats were at first much improved, but on the whole this symptom has been not much benefited.

Case 2, reported by Mr. Meyer.—G. Daigre, æt. 23, mulatto, admitted May 2, 1887. On admission, signs of cavity in right lung, and tubercular infiltration of left; extremely weak and emaciated, cough severe, expectoration profuse, weight, 99 pounds; weighed one year ago 139 pounds, 6 months ago, 122 pounds. Sputum contains bacilli.

WEEKLY AVERAGE OF TEMPERATURE, PULSE AND RESPIRATION — AND THE WEIGHT.

	T	P	R	T	P	R	Weights.
May 2 to 8, inclusive.....	101	116	25	99	110	26	May 7, 99 lbs.
May 9 to 15, "	100	112	20	100	114	20	May 16, 103 lbs.
May 16 to 22, "	100	107	23	100	114	24	May 23, 104 lbs.
May 23 to 29, "	101	113	23	100	113	21	May 30, 105½ lbs.
May 30 to June 5, "	100	114	21	99	110	21	June 6, 106 lbs.
June 6 to 12, "	100	110	23	100	116	23	June 13, 107 lbs.
June 13 to 19, "	100	112	21	100	114	21	June 24, 107 lbs.
June 20 to (No record.)							July 2, 108½ lbs.
							July 16, 109 lbs.

Total gain, 10 lbs.

Injections begun May 8. Total number given to July 5 (one a day), 58. On this date the injections were stopped and the general treatment continued.

Commentary: In this case there was decided and progressive gain in weight; the cough is much better, expectoration markedly diminished, appetite improved, and he seems stronger and more cheerful. We believe the H₂S has been of benefit.

Reasoning that, as the H₂S must pass through the liver before reaching the lungs, it should have the same effect upon suppurative processes there as is claimed for it in pulmonary affections, I concluded to try the gas in the following case :

Case 3.—Abscess of the liver, discharging through the right lung. Notes by Mr. A. Rocquet—D. S. White, æt. 40, admitted April 15, 1887. He gave a history of hepatitis, starting five months previous to admission and of abscess bursting through right lung about one month after the first signs of liver trouble. He has since been coughing excessively and getting up latterly immense quantities of mucus, pus and blood. On admission, advanced emaciation; cough incessant and severe; expectoration profuse, muco-purulent and bloody; at times large quantities of blood; physical signs of much enlarged liver, and the sounds at base of right lung resemble those of breaking down lung; pus obtained by exploration just below angle of scapula. The diagnosis of large abscess of liver discharging through right lung was unmistakable. No bacilli in sputum. From April 15 to April 28, he was put on quinine,

ammonium chloride and opium. The suppuration had been going on for four months, was still increasing in amount and becoming worse in character; he was losing weight daily, had no appetite and was troubled with exhausting nights weats. This treatment, continued for two weeks, effected no amelioration, and an extremely bad prognosis was given his friends. I resolved to try the gaseous enemata. These were commenced on April 28, just two weeks after admission. One injection a day was administered until May 24, when the injections were stopped. Twenty-six injections in all were given. Improvement was manifested in a few days by a decided gain in appetite, diminution of cough and expectoration, and better rest at night. Through some oversight, he was not weighed until May 3, after six injections had been given. The record will show the change in weight: May 3, 112 lbs.; May 7, 116 lbs.; May 14, 118 lbs.; May 21, 121 lbs.; May 24, 124½ lbs.;—a gain of 12½ pounds. During this time no other treatment of any kind was allowed, though he was fed as liberally as he wished. On May 24, he was in every respect so much better that it was thought useless to continue the treatment longer. The weight since May 24 is as follows: May 28, 127½ lbs.; June 4, 128½ lbs.; June 11, 129 lbs.; June 18, 130 lbs.; July 6, 138 lbs. Since stopping the enemata, he has been on no other treatment. He was so well that he was discharged on June 17. July 6 he returned for inspection. He was round-faced and was beginning to look like a vigorous man. The total gain in weight was twenty-six pounds from May 3 to July 6, about two months.

Case 4.—John J., æt. 51; cavity in left apex; had lost considerably in flesh. Injections commenced May 7; one daily until June 4, two daily from June 4 to June 10, when they made him so uncomfortable they were stopped. Weights:—May 1, 114 pounds; 21st, 114½ pounds; 28th, 113½ pounds; June 4, 112 pounds; 10th, 110½ pounds; 18th, 113 pounds; 25th, 110½ pounds; July 2, 114 pounds; 9th, 112½ pounds; 18th, 112 pounds.

In this case the temperature before and after the commencement of the gaseous treatment ran an almost normal course. The treatment was given a thorough trial, and the case was one where some improvement was to be expected; but the injections seemed to do actual harm, and in no respect did any good. Notes by Mr. Rocquet.

Case 5.—(Mr. Rocquet) Tom H., æt. 54; cavity in right apex; rather emaciated. Gas begun May 24; one enema daily to June 4; June 4 to 10, two daily, up to present time. Weights:—May 19, 126 pounds; 24th, 128 pounds; 28th, 128 pounds; June 4, 125 pounds; 11th, 125½ pounds; 18th, 126 pounds; 25th, 127½ pounds; July 2, 128½ pounds; 9th, 128½ pounds; 18th, 130 pounds. He thinks himself benefited greatly, but I fail to see any improvement.

Case 6.—Spasmodic asthma of several years' duration, very severe. Injections tried during paroxysms, three times. No perceptible effect.

Case 7, under charge of Mr. Lee.—Cavity in one lung; night-sweating and expectoration, marked symptoms; aggravated case; gas tried at his urgent request. Injections for eighteen days, one a day. Loss in weight and apparent aggravation of condition. Died some weeks afterwards.

Case 8, under charge of Mr. Lee.—Kate M.; white, æt. 38; advanced phthisis; great emaciation. Gas tried at her request. Apparatus improvised by Mr. Lee out of an ordinary rubber bed-sore ring. Died six days after commencement of treatment. No effect, good or bad.

Case 9, kindly sent me by Dr. Louis G. Lebeuf, of Houma, La., under whose care the treatment was carried on.—Mr. E. J. F., æt. 57, a photographer. During the winter of 1884 contracted a severe cold, of which he had never recovered; pneumonia in right lung in 1885; lost strength and appetite and began expectorating thick, tenacious sputum. Was first seen May 1, 1887; found him in bed, very weak, emaciated to almost a shadow of his former self; could not rise from his bed; there were continuous and violent spells of coughing, sputa thick, tenacious.

cious and profuse; talked with difficulty and had frequently to catch his breath; had continuous fever and spent almost sleepless nights; night-sweats profuse. Physical signs: At apex of right lung, loud cavernous breathing, with gurgling râles; bronchial breathing to fifth interspace, anteriorly; dullness on percussion over same area; no cracked-pot resonance; left lung, crepitant râles above, indistinct bronchial breathing posteriorly.

May 5.—Began with the gaseous enemata. Began with only a half pint of the carbon dioxide, gradually increasing to one gallon; up to May 19 used one enema a day. After this date two injections daily, one gallon of Co_2 passed through one quart of water containing five grains each of sodium sulphide and common salt. This causing colicky sensations, the bottle was dipped in hot water for a while before using. At first this sulphuret solution was changed every other day, but after the first few days every day. The people were very intelligent and carried out directions with the enthusiasm born of implicit confidence in the efficacy of the treatment.

May 20.—Ordered *co. syr. hypophos. and tr. cinchonæ co.*

May 26.—Walks about and talks distinctly; expectoration very markedly decreased; night-sweats have ceased; cough very much better; says he feels a wonderful sensation of lightness and ease about the chest, which he has not felt for two years.

June 10.—After walking patient's feet become very much swollen. Ordered *tr. ferri. chlor. gtt. x t. i. d.*

June 16.—Patient still improving; gets about well and feels strong. Careful physical examination shows absence of the gurgling sounds, the cavernous breathing dry, almost amphoric in character and decidedly less loud than formerly; crepitant râles very scanty; percussion not much changed. Patient is allowed to go to the seashore, but to continue treatment. The temperature was progressively lowered to the normal line.

From a consideration of the above cases, one would be

warranted in saying that the method was of *some* value, but that the cases should be selected. Cases of incipient phthisis, not marked by great elevation of temperature, are the cases that seem to promise most for the gaseous treatment, but such cases did not present themselves. One might well believe, however, that if cases in the earlier stages could be cured, as has been positively stated by Bergéon, that more aggravated cases might at least be greatly palliated.* Case III was an aggravated case of abscess of the liver, and the indications all were of speedy death, and improvement commenced in such a short time under the gas and progressed so steadily to recovery, that I am constrained to believe (notwithstanding that these bronchially discharging cases are the most favorable), that the gas aided materially in bringing about a change for the better. I must, however, refer to an apparently equally unfavorable case which recovered several years since under my care at the Hotel Dieu. The diagnosis of abscess of the liver, discharging through the right bronchial tubes, was unmistakable. Expectoration of pus, blood and mucus was so profuse, his cough so persistent and distressing, and his general condition so much reduced, that an extremely bad prognosis was given. Indeed, we thought he could scarcely live the week out. Considering the harrassing cough one of the most important of the bad features of the case, preventing, as it did, necessary rest, I concluded to try the perforated nose and mouth piece of Burney Yeo, who was at that time bringing the method of treatment prominently before the profession. On a piece of absorbent cotton in this respirator, a few drops of a mixture of chloroform and creosote were dropped at regular intervals, and he was urged to wear the nose continuously night and day. Under this treatment the cough very much ameliorated, the general condition improved and he gradually recovered his health completely. He ascribed the relief of the cough to the

*Indeed, if H_2S acts as an antiseptic, which Solis-Cohen and others have announced as their belief, we might suppose that cases marked by supuration and necrotic processes would be the cases where the gas is especially indicated, since bad symptoms are mainly septicæmic and, therefore, to be ameliorated by antiseptic treatment.

inhalation, of whose anæsthetic and antiseptic properties Dr. Yeo spoke so favorably.

It seems to me, however, that the successful ending of this last case *without* gas does not prove that the gas may not do good, but rather that there is more than one way of accomplishing the result. The two methods, being in no way incompatible, might well be tried together in cases like the two reported. In making the above comments on the probable influence of the treatment, I am well aware that bad cases of hepatic abscess, bursting through the bronchial tubes, sometimes most unexpectedly recover without special treatment; but at the same time, the improvement in the two cases recorded commenced so shortly after the commencement of treatment that I cannot avoid the conclusion that it was the result of the treatment. One reflection is inevitable, in attempting to estimate the value of this method of treatment as carried out by Bergéon and those who have followed him: If H_2S is really so valuable an agent as has been asserted, ought the results to be equally good for the larger quantities used by Burney Yeo and the Paris school, and the very small quantities used by Bergéon, Solis-Cohen and others? I believe it unreasonable to answer in the affirmative.

Dr. Arthur Hill Hassell, in the *Lancet* for July 2, 1887, gives the following determination of H_2S in the Eaux Bonnes water used by Bergéon. A half bottle (the amount used by B. at each injection) contained 0.1218 cu. in. After 3 litres of CO_2 had passed slowly through this, the H_2S was found to be 0.001918 cu. in., showing that most of the H_2S had been taken up by the CO_2 . We have seen it stated by some that the one bottle had been used several times. From the above analysis it would appear that if good has been affected by these later injections, it must have been due to the CO_2 , since the H_2S was in too infinitesimal quantity to account for the result. The Virginia Red Sulphur Springs water has also been used in Philadelphia. This water contains 0.13 cu. inch to the pint, or 1.04 cu. in. to the gallon.*

* See U. S. Dispensatory, 15th edition, p. 1831.

Richfield Springs (Otsego Co., New York) contains 3.3 cu. in. to the pint, or 26.4 cu. in. to the gallon. Dr. Trudeau reports* a case in which he used the Richfield water, and some benefit seems to have been accomplished, but I have seen elsewhere very little reference to its use, most seeming to prefer the Virginia water or Mt. Clemens (Mich.) water. Another thing is to be remembered, that a decided odor in any particular water does not indicate that the water is strongly impregnated, for, as stated in Watt's Chemistry (1885 Ed., Inorganic Part, p. 186), "it is most offensive when in small quantity." We have frequently remarked the decidedly disagreeable odor of the water after an injection has been used, though the quantity in it must be small. Mr. Johnson, the well-known chemist of the Charity Hospital, has made the following estimates of H_2S yielded by the sulphides of sodium and potassium:

Experiment No. 1 — 40 grs. sodium sulphide yielded of H_2S , 104 c.c., or 6.2 cu. in.

Exp. No. 2 — 40 grs. sodium sulphide yielded 133 c.c., or 8.1 cu. in.

Exp. No. 3 — 40 grs. potass. sulphide yielded 120 c.c., or 7.3 cu. in.

Exp. No. 4 — 40 grs. potass. sulphide yielded 112 c.c., or 6.8 cu. in.

The experiments were all made with specimens of the salt opened freshly for the purpose. They show the unreliable nature of the compounds, since apparently equally good specimens yielded such variable amounts of the H_2S . It is worthy of remark, too, that a specimen once exposed to the air deteriorates and becomes an exceedingly inconstant source of supply of the H_2S .

Dividing the above stated amounts by eight, we get the quantity of H_2S yielded by 5 grs. of the salt, the quantity used by Drs. Solis-Cohen, Bruen and others. Each injection, therefore, would represent (if *fresh* specimens are used) from three-fourths to one cubic inch of H_2S . Now, when we reflect that fully one-third of this amount is lost

* *Med. News*, April 23, 1887.

from the injection, we may readily see how really little gas has been used to accomplish such great effects.

Much more reasonable is the method of the Paris faculty, as described by Dr. Burney Yeo, in the *Lancet*, of April 16 last. The CO₂ is passed through a solution capable of generating 6.10 cu. in. of H₂S. It has also been asserted that to be effective the CO₂ used should be mixed with one per cent. of H₂S. If five quarts of CO₂ were used, the solution used should give up 50 c.c., or about 3 cubic inches.

The amounts of gas used by various experiments may be summed up as follows: Bergéon (Eaux Bonnes), one-eighth of a cubic inch; Solis-Cohen, Bruen and others from three-fourths to one cubic inch; those who give one per cent., 3 cubic inches; Dujardin-Beaumetz, Burney Yeo and the Paris men, 6.10 cubic inches. And yet, just as good results have been reported (indeed, *better**) by those who used the smaller quantities.

A REMARKABLE CASE OF ROUND WORMS.

Service of DR. CHARBONNET, Charity Hospital. Reported by MR. DEGRANGE.

Recently a colored woman brought her child, æt. five years, to the out-patient clinic. The child was of average size, rather healthy looking, not very thin. The mother said he had a most ravenous appetite; would eat all day long if the food were given him. He was continually picking at his nose. Lately he seemed to be getting crazy. The mother thought he had worms. Six months ago had passed a small round worm. About two weeks ago the boy felt something come up into his nose, but on his drawing a deep breath it disappeared. The following was ordered:

R. Santonin et hydrarg. chlor. mitis, ää gr. iv.

M. Ft. cht., no. j.

S. At bed time.

To be followed by ℥ss. castor oil early in the morning.

* See Dr. Bennet's article in *British Med. Journal*, Dec. 18, 1885, where it is stated that Bergéon had treated over 200 cases by the enemata, with signal benefit in many and cure in some.

About 6 A. M. a large evacuation of round worms took place. She then gave the oil at 7 A. M. ; he passed again a large quantity of worms. The mother brought them all to the hospital. They numbered one hundred and forty-five lumbricoid worms, averaging in length from nine inches to a foot and a quarter. Many of the worms showed on their sides young in various stages of eruption. The mother said the boy was at stool when she left for the hospital. These worms in alcohol nearly filled a quart bottle. They were seen by Drs. Charbonnet, Miles, Parham, Mr. Johnson, the apothecary, and a number of the resident corps. The case is reported chiefly on account of the large number of good sized worms passed by a boy only five years old.

CORRESPONDENCE.

PARIS LETTER.

[Our Special Correspondent.]

LIPOMA OF THE GREAT EPIPLOON.—At a meeting of the Anatomical Society, M. Boiffin presented a pathological curiosity—a lipoma of the great epiploon, discovered on *post mortem* examination of a woman who had died of cerebral hemorrhage. This tumor, of the size of the spleen, was located in the posterior leaf of the great epiploon, in front of the transverse colon.

M. Boiffin afterwards read an important communication upon the minute anatomy of the liver which he has endeavored to elucidate by injections and corrosions. The principal results of his studies are the following: 1st. In the dissection of the portal spaces, the biliary canals are difficult to distinguish because they are not like the vessels, contained within the circumference of the sheath that is formed by the capsule of Glisson, but in a branch of that sheath. The branches that start from the biliary canals are distributed on each side in regular series, and are also contained within the thickness of the sheath. Messrs. Cornil and Chauffard observed that these ancient methods are

artificial, and that for deciding questions of this nature histological sections are preferable. M. Boiffin has studied, in the second place, the relations between the accessory venæ portæ and the vena portæ; the first communicate through rather large branches with the finer ramifications of the vena portæ, into which they open toward their extremities. These accessory branches are not accompanied by biliary canals. 3d. In birds there exists a *constant anastomosis between the biliary canals of the two lobes*. In man, there is no anastomosis even in the interior of the hepatic tissue. 4th. The *bandroie* (devil-fish) has one hepatic vesicle far removed from the liver, besides which its hepatic, cystic and choledoic canals present bottle-shaped dilations.

HEMORRHAGIC EPITHELIOMA OF THE KIDNEYS. — At the same meeting, M. V. Cornil gave the histological analysis of a curious tumor removed from a living subject by Dr. Péan. Although the object had been broken, it was easy to recognize a normal part and a cystic portion full of blood. The lining of the principal cyst contained a zone of newly formed tissue, surrounded by the capsule of the kidney, beneath which could be seen the atrophied renal elements, glomerulæ, etc. Under the microscope, with small magnifying power, hemorrhagic spots are seen, and underneath a calcified fibrous tractus. Jutting out within the cyst are semi-transparent, greyish vegetations, containing small ovoid cavities lined with a single layer of light epithelial cells, the nucleus of which is more or less near the basis of implantation. These cavities are empty. Their lining contains capillaries from vessels, the general direction of which is horizontal. One seems to have in view uriniferous tubes, with clear cells, without granulations or *batonnets*. At certain points the larger cavities are filled with red globules, and the appearance resembles that of intratubular hemorrhage. Sometimes the lining cells are full of fat and resemble a chaplet of adipose cells; in other places they contain crystals of fatty acids. The intermediary tissue, also, sometimes contains fat or calcareous incrus-

tation. At the periphery of the object the renal tissue is visible, but in a state of sclerosis. Many of the glomeruli are fibrous. The vessels are dilated. This is one of those tumors studied by Sabourin under the name of adenoma, that, although their structure entitles them to be considered of innocent nature, are nevertheless dangerous and clinically act like cancers. However, they generally remain within the renal capsule and undergo calcareous transformation.

ACUTE PNEUMONIA. INCUBATION, PRODROMES.—M. A. Morel-Lavallée, chef de clinique of the Paris Medical Faculty, publishes in the *France Medicale*, the following interesting cases: On the 6th April, Mr. B., returning home from a journey at five in the morning, and feeling unwell, went to bed. A few moments afterwards he felt a violent and prolonged chill and a stitch in the left side. The following evening noted the following symptoms: temperature $39^{\circ}8$ ($103^{\circ}6$ Fahrenheit); oppression; the stethoscope gave no indications. On the 8th, slight expectoration, adhering to the basin, slightly colored; sub-dullness below the left omoplate. On the 9th, bellows sound confined to that region; yellowish expectoration. From 10th to 12th, crepitating râle. On the evening of the 12th (seventh day), temperature falls to 37° (100° Fahrenheit). 13th, the bellows sound has disappeared; ruffling sounds in the pleura. 26th, rufflings have disappeared; patient convalescent.

The preceding establishes merely the diagnosis of acute pneumonia. The following facts are interesting: Patient, a civil engineer, had met at Clermont-Ferrand several colleagues, assembled there to do their twenty-eight days' military service in the reserve. Four of them, on their return to Paris, had been similarly attacked by acute pneumonia. As Mr. B. remained only a short time at Clermont, it will perhaps be possible to determine time of incubation of the malady, if it exists, and the presence of prodromes.

Early on the 2d of April, Mr. B., not usually subject

to coughing, in excellent health, but rather tired after a night passed on the train, arrived at Clermont to assist at a funeral. He felt a slight chill in the church. His health remains good till the 4th, when he felt chills and began to cough. On the evening of the 5th he starts back for Paris. Cannot sleep in the train and is chilly all over. The malady follows its course, and the absence of all extra-thoracic symptoms or of any previous cause of illness lead to the diagnosis of acute pneumonia. It therefore appears conclusive that the impregnation of the morbid germ took place on the morning of his arrival at Clermont, and the cold felt in the church may have been the accidental cause, which would lead to the traditional etiology of the malady. The first symptoms of illness having shown themselves only on the evening of the 4th, it would follow *that the period of incubation was about forty hours*. It is therefore possible that our patient and his four friends, who were also attacked with acute pneumonia on their return to Paris, had brought with them the germs of a pneumonia contracted at Clermont.

Contrary to the received opinion, there had been prodromes, for the feeling of indisposition, chilliness and cough lasted about forty hours before the appearance of the great chill. When this chill showed itself, indicating, not the outset of the malady, but the *période d'état*, the pneumonia certainly existed already as a malady for nearly forty-eight hours. The chill in this case cannot be confounded with the *coup de froid*. It appears to have been in this *pneumonic fever* nothing more than a syndrome, similar to the purple exanthema that shows itself one or two days after the appearance of the initial angina of scarlatina.

DR. FRAIPONT ON ERYSIPELAS.—In cases of erysipelas of any member, the member affected should be placed in a bath with corrosive sublimate, at three per thousand, during ten minutes. In case of erysipelas of the trunk or head, the red parts and the wound are thoroughly washed with this solution. Deep or anfractuous wounds are

carefully irrigated. Iodoformised gauze, soaked in the solution, is then applied to the wound. Liquid tar is applied to and around the red parts. The whole is covered with a bandage soaked with *Eau Blanche de Burow*. Four cases out of five were successfully treated by this method. Dr. G. Jorissenne recommends a mixture of vaseline, butter of cocoa and corrosive sublimate in facial erysipelas. The affected parts should be previously washed with a mixture of aromatic wine and corrosive sublimate.

CHLOROFORMING BY BURGLARS.

Editors NEW ORLEANS MEDICAL AND SURGICAL JOURNAL:

Gentlemen:—Permit me to ask of you the information by what procedure burglars are enabled to chloroform persons during sleep without awakening them in the act? The possibility of its accomplishment in this manner has been often discussed and by many denied; while we see frequent statements in the press of robberies effected by burglars, who chloroformed several persons at the same time. The late Dr. Frank Hawthorne, I have been informed, instituted experiments on inmates of the Charity Hospital, while sleeping, to test the practicability of inducing insensibility without arousing the sleepers, and failed in every attempt. We can understand by overwhelming a sleeper suddenly, with a towel saturated with chloroform, more than one person engaging in the act to prevent successful resistance, the end is accomplished; but this expedient is not the one adopted according to published accounts, for several persons, inmates of the same room, are all chloroformed simultaneously, not one awakening to give the alarm. This was notably the case in Mr. Lilienthal and family, jeweler, at that time, on Canal street, who resided at the corner of Felicity and Camp streets. The burglars, after the chloroforming, possessed themselves of the keys of the store and plundered it. Seen by a policeman as they left it, news was sent to the proprietor of the robbery, and the discovery made of their total unconsciousness from the chloroform-

ing. Can the chloroforming be effected gradually, insidiously as it were, by spraying on the pillow, about the bed, or creating an atmosphere of the vapor throughout the apartment, and, as the victims show signs of passing under the influence, by spraying or atomizing more rapidly until profound anæsthesia is induced?

Yours respectfully,

J. P. DAVIDSON.

New Orleans, July 15, 1887.

PROCEEDINGS OF SOCIETIES.

ORLEANS PARISH MEDICAL SOCIETY.

[Extracts from Minutes of Meeting, June 27th, 1887.]

Original papers being called for, Dr. A. B. Miles read on "Ether and Chloroform in Surgery." * * *

Dr. Souchon, in opening the discussion, said the reader had left very little to be added. Still he had not spoken of Dr. Sayre's method of giving chloroform without air in a special apparatus in doses of a few drops at a time; a smaller quantity was needed and threatening danger might be avoided, because the system was not saturated. The reader had failed, too, to consider the effects of both agents in obstetric practice. He himself had used ether very little and, though having long been connected with hospitals both here and in Europe, had seen only one death from chloroform. The doctor confirmed the reader's statement about the carelessness with which chloroform is often given, and thought this went to show chloroform was not so bad as asserted, since in spite of this carelessness there were so few deaths.

Dr. Bickham thought it was a good deal a matter of habit, which was given. The first year after its discovery only ether was used; there was no death from it and no objection found. Yet when Simpson introduced chloroform, it was found more convenient, and very generally adopted. Chloroform was certainly more convenient.

Safety would lead us to consider ether preferable as 400 or more have died from chloroform and only 50 or 60 from ether. Both were valuable and each occupied its place, as the reader said.

Dr. Logan said statistics were imperfect and not reliable. The effects of chloroform were immediate, but many deaths after etherization, put down as due to shock, etc., might have been the result of the prolonged saturation with the ether. He had varied experience with both agents. It was often a question of idiosyncrasy. Of people all in the same condition some took one better, some the other. Better have both agents on hand; that was his usual plan. He preferred chloroform as a rule. Thought it good, however, sometimes to begin with ether; then, if there were much excitement, etc., he would continue with chloroform. He had always been connected with hospitals and had operated a great deal, especially during the war, yet it was only in 1881 that he saw his first and only death from chloroform. During the Crimean war there were over 20,000 administrations of chloroform, with no death. He could not admit that the question had been statistically decided.

Dr. Parham said the greatest objection to chloroform was the suddenness with which it acted; nearly fifty per cent. of chloroform deaths, as remarked in the paper of Dr. Miles, occurred almost at the beginning of administration. While some deaths might be ascribed to carelessness, such sudden deaths, as those now referred to, could only be attributed to idiosyncrasy, against which little or no provision could be made. We would all, doubtless, readily admit that chloroform was for the patient much the more agreeable anæsthetic and that it made the operation much easier for the surgeon, and he could believe that some deaths, really due to ether, had been ascribed to other causes; but the selection of the anæsthetic most frequently had to be decided by our regard for the immediate safety of the patient. The danger from chloroform menaced us during its administration, while the

danger from ether, except where special contraindications presented, was to be feared later on. The remote effects of ether and its unfavorable (so held by some) influence on the healing of wounds were frequently to be disregarded in consideration of its being immediately the safer agent. He believed the safer practice to be, always give ether unless this agent was positively contraindicated (immediately or remotely); otherwise give chloroform.

Dr. Lawrason said at the first operation he saw Dr. Wylie perform, the latter spoke of another patient who died the day before, during an operation under etherization, of pneumonia. He thought it probable that that patient had had some unnoticed pneumonia which was rapidly increased by ether. When he (Dr. Lawrason) came back from the North he gave ether and often produced vomiting, in one case having all the stitches applied to the anterior wall of the vagina torn out. He now gave chloroform, and thought that with care we could obtain the good effects of chloroform and prevent the bad. Nitro-glycerine was good as a stimulant, and other agents might with advantage sometimes be used.

Dr. Logan said he carried with him nitrite of amyl, which he thought acted about like nitro-glycerine.

Dr. Lawrason mentioned that it was often easy to stimulate. In one case, a laparotomy, showing heart failure, a basinful of hot water poured into the abdominal cavity caused the patient to rally at once.

Dr. Parham remarked that Dr. Packard claimed that no death from ether could be proved in a healthy individual, while, after death from chloroform, various autopsies have revealed healthy organs. If this was correct, it was important.

Dr. Logan said Packard's statement, if correct, could be met with the answer that ether could produce dangerous abnormal conditions in healthy subjects. He had no doubt but that it can prolong the time of healing after operations and produce complications.

Dr. Michinard asked if it was fair to jeopardize life

simply because wounds might take longer to heal after using the safer agent. He thought chloroform does jeopardize life, as he had one death from it at a time when he was not only careful, but even timid, in its administration.

Dr. Bickham said the world acknowledged ether as safer, hence we should use ether if we could; if not, chloroform, though it was more dangerous.

Dr. Souchon said, unlike a previous speaker, he would give chloroform when he could; only when chloroform was contraindicated would he give ether.

Dr. Davidson asked if a death from chloroform had been heard of during the war. He had not witnessed any nor heard of any.

Dr. Logan said he had never heard of any, though many of the soldiers were ill-fed, broken-down, even scorbutic. He added that a more efficient agent may be safer because you use less of it and get through more quickly: You can commence with ether; if there is difficulty, much excitement, do not resort to "choking," but use chloroform, returning to ether if the former produces weakness.

Dr. Davidson thought you were bound to produce this "choking" when using ether, as success is obtained by excluding air, while with chloroform the safe-guard is free admixture with air.

Dr. McShane said that in a recent number of the *Medical News* a death was reported from a single exploratory puncture of the liver; patient gave one gasp and died. No anæsthetic had been given. In a similar case, death occurred while patient was in partial anæsthesia. Moral is that full anæsthesia is safer. Dr. Mary Putnam Jacobi has experimented with persons submitting themselves to dental operations, using the sphygmograph; pain and fear have a depressing effect on the heart, and anæsthesia must be complete to avoid this.

Dr. Miles spoke to the various questions raised in discussion, and, alluding to the remarks of Dr. Souchon, said that he had omitted mention of Sayre's method of administering chloroform, as it was not the purpose of the paper

to discuss special modes of giving either of the anæsthetics. He thought Sayre's method had established the efficiency of small doses of chloroform and demonstrated the action of this agent as a pure and simple anæsthetic. He had not spoken of anæsthetics in obstetrics, as the subject of the paper was Ether and Chloroform in Surgery. Moreover, his remarks had been confined to general anæsthetics, to the exclusion of local anæsthetics, even the hydrochlorate of cocaine, which, at present, claims so large a share of medical attention.

Alluding to the remarks of Dr. Bickham, Dr. Miles said that the 400 deaths by chloroform and the 60 deaths by ether gave no idea of the relative fatality of the two, as the statistics of these deaths failed to state the relative number of cases in which the two anæsthetics had been used. During the first year after its discovery ether was used universally; but after the discovery of the anæsthetic property of chloroform this latter agent was preferred, more especially in Europe, during a period of twenty years. Hence the greater death rate of chloroform.

Dr. Miles concurred fully with Dr. Logan in his remarks, drawing special attention to the dangers of ether, which came on subsequently to the administration. This point he had specially emphasized in his paper, and he was glad to hear Dr. Logan give the weight of his opinion in insisting on its importance. In reference to the remarks by Dr. Parham and Dr. Michinard on idiosyncrasy as a cause of fatal results, Dr. Miles states that, in his judgment, the peculiar susceptibility of persons to the influence of anæsthetics has been very much over-estimated. He cited instances of the toxical effect of therapeutic doses of medicinal agents, but could not recall cases in which death had resulted from moderate doses of medicines. To overdose, more than to idiosyncrasy, he attributed most of the fatal accidents by chloroform. He did not believe it so generally conceded, as inferred from Dr. Bickham's remarks, that ether is the safer agent. In his opinion, cases occur in which it is safer, just as other cases appear in

which chloroform is the safer agent. These remarks led again to the conclusion reached in his paper, that ether and chloroform have their indications and contraindications, which, in practice, should always be respected.

Dr. Bickham asked if the practice of a nation might indicate which agent its medical men thought the safer, or might it simply show which they found the more convenient.

He said his intention had been to bring out the facts. Some have said it is even criminal to give chloroform when ether is at hand.

Dr. Souchon mentioned that Dr. Stillé had so expressed himself.

Dr. Miles, in concluding the discussion, said that the observations of the members had been exceedingly interesting and instructive to him. He wished to be considered not as the champion of chloroform, or the advocate of ether, but as insisting on the advisability of properly discriminating between the two agents, and selecting cases for their respective uses.

After the transaction of usual routine business the Society adjourned. CHAS. CHASSAIGNAC, *Secretary.*

ATTAKAPAS MEDICAL ASSOCIATION.

The Society met in regular session in the office of Dr. L. G. Blanchet at 4:30 P. M., May 3, 1887. Present: Dr. F. S. Mudd, of Lafayette; Dr. G. W. Martin, of St. Landry; Drs. A. Guilbeau, J. P. Lynch, F. Thomas, of St. Martin; Drs. L. G. Blanchet, T. J. Woolf, L. A. Burgess and Thomas Hebert, of Iberia.

On motion by Dr. Thos. Hebert, duly seconded, the secretary was instructed and empowered to communicate with the secretaries of the different Parish Societies in the Third Congressional District, or with physicians individually, residing therein, with the object of ascertaining the feasibility of organizing a regular District Society, the nucleus of which exists in our present Society, and which will comprise every parish in the Congressional District.

After discussion, it was moved and carried that the Society meet as formerly, twice a year, at the time and on the days fixed by the present constitution at the time of its adoption.

To effect this, the amendment existing, which fixed the time at once a year, in the month of May, and place of meeting permanently located at New Iberia, was repealed by a unanimous vote.

It was then, by motion, further determined that the clause in the constitution regulating time and place of meeting be amended so as to read as follows: The first semi-annual meeting shall be on the first Tuesday of May, and it shall be permanently held in New Iberia, which is hereby made the home of the Association. The second meeting shall be held on the first Tuesday of December of the same year, at any place which the Society shall select by vote.

Pursuant to this motion, the town of Lafayette was, on motion, duly carried, selected as the place of meeting in December, 1887.

Papers and communications of a scientific character were volunteered for the December meeting by Drs. F. Thomas, T. J. Woolf, L. G. Blanchet, F. S. Mudd, J. P. Lynch and Thos. Hebert.

The following new members were added to the roll at this meeting: Dr. N. P. Morse, Dr. G. A. Martin and Dr. F. R. Martin.

The election of officers being in order, Dr. F. S. Mudd, of Lafayette, was chosen as President for the ensuing year, and Dr. Thos. Hebert as Secretary and Treasurer.

LEADING ARTICLES.

THE RED CROSS SOCIETY.

The New Orleans Society of the Red Cross held a called meeting July 3d, for the purpose of filling vacancies which

had occurred during the past year from death or other causes.

The occasion should serve to call the attention of humanitarians and good citizens generally to the objects and purposes of this noble organization. To a certain extent the apparent indifference of our people to the Society and its success is due to their ignorance as to its origin and methods of work. None who become familiar with its history and its principles fail to endorse it in the highest terms.

For those who are unacquainted with the Red Cross we may state that, impressed with the crudeness of the means provided by Governments for the relief of men wounded in battle, M. Moynier, then President of the Society of Public Utility, of Switzerland, called a meeting of his Society in February, 1863, for the purpose of considering what could be done for the relief of soldiers wounded in the field. The Society left the matter to a committee, the result of which was an international meeting on October 26th, of same year, of scientists and sympathizers, who formulated the principles of the Red Cross and charged an international committee with obtaining the endorsement by the countries of Europe of the purposes of the Red Cross, and the ratification among them of a treaty which should recognize the neutrality of the hospitals, wounded, attendants and effects generally of the organization. The committee was successful, and on August 22, 1864, ten of the principal governments of Europe signed the Geneva Convention Treaty. Since then, nearly all the countries of the civilized world have signed the treaty, the United States being the last and most difficult to secure, but finally adhering March 1, 1882.

That opposing armies might recognize the property and agents of the Society, the *red cross* was adopted as a badge out of compliment to Switzerland, whose flag is a white cross on a red field. Ambulances, tents, etc., were marked with the red cross, and attendants wore the same on the left arm.

The original purposes of the Society were "during times of peace to prepare for war" by securing and storing clothing, medicines, tents, etc., and during war to throw agents and supplies at once to the front, and on the field of battle to render every aid that can be needed by a wounded soldier. It made no difference to which side the soldier belonged; the Society had nothing to do with the war or the battle, it was relieving suffering, and so long as the soldier needed attention, he was protected by the Red Cross. When he recovered, he was sent back to his country, but as a paroled soldier, on his honor to fight no more.

It became apparent, however, to the founders that local chapters of the order might see fit to lend their aid to other calamities than those which attend war, so it was wisely determined to leave to individual chapters the adoption of such rules as would enable them to assist communities in trouble of any nature.

Thus the organization in America stands ready to afford relief in times of pestilence, such as cholera or yellow fever, or to suffering and want of any kind whatsoever, provided it is of a national character.

To prevent the waste so frequently attending indiscriminate charity, and to give a form and unity to the work, every country has a Central or National Committee, through whose hands all transactions must pass, and whose duty it is to organize local societies, and to call for and apply the relief and supplies furnished by these societies.

In addition, there is an International Committee, of which M. Moynier is President, which acts as a means of communication between the Societies of different countries.

The history of the good work of the Society in several wars in Europe, and especially the Franco-Prussian, is known the world over, and no one in America, and certainly in the South, can ever forget the grand results achieved in relieving the distress and horror of the great floods in the Mississippi Valley. The President of the United States had hardly ratified the Convention of Ge-

neva before the Society had an opportunity to do good, and nobly responded.

Every one should rejoice that there is such a Society to administer his charity, an organization with a national standing, approved by the Government and recognized throughout the civilized world. It should be the desire as well as the duty of every parish or county of every State in this great country to vie with each other in the formation of local Societies and thus put themselves in accord with the progress, intelligence and benevolence of the nineteenth century.

REPORT OF THE ENGLISH COMMISSION ON PASTEUR'S HYDROPHOBIA INOCULATION.

The English Commission appointed in April, 1886, consisting of Sir James Paget, Sir Joseph Lister, Sir Henry Roscoe, Sir Richard Quain, Dr. Lauder Brunton, Prof. Burdon-Sanderson, Dr. George Fleming and Mr. Victor Horsley, has just presented its report to Parliament. This report, which is based upon observations made by certain members of the committee who visited M. Pasteur, and upon experiments performed by the secretary, Mr. Horsley, treats upon all the questions at issue and is a powerful defense of M. Pasteur's method.

With regard to the first claim of M. Pasteur, that his inoculations were capable of protecting persons from the risk of infection if bitten by a rabid dog, the committee reports, "it may be deemed certain that M. Pasteur has discovered a method of protection from rabies comparable with that which vaccination affords against small-pox."

As to the second claim, that M. Pasteur has discovered "a treatment capable of preventing the development of the disease in persons bitten by rabid dogs," after considering all the observations of M. Pasteur and performing a number of experiments to test the same, the committee fully endorses it.

The commission has proved that the virus of hydro-

phobia, as claimed by M. Pasteur, is located in the medulla and spinal cord of the affected animal; that inoculation of this virus in healthy animals, dogs and rabbits, is, as well as the bite of rabid animals, capable of producing the disease, the only difference being that in the former case the stage of incubation is shorter; that this virus is attenuated by exposure of the organs in dry air; and finally, that inoculation performed with this attenuated virus is capable of preventing the development of hydrophobia, provided this protective inoculation be begun during the period of incubation. The committee estimates that not less than one hundred lives have been saved from October, 1885, to December, 1886, by M. Pasteur's treatment.

With regard to the stand taken by some of M. Pasteur's critics that the inoculations and not the bite were the cause of the development of hydrophobia in some of the patients treated, the committee considers that there is no evidence to sustain such a position.

THE INTERNATIONAL MEDICAL CONGRESS.

The Ninth International Medical Congress will assemble in the City of Washington at 12 o'clock, noon, on the 5th of September.

We take from Circular 2, issued by the Local Committee of the Congress, the following points, which may be of interest to our readers:

“The Congress will consist of such members of the regular medical profession as shall have registered and taken out their ticket of admission, and of such other scientific men as the Executive Committee of the Congress shall deem it desirable to admit.

“The books for the registration of members will be open on the 1st of September, and during the session of the Congress will remain open on each subsequent day, under the charge of the Reception Committee. Any member desiring to anticipate this registration can apply by letter to

the Secretary General and forward his dues (ten dollars) with his address written in full. Each registered member of the Congress will be entitled to the volume of Transactions."

Very generous donations to the \$10,000 fund appropriated by the National Congress have been made by some of the State and local medical societies, and no efforts are being spared by those charged with the duty of arrangements in making the coming meeting creditable and successful. Many distinguished foreigners have signified their intention of coming to the meeting, and American physicians owe them the respect of going to meet them. The South will very probably be represented by some of her best men, who, whatever their opinion in regard to the plan of organizing the Congress, now feel impelled to attend the meeting by a sense of national pride and a feeling of respect for the distinguished guests invited to our shores.

CHLOROFORMING PERSONS WHILE ASLEEP.

On another page appears a letter from Dr. J. P. Davidson, asking information in regard to the procedure by which burglars are enabled to chloroform persons during sleep without awakening them in the act. There are several points relating to the physiological action of chloroform which have an important bearing on the question. The condition of health and the age of the person are matters to be considered in regard to the possibility of chloroforming people while asleep. To adults in perfect health chloroform is a very decided cerebral stimulant, and it may be stated as a rule, to which the exceptions are exceedingly rare, that healthy adults cannot be chloroformed while asleep, unless their sleep has been induced by exhaustion or hypnotic agents.

Weakly adults and children take chloroform with less resistance, as the stimulant effect on the cerebrum is less in degree and shorter in duration. Weakly adults and

those acutely exhausted by disease or injury may be chloroformed during sleep. Such subjects more easily pass under the influence of any anæsthetic.

Children take chloroform so easily—only a few whiffs being required usually to put them asleep—that not unfrequently they may be chloroformed while asleep, and especially if they are depressed on any account. Not long since the author demonstrated to several physicians the ease with which chloroform could be administered to a sleeping child when in a state of depression. The case was one of cancer of the mesentery, in which the little patient had been exhausted by pain and restlessness.

The victims of chloroform at the hands of burglars are usually at the time in good health. The more improbable, then, is the story usually told of such burglaries. And in view of the exceptional instances in which healthy individuals can be chloroformed during sleep, the anæsthetization of a whole family becomes still more improbable. Indeed, we cannot reconcile with our knowledge of the action of chloroform all the newspapers' accounts we have read of how burglars anæsthetize a whole family and then proceed to plunder. Every link in the chain of such a story is made of only a bare possibility.

Under all conditions anæsthesia by chloroform can be accomplished during sleep only by skilful administration. Overdosage at the outset will certainly awaken the sleeper. Only by very gradual administration can the anæsthesia be accomplished. We doubt the ability of burglars to force the anæsthesia of several or more persons sleeping in the same room without raising an alarm.

An impression prevails that burglars usually proceed by impregnating the air of an apartment with chloroform vapor, so as to gradually anæsthetize all the sleepers at the same time. The weight of chloroform vapor and the readiness with which it descends make it difficult to saturate the air of a sleeping apartment, especially one at the time well-ventilated. Besides, the quantity of chloroform necessary to saturate the air sufficiently to produce anæsthesia is

very considerable. Allowing one and a half grain of chloroform to the cubic inch of air, it would require thirty-eight fluid ounces of chloroform to sufficiently impregnate the air of a room ten by twelve feet, with a ceiling eight feet high. It would certainly take a considerable time, too, to vaporize this quantity of chloroform, to say nothing of the probability of awakening sleepers by any process of atomization. Even if the saturation of the air of a room were possible by any process, without awakening the sleepers, what would protect the burglars themselves from the all-pervading soporific influence? Burglars are seldom bunglers, and their operations are usually conducted with too much intelligence for us to believe that they often waste their time and increase the risks of detection by attempting to chloroform peaceful slumberers.

In all the published accounts of robberies committed in the presence of people said to be asleep under the influence of chloroform, which have occurred in our reading, the burglars have always been successful, not only in pillaging the premises, but in chloroforming everybody in the way. Now, we cannot believe that burglars, who are supposed to be laymen, operating at night, in the midst of many obstacles and under circumstances calculated to be embarrassing in the event of detection, can usually accomplish in all or nearly all instances what skilful physicians accomplish with difficulty in exceptional cases, and that with all the circumstances favorable.

So, we are obliged to give it as our opinion that as a rule, with rare exceptions, the natural sleep of healthy adults is interrupted during chloroform anæsthesia, whatsoever the manner of administration; and we do not believe one-half of the stories about burglaries accomplished with the aid of chloroform.

Yellow fever in Key West took quite a start shortly after our last issue and now more than ever confirms us in our belief that nothing short of cold weather will stop it. In

virulence it has markedly changed; the mortality at first exceeded 45 per cent., whereas now, July 21, it barely equals 10 per cent. Since the beginning of the epidemic there have been 135 cases and 45 deaths, a total mortality rate of 33 per cent.

We have been struck lately by the rapid growth of the evil practice among some physicians of giving certificates and endorsements to proprietary and even patent articles of almost every description. There reached our office a few days ago, a circular containing such endorsements over the names of physicians, of whom some stand among the highest in the community, and who are presumably above doing aught that is unworthy professional men. Yet this same nostrum had been advertised in the daily papers and upon the fences barely a fortnight, before it was *thoroughly tested* and found worthy of the highest praise. Certainly no intelligent man imagines for a moment that such manufacturers ever give the composition of their preparations, and for this reason it would seem decidedly disingenuous to recommend them. Again, how absurd must it appear, even to a non-professional person, to read in the opening of the circular that this wonderful discovery is a sure cure for consumption, chills and fever, dyspepsia, all forms of kidney and liver troubles, etc., etc., and as a preventive of these and a score of other diseases knows no equal, and then a page or so further on to see that his own family physician, perhaps, realizes the all-healing power of this panacea, and very likely is going out of general practice accordingly. Some *imaginative* people might suppose that the doctor had some interest in the nostrum, or perhaps his certificates are retailed at what they are worth, — dollars each. Others may hope that the whole matter, reprehensible though it be, is solely due to thoughtlessness, or to a desire to get rid of an importunate agent.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

OVER-DISTENSION OF THE RIGHT VENTRICLE RELIEVED
BY LEECHES.

Dr. Shattuck, of Boston, reports a very interesting case. The patient was a little girl of eleven years, who suffered from mitral disease resulting from rheumatic endocarditis. Under absolute rest, careful feeding and digitalis, she improved for a time, but grew worse again. One day, she vomited everything she took, there was marked cyanosis, and some ascites, anasarca, and hydrothorax; the jugulars and the liver were pulsating distinctly; the pulse was 130; the daily amount of urine had fallen to three ounces. Six leeches were ordered over the liver, and with the subsequent bleeding, the amount of blood lost was estimated at eight ounces. Immediately relief followed; the vomiting ceased; she passed a good night; the next day the venous pulsation was scarcely to be seen, and she ate a good breakfast with relish. The pulse fell to 90 in three days. On the second day two minims of tincture of strophanthus were ordered, three times a day. The urine increased in quantity, reaching 9 ounces on the third day, 10½ ounces on the fourth, 23 ounces on the fifth, and 60 ounces on the sixth.—*Boston Medical and Surgical Journal-Medical News.*

IODOFORM FOR TUBERCULAR MENINGITIS.

The *Revue Thérapeutique*, after stating that tubercular meningitis kills 2500 persons every year in France alone, and quoting a passage from Jaccoud, in which he speaks of the powerlessness of medical men to cope with this terrible disease, cites some recent observations of a Swedish physician, Warfwinge, on the marvelous effects of a one to five iodoform ointment rubbed into the previously shaved head in quantities of seventy-five grains, night and morning. During the interval, the head was covered with an oilskin cap, which was secured by a bandage. Warfwinge treated five cases in this way, with a successful result in every case. The first case was treated for seventeen days, the second for nineteen, the third for thirty, the fourth for thirty-two, and the fifth for nine days only. Or-

dinary remedies were given in addition for any complications which arose, but Warfvinge attributes the successful results to the iodoform alone.—*Lancet*.

INJECTIONS OF WARM WATER IN DYSENTERY.

Dr. R. Tripiier, in the *Lyon Médicale*, writes concerning the action of injections of hot water in dysentery. He sometimes gives, in addition, infusion of ipecac internally. When a patient is able to retain the hot water (heated to 105° or 115°) a sufficient length of time, the pain is immediately relieved, the blood quickly disappears from the stools, and even these soon become fewer. The amount of water injected should be as large as can be borne; from 10 to 12 ounces for children and about a quart for adults — *Journal de Médecine et Chirurgie Pratiques*.

GASEOUS ENEMATA.

In the *Medical News* for July 2d are three papers on Bergéon's treatment of phthisis.

The first is by Dr. Bruen, whose conclusions are about as follows:

1. The total number of cases since February, 1887, was 62; of these 42 were benefited; of these last 3 seem to be in good health, though still possessing physical signs of phthisis. Fifteen of the negative cases were so classed because they fluctuated so widely.

2. Favorable effects were lessened cough and expectoration, and disappearance of signs of bronchial catarrh. Fever and night-sweats were lessened. The sputa in all cases contained bacilli, which could not be lessened in number.

4. No injurious effects attended the method, except subnormal temperature occasionally, a loss of appetite and spirits if the gas used was too strong. Intestinal lesions or diarrhœa are contraindications to this treatment.

4. Method chiefly valuable in those cases of pulmonary disease attended by bronchial catarrh. "Suitable climatic conditions and judicious alimentation and appropriate personal hygiene remain, in my opinion, the first principles in the therapeutic management of phthisis, and Bergéon's treatment should be considered an adjunct of these."

The next paper is by F. C. Shattuck, M. D., and Henry Jackson, M. D. They conclude as follows:

1. Toxic symptoms may follow the injection of sul-

phuretted hydrogen gas into the rectum, such as nausea, vomiting, general depression or collapse, diarrhœa and headache.

2. Strong artificial solutions of H_2S , with CO_2 , may cause abdominal pain; warming diminishes this.

3. This method is not a specific. If useful, it is an adjunct only to wider measures.

4. Only benefit observed by these authors was diminution of expectoration.

They add that the amount of gas which can be borne differs in individuals or the same individual at different times, but when at maximum it is difficult to see wherein lies the therapeutic value; they therefore think novelty is the great stimulus in cases that are benefited.

The third paper is by Drs. Wm. Pepper and J. P. C. Griffith. They summarize thus: "Feverish temperature was sometimes lowered, but never to any great extent. Cough and expectoration were occasionally lessened, but oftener unaffected and sometimes even increased. Weight was oftener lost or stationary, but a decided gain was frequently made, due, perhaps, partly to the gas, and no doubt, in part, to the improved conditions of life. Dyspnoea and night-sweats were rarely benefited; the physical signs were in no case altered; the general health was but seldom made better, and severe colic was a frequent and annoying symptom." They conclude "that the treatment of phthisis by gaseous enemata has had very undue value attributed to it, that it is seldom of any real benefit, but that it may prove serviceable in occasional cases."

PERSISTENT EPISTAXIS.

This has recently been studied by Prof. Verneuil, who declares that in a large proportion of cases (where there is no immediate and apparent cause of bleeding), the epistaxis is due to latent, but non-malignant, affections of the liver. In such cases, the bleeding is found to yield to extensive blistering of the hypochondriac region.

THE TREATMENT OF TAPE WORM.

Dr. Smith in *Lancet*. The day before giving the worm medicine no food of any kind is allowed except plain beef tea or other very thin soup, and very little of even these. The first morning, one drachm of compound jalap powder is to be given; this generally effectually clears out the

bowels and brings away large portions of the worm. The patient, of course, keeps quiet in the house. On the next morning, on an empty stomach, a draught, consisting of from two to three drachms of oil of turpentine and one drachm of oil of male fern in sweetened emulsion is given. After an hour or so, a dose of castor oil. It will not be long before the worm is passed, including the head. Dr. Smith has never known this treatment to fail. It is based on the belief that the head of the worm must be exposed to contact with the worm medicine, that is, uncovered of fæces.—*New York Medical Journal*.

SURGERY.

SUTURE OF NERVES.

At a meeting of the "Société de Chirurgie," M. Tillaux related the case of a man in whom division of the median nerve, the result of an accident in 1883, had caused loss of sensibility, partially of movement, and various alterations in the region supplied by the nerve. M. Tillaux recently sutured the two ends of the divided nerve, and *three hours* after the operation there was a partial return of sensibility. The patient recovered completely, and movement is as good now (April, 1887,) as on the unaffected side.

M. Polaillon has performed the same operation in a similar case, at first without success. A second attempt was more successful, and restored sensibility as rapidly as in M. Tillaux's.—*Journal de Méd. et de Chir. Prat.*

TETANUS RESULTING FROM AN OPERATION FOR HYDROCELE—DEATH.

The patient was a bachelor, aged 22, an hostler by occupation. He entered the Hospital La Benefica (Havana), suffering from a large hydrocele (right) of two years' standing. The operation was performed on March 15th, the day after his admission into the hospital. The new trocar of Galante was used. After the liquid (amounting to 250 grammes) was removed, a solution of carbolic acid (5 per cent.) was injected into the sac. The trocar, previous to being used, was washed with the carbolic solution and smeared with carbolized vaseline. The patient progressed well for several days, and no untoward symptoms were observed until March 22, when, at night, he com-

plained of a slight difficulty in swallowing, and a few hours later, of pain in the back of the neck and down the back. At 3 A. M., he had a tonic contraction of the muscles of the back and of the posterior part of the neck. Opisthotonos, trismus and dysphagia became progressively more marked. Pulse 108, temperature normal. On March 24, at 11 A. M., he died from asphyxia. The tetanus lasted but 42 hours.—*Cron. Med.-Quir. de Habana—A Medicina Contemporanea.*

A CONSIDERATION OF THE RESULTS IN 327 CASES OF
TRACHEOTOMY, PERFORMED AT THE BOSTON CITY
HOSPITAL FROM 1864 TO 1887.

Drs. R. W. Lovett and John C. Munro, in the July number of *The American Journal of Medical Sciences*, present an elaborate detailed study of the results of tracheotomy at the Boston City Hospital. They show that the results of operation in the series of cases studied are above the average, in spite of the predominance of bad cases. They show that young children are especially liable to have extension of the diphtheritic process to the bronchi and lungs; in fact, that the chances are three to one that if they die they will die of suffocation. That, in Boston, tracheotomy at the hospital is most fatal at those times when diphtheria is most fatal in the whole city, and incidentally that the mortality per cent. from croup and diphtheria in the whole city vary by the month in unison. That cases with membrane in pharynx at the time of operation are more likely to die than those where it is not present. That the mortality per cent. after tracheotomy rises steadily as the operation is done on the first, second, third, or fourth day of the difficult breathing. That nasal discharge, albuminuria, and enlargement of the cervical glands are symptoms of less moment than the character of the discharge from the tracheal tube, which is the most important index of the progress of a case, and that the recovery-rate varies nearly 50 per cent. between cases where the discharge is loose throughout and those where it is gummy at any time.

Finally, for purposes of comparison, they present a table of all available reported cases of tracheotomy, arranged according to countries. The average of recoveries in 21,853 cases was 28 per cent., and of 1327 American cases the average number of recoveries was 23 per cent.

THE LOCAL TREATMENT OF ERYSIPELAS.

Von Nussbaum states that erysipelas may be healed quickly and without pain by the use of ichthyol. The wound attacked by erysipelas was disinfected and covered closely with iodoform gauze. The erysipelatos surface, while still spreading, was painted with ointments made of equal portions of ichthyol and vaseline. The part thus painted was covered with 10 per cent. salicylic lint, and fixed with a gauze bandage. Next day the border was found to have remained stationary, while the inflamed surface was shrunken into yellowish brown creases, and was painless. After three days the dressing was discontinued, as it began to affect the skin. Five consecutive cases gave equally successful results. Ichthyol collodion is recommended for application to the face, and ichthyol soap for the scalp. Von Nussbaum considers ichthyol a reducing agent, *i. e.*, as acting on the cocci by making the soil where they multiply unfit for their nutrition. He does not regard it as antiseptic, though it is so considered by some surgeons.—*Med. Press.—Medical Age.*

LEPROSY COMMUNICATED THROUGH VACCINATION.

Prof. Gairdner, of Glasgow, reports in the *British Medical Journal* of June 11 the interesting case of a young boy who seems to have contracted leprosy through vaccination. Dr. X., a former pupil of Prof. G.'s, residing in an "island in the tropics," vaccinated his own son with virus obtained from a native child, who was of a leprosy family, but had not at that time any evidences of the disease. From his son he gets virus with which he vaccinates the boy whose case Dr. Gairdner now reports. The native boy, the source of the vaccine matter, developed leprosy later on in life. Dr. X.'s son had the disease very mildly, but the third boy, *vaccinated from him*, showed the disease in its worse form, suffering mutilation and death. It is interesting to note that the vacciner (Dr. X.'s son) had the disease more mildly than the boy inoculated from him; there could, therefore, have been no attenuation of the poison. Dr. X.'s son, all unconscious of his disease, is afterwards sent to an English public school, Dr. Liveing, Dr. McCall Anderson, the medical staff attached to the Glasgow College, and others who were believed to "know most about leprosy," all concurring in the opinion that the other boys in school would not be endangered by the presence of a leper among them. We regret that the

period of incubation in these cases was not noted, for it would have proved an important factor in the study of other cases.

OBSTETRICS, GYNÆCOLOGY, ETC.

LATE INFECTION IN THE PUERPERAL STATE.

Dr. B. C. Hirst read a paper (*American Journal of Obstetrics*) before the Obstetrical Society of Philadelphia, in which he reports four cases of so-called late infection, all due to the same cause and all yielding to the same treatment. In the first case, a primipara, on the thirteenth day the cervix was exposed by means of a bivalve speculum. A slight laceration was discovered. Next morning her temperature was 102° , and notwithstanding large doses of quinine rose to 103° , where it remained with slight remissions for two days. Careful examination revealed a large uterus with patulous os, considerable abdominal tenderness and a foul-smelling discharge. The uterus was well scraped with a dull curette and a large quantity of decomposing decidua removed. The uterus was washed out through a Bozeman's double catheter with bi-chloride solution. The temperature at the time was 103° . Next morning it had fallen to 99° , within twenty-four hours was normal and so afterward remained. The second case was a primipara; labor terminated by the forceps. Did well to the eleventh day, when her temperature was 101° , rising during the day to 102° . The uterus was large, os patulous, discharge fetid. The same treatment, with cessation of discharge, but exacerbation of a tubercular trouble, kept the temperature up for some days. The third and fourth cases were also primiparæ, the third showing elevated temperature and the other signs on twelfth, and the fourth on the sixth day. The same treatment was followed by the same results as in first case. These cases, though possibly too few, indicate one cause of late puerperal fever; in such cases, marked by large uterus, a patulous os and a foul-smelling discharge, the above-mentioned treatment, which is not likely to do harm, may effect much good.

INVERSION OF THE UTERUS.

Dr. C. J. Fox reports in *Med. Reg.* an interesting case of inversion of the uterus, showing that inversion may take place without (1st) abnormally short umbilical cord;

(2d) traction on the cord; (3d) irregular compression of fundus or too severe bearing-down pains; and (4th) without undue progression of labor. He was called in September, 1875, to a primipara of twenty-three years of age. He was informed that the membranes had ruptured without the slightest warning. Nineteen hours later the os uteri had begun to dilate, the left occiput presenting. There was much rigidity of perineum, but delivery took place an hour later without severe labor and without complication. He then carefully compressed the uterus, but made no traction on the cord. Upon direction, patient made some bearing-down pains and the placenta came away, followed by considerable hemorrhage. The globular form of the uterus became less and less, and vaginal examination revealed inversion. By careful manipulation and pressure upon the uterus, complete reduction was easily effected.—*The Archives of Gynecology, etc.*

PRACTICAL SURGICAL AND MEDICAL HINTS.

TO EXTRACT A TOOTH WITHOUT PAIN.—Dissolve one grain of cocaine hydrochlorate in eight minims of a three per cent. solution of carbolic acid; inject about five minims of this into the gum on the outer side of the tooth, the remainder into the inner gum; wait five minutes and extract the tooth.—*Lagrange in Bulletin Gen. de Therapeutique—Boston Medical and Surgical Journal, January 27, 1887.*

TO RELIEVE THE PAIN OF CERTAIN FORMS OF SCIATICA AND BRACHIAL NEURALGIA.—

Tinct. of aconite root.

Tinct. of colchicum seed.

Tinct. of belladonna.

Tinct. of actea racemosa.

Equal volumes; of this three to six drops every four, six or eight hours.—*Dr. Metcalfe in Boston Medical and Surgical Journal, January 27, 1887.*

TO CURE ACNE.—Wash with soap and water at night; rub the affected parts with chrysophanic acid ointment, 3 to 5 grains to the ounce; repeat every night until dermatitis is produced; when this has subsided, repeat the process.—*Dr. Metcalfe in same Journal.*

BOOK-NOTICES

A Treatise on Diseases of the Skin, etc. By T. McCall Anderson, M. D. P. Blakiston, Son & Co.: Phila., 1887, pp. 647. Price, \$4.50.

The many important treatises and monographs upon the diseases of the skin which have been put forth during the past two decades, are serving rapidly to convince the profession that the affections seated in the integument are not as superficial as the anatomical situation of that organ would seem to indicate. Indeed, the relation between the skin and many of the internal organs is so close and inseparable, that the consideration of the one to the exclusion of the other would be as irrational as absurd.

Accordingly, when a professor of clinical medicine writes upon dermatology we would expect a study "from within outwards," as it were, and a fair viewing of the whole matter. In this we are not disappointed, for the author, in discussing etiology, gives due credit to the constitutional as well as the local causes of disease. With an experience extending over more than a quarter of a century in the hospitals and dispensaries of the largest city in Scotland, where he has been enabled to study the progress of 11,000 cases of skin disease, Professor Anderson now comes before the public for the first time in a systematic treatise on Diseases of the Skin.

The thorough treatment of each subject considered—as in the valuable article on the affections of the hair, and later on the parasitic diseases—becomes apparent at once, and marks the book as useful for exhaustive study; and the brief sketch of the symptoms and treatment of the eruptive fevers we consider a necessary and advisable addition to the work.

This thoroughness of special articles seems, however, to have interfered with the completeness of the work as a whole, for a number of diseases, such as pityriasis, zona, hydroa, mycosis fungoides, and Charcot's "cachexie pachydermique," are not even hinted at. This omission is all the more conspicuous because of the careful study given to these diseases in recent editions of the works of Duhring and Hardy.

McCall Anderson, like Tilbury Fox, is fond of citing cases of the diseases studied. This is undoubtedly useful and satisfactory to the reader, but in view of the fact that

space is such a desideratum, we believe that the author could learn something from our American writers, who, with all their haste, find time to condense.

In considering the skin lesions of syphilis the author is not altogether satisfactory, for the reader looks for a careful description of every syphilide, in order that he may diagnosticate this multiform disease independently, if possible, of the subjective symptoms, and even the previous history.

The importance of a thorough knowledge of syphilides to the dermatologist is manifest, and we find that in Hyde's last edition, which is a smaller book, 60 pages are devoted to the study of eczema and 47 pages to the syphilides; while McCall Anderson, who can give 109 pages to "eczema," condenses "syphilis" into 27 pages. Our author, with a pertinacity which is peculiarly British, still adheres to the term "lepra vulgaris," in speaking of psoriasis circinata, which was applied by Willan nearly a century ago to that peculiar form of psoriasis, believing it to be a distinct affection. This is confusing, for the term "lepra" is now applied to quite another disease, and the author admits himself that lepra is "in reality merely one of the varieties" of psoriasis and "has no right to be considered in the light of a separate affection."

The crowning feature of this work is its arrangement with reference to diagnosis—differential diagnosis. The leading features of similar diseases are placed side by side in parallel columns, which facilitate rapid comparison. This method, which is adopted throughout even with reference to the eruptive fevers, greatly increases the value of the book and relieves the student of much unnecessary trouble.

The bulk of the work is directly from the pen of the author who acknowledges the assistance of Dr. Wm. Macewan in the preparation of the article on ulcers, and of Dr. Jas. Christie, who wrote many of the articles on diseases of foreign climes. The book is printed in clear type, and contains, besides several mediocre colored plates, a number of good wood cuts.

We consider the work a valuable addition to our library.
H. W. B.

A Practical Treatise on Obstetrics. In four volumes.
Vol. I, Anatomy of the Internal and External Geni-

tals, Physiological Phenomena (Menstruation and Fecundation). Vol. II, The Pathology of Pregnancy. Vol. III, The Pathology of Labor. Vol. IV, Obstetric Operations, The Pathology of the Puerperium. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. These are also Vols. I, II, III and IV of the "Cyclopedia of Obstetrics and Gynecology" (12 volumes), issued monthly during 1887. New York: William Wood & Co. New Orleans: Armand Hawkins, 194 Canal street.

We congratulate the editor and publishers on the selection of Charpentier's work to represent the obstetric portion of their Cyclopedia. The editor, Dr. E. H. Grandin, has done his work well, and, in giving the book an English dress, has very properly placed in brackets the views held by the profession here, where they differed materially from the French text. An example of this may be found in the chapter containing a description of the third stage of labor. Dr. Charpentier advises traction on the cord, giving minute details as to the direction, etc., really an almost exact reproduction of the details given in the classical but rather old "Smellie's Midwifery." Dr. Grandin adds a description of Crede's method, and very properly adds that it is the accepted practice in this country. In another part of the work, however, we think the text could have been improved upon by making the positions of the child in delivery correspond to those usually given by English and American authors. There is nothing more confusing to the student of medicine than to have every obstetrical work he picks up give different names to the different positions. For instance, Cazeaux and Playfair differ altogether even as to the name of the oblique axes: what one calls the left oblique, the other calls the right oblique, and vice versa. In this work the author begins his vertex positions in the same way as Playfair, that is, the left occipito-anterior position, but instead of going around to the left in the circle of the pelvis, goes to the right, so that Playfair's 1st, 2d, 3d, 4th positions would be with him 1st, 4th, 3d, 2d. When there is no special advantage derived from any special nomenclature, we certainly ought to try to confine ourselves to one for the sake of simplicity.

The rest of the book is admirable, especially the part on dystocia. The work is one for the use of practitioners rather than students.

G. B. L.

Outlines of the Pathology and Treatment of Syphilis and Allied Venereal Diseases. By Hermann Von Zeissl, M. D. D. Appleton & Co., N. Y., pp. 392; price, \$4.

A second edition of this well known work, edited by Dr. Maximilian Von Zeissl and translated by Dr. Raphael, is now before the public. This book claims recognition less as a study of the "allied venereal diseases," than as a treatise on syphilis, in which the author holds some remarkable views.

With regard to gonorrhœa, the author does not believe that Neisser's *gonococcus* has been as yet satisfactorily demonstrated, repudiates the abortive treatment, and believes that a regulated diet and personal hygiene, supplemented by constant applications of cold water to the genitals, all that is necessary to produce a cure within four to six weeks.

Treating of chancroid, the author enters somewhat deeply into the pathology, and is both interesting and instructive, but on the question of treatment he suggests nothing newer than iodoform. Here we might expect something new from the editor, in view of the fact that so many new remedies have appeared of late which have been generally used as topical applications with good effect.

Dr. Zeissl does not believe in the abortive treatment of syphilis, remarking that "it is doubtful whether even the earliest cauterizations of the infecting initial lesion are of any use."

It is a little curious to note how the author alludes to the *expectant* method as something to be persisted in until events compel a less satisfactory plan of treatment—another way of saying, "try and cure without medicine, and when the phenomena of the second period have resisted this method for eight or ten weeks," then begin to treat.

He prefers iodine in all phases of syphilis, believing that relapses occur less after its use than after the use of mercury. Mercury is to be used when iodine fails, and the author suggests its use (as a sort of sop to the Cerberus of public opinion), when iodine has caused all symptoms to disappear or become weakened, "so that," says he, naively, "only a few mercurial inunctions will be necessary to complete the cure."

These are strange views, but they come with the weight of a high authority. The book, however, independently of its therapeutics, is valuable for its accurate and trustworthy presentation of the subjects treated.

H. W. B.

Transactions of the American Gynecological Society.

Vol. II, New York: D. Appleton & Co., 1, 3 and 5 Bond street, 1887.

The American Gynecological Society has given us a splendid volume of transactions this year. Not only have the papers been good, but the choice of subjects unusually interesting. Of more special interest is the long article by Dr. George Engelmann on "The Use of Electricity in Gynecological Practice." Dr. Engelmann has followed in the footsteps of Apostoli, and has, we think, outstripped his master in the thorough manner in which he has treated the subject. It may safely be said that after the evidences, of late brought forward, of the benefits of electricity in Gynecology, at least, no specialist can afford to ignore its use. We thus expect rapid developments in that branch, and we certainly will be grateful to any one who has contributed to increase the efficiency of the therapeutics of chronic pelvic troubles.

G. B. L.

Evacuant Medication (Cathartics and Emetics). By Henry M. Field, D.D.: P. Blakiston & Co., Philadelphia.

We received this little book with great pleasure, and have utilized it since with equal satisfaction. It is simple, concise and to the point. Not over-burdened with unnecessary statements and references, it covers a large ground, and will be gratefully received by those physicians who desire to intelligently discriminate as to the drugs which are to bring about other results than mere emesis or purgation.

Most physicians have a variety of cathartics with which they are familiar, but they are fewer who apply them intelligently. And why? Because these cathartic drugs are picked up hastily from different sources; sometimes because they are advertised widely, are particularly fashionable for the moment, or well approved by the old ladies. The medical colleges pay little attention to them, the professor making honorable mention of a few favorites, and referring the students to their text books for further information; while on the other hand, he spends hours in describing the physiological action of many drugs which may not be used once in a life-time. This book will be of use to all classes of physicians.

H. W. B.

PUBLICATIONS RECEIVED.

The Uses of Adhesive Plaster in Orthopædic Surgery: By A. B. Judson, M. D. Reprinted from the *New York Medical Journal* for June 4, 1887.

A New Explanation of the Renal Troubles, Eclampsia and other Pathological Phenomena of Pregnancy and Labor: A. F. A. King, M. D., Washington, D. C. Reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*, Vol. XX, March and April, 1887.

Preliminary Announcement of the 15th Annual Meeting of the American Public Health Association, to be held in Memphis, November 8, 9, 10, and 11, 1887.

Oxygen as a Therapeutic Agent: By P. D. Rothwell, M. D., Denver, Col.

What to do in Cases of Poisoning: By William Murrell, M. D., F. R. C. P. First American from Fifth English Edition. The Medical Register Co., Philadelphia, 1887. New Orleans: Armand Hawkins, \$1.

Athothis, a Satire on Modern Medicine: By Thos. C. Minor. New York: Robert Clarke & Co., 1887.

The American System of Gynecology: Vol. I, edited by Matthew D. Mann, M. D., of Buffalo. Philadelphia: Lea Bros. & Co., 1887.

Proceedings Illinois State Board of Health: Chicago, July 8, 1887. Quarterly meeting.

Also the following Announcements:

Memphis Hospital Medical College.
 Medical Department, University of Louisville; Medical Department, University of Tennessee; Jefferson Medical College; Medical College of Alabama (Mobile); Gross Medical College of Denver, Col.; Western Penn. Medical College (Pittsburg); Medical Department, City of New York; and the Northwestern Ohio Medical College (Toledo).

MEDICAL NEWS AND MISCELLANY.

Dr. H. W. BLANC informs us that he has in preparation a paper upon *Leprosy in Louisiana*. It is his intention to report some twenty-two cases which have been under his care during the past year, and also a number of cases observed by him under the care of others. The majority of Dr. Blanc's cases have been attending the outdoor service of the skin department of the Charity Hospital, and are residents of this city.

AT THE last meeting of the Texas Medical Association charges were made against Dr. F. E. Daniel, the editor of *Daniel's Texas Medical Journal*. Referred to the

judiciary committee, these charges were promptly quashed, and during the meeting the doctor was elected secretary of the Association for a term of five years; a handsome vindication, upon which we heartily congratulate our colleague.

AT THE last meeting of the Board of Examiners of Virginia, nineteen applicants sought licenses to practice medicine in that State, but only seven passed the required examination. When all the States have similar high-minded boards, there will be some chance for the rehabilitation of the medical profession.—*Weekly Medical Review*. So say we, all of us.

DR. H. D. BRUNS of our Editorial Staff, is off on a two months' vacation, to return September 1.

THE *Therapeutic Gazette* says that by reason of their finely developed tactile sense blind persons would probably make excellent *masseurs*, and hints that superintendents of blind asylums would do well to consider this as a calling for which their pupils might be trained. This is a vocation that has long been followed by the blind in Japan.

Several doctors are now out of the city, but no general exodus will occur until the time approaches for the meeting of the International Congress. New Orleans promises to be well represented in Washington on that occasion.

We learn that the Polyclinic is now well organized and will, in the course of a few days, begin the distribution of its announcements. In this connection we might call attention to some gratuitous information started by the *Maryland Medical Journal* concerning this school. This *well informed* journal announced that the "New Orleans Polyclinic had been *reorganized*," a fate peculiar to such institutions in the "smaller cities." It so happens that no school of this nature was ever attempted in the South before.

MORTUARY REPORT OF NEW ORLEANS

FOR JUNE, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	5	3	3	5	4	4	8
“ “ Typho.....	.....	.....	.....	.....	.....	.....	.....
“ Congestive.....	6	3	3	6	3	6	9
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	4	1	2	3	3	2	5
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	4	.....	2	2	4	.....	4
“ Puerperal.....	.....	.....	.....	.....	.....	.....	.....
“ Cerebro-Spinal.....	.....	.....	.....	.....	.....	.....	.....
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	3	3	2	4	.....	6	6
Diphtheria.....	6	1	3	4	.....	7	7
Whooping Cough.....	.....	1	.....	1	.....	1	1
Meningitis.....	10	1	5	6	.....	11	11
Pneumonia.....	6	11	12	5	10	7	17
Bronchitis.....	5	1	1	5	.....	6	6
Consumption.....	41	28	42	27	66	3	69
Congestion of Brain.....	4	6	6	4	3	7	10
Diarrhœa.....	11	2	6	7	6	7	13
Cholera Infantum.....	16	7	10	13	.....	23	23
Dysentery.....	9	4	7	6	11	2	13
Debility, General.....	1	2	.....	3	3	.....	3
“ Senile.....	6	6	7	5	12	.....	12
“ Infantile.....	7	8	5	10	.....	15	15
All other Causes.....	203	97	178	122	183	117	300
TOTAL.....	347	185	294	238	308	224	532

Still Born Children—White, 26; Colored, 17; Total, 43.

Population of City.—White, 176,500
 “ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 23.59.

“ “ “ “ “ “ Colored, 33.50.

“ “ “ “ “ “ Total, 26.29.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

MORTUARY REPORT OF CITY OF NEW ORLEANS,
FOR SIX MONTHS, JANUARY TO JUNE, INCLUSIVE, 1886 AND 1887.

CAUSE.	1887.						1886.							
	White.	Colored.	Male.	Female.	Adults.	Children.	Total.	White.	Colored.	Male.	Female.	Adults.	Children.	Total.
Fever, Yellow .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" Malarial, unclassif'd	22	14	24	12	19	17	36	28	20	24	24	32	16	48
" Congestive	23	12	18	17	16	19	35	22	8	16	14	13	17	30
" Continued .....	..	..	..	..	..	..	..	1	1	1	1	1	1	2
" Intermittent	3	2	3	2	3	2	5	3	2	4	1	3	2	5
" Remittent	11	4	5	10	10	5	15	10	2	8	4	9	3	12
" Catarrhal	2	..	1	1	..	2	2	..	1	..	1	..	1	1
" Typhoid	12	2	7	7	11	3	14	10	3	7	6	11	2	13
" Puerperal	1	4	..	5	5	..	5	2	3	..	5	5	..	5
" Typhus .....	..	..	..	..	..	..	..	1	..	1	..	1	..	1
" Typho-Malarial	4	3	4	3	4	3	7	..	..	..	..	..	..	..
" Cerebro-Spinal	1	1	1	1	1	1	2	..	..	..	..	..	..	..
Scarlatina .....	..	..	..	..	..	..	..	5	..	..	5	..	5	5
Small-pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	12	6	10	8	..	18	18	..	..	..	..	..	..	..
Diphtheria	39	7	23	23	..	46	46	41	4	23	22	4	41	45
Whooping Cough	2	2	1	3	..	4	4	7	3	5	5	..	10	10
Meningitis	30	12	27	24	10	41	51	47	19	36	30	18	48	66
Pneumonia	118	101	129	90	110	109	219	145	112	151	106	143	114	257
Bronchitis	44	35	45	34	24	55	79	66	30	50	46	37	59	96
Consumption	219	174	210	183	377	16	393	260	214	247	227	462	12	474
Congestion of Brain	35	12	23	24	23	24	47	57	20	47	30	42	35	77
Diarrhœa	45	24	36	33	39	30	69	27	29	32	24	34	22	56
Cholera Infantum	95	27	52	70	..	122	122	83	20	57	46	..	103	103
Dysentery	25	18	28	15	36	7	43	15	6	14	7	18	3	21
Debility, General	16	8	9	15	24	..	24	17	15	11	21	32	..	32
" Senile	70	57	63	64	127	..	127	98	83	75	106	181	..	181
" Infantile	44	26	38	32	..	70	70	52	40	49	43	..	92	92
All other Causes	1054	497	848	793	1004	547	1551	1063	495	878	680	1007	551	1558
TOTAL	1849	1056	1617	1388	1848	1157	3005	2061	1130	1736	1455	2057	1134	3191

1887.

Still Born Children, White, 131; Colored, 81; Total, 212.

Population of City.—White, 176,500
 " " Colored, 66,250
 Total, 242,750

Death rate per 1000 per annum for month.—
 White..... 22.68
 Colored..... 31.88
 Total..... 24.75

1886.

Still Born Children, White, 133; Colored, 104; Total, 237.

Population of City.—White, 173,500
 " " Colored, 64,500
 Total, 238,000

Death rate per 1000 per annum for month.—
 White..... 23.75
 Colored..... 35.03
 Total..... 26.81

W. H. WATKINS, M. D.,
 Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—JUNE.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Prec'p. in in. & Hund.	GENERAL ITEMS.
		Mean	Max.	Min.		
1	29.85	77.7	86.0	71.3	.15	Mean Barometer, 29.918.
2	29.92	80.3	90.0	72.3	....	Highest Barometer, 30.04, 29th, 30th.
3	29.97	82.0	91.2	76.0	.02	Lowest Barometer, 29.76, 11th.
4	29.95	80.3	89.8	74.0	T	Monthly Range of Barometer, 0.28.
5	29.99	79.7	90.7	73.0	....	Mean Temperature, 78.3.
6	30.01	79.3	89.2	73.6	....	Highest Temperature, 91.2, 3d.
7	30.00	79.7	88.8	74.0	..	Lowest Temperature,, 66.2, 29th.
8	29.95	75.3	84.7	71.2	.62	Monthly Range of Temperature, 25.0.
9	29.88	78.3	87.0	72.4	....	Greatest daily range of Temp. 18.6, 29th.
10	29.82	81.0	90.2	73.5	....	Least daily range of Temp're, 4.7, 15th.
11	29.78	80.7	86.0	75.6	T	Mean daily range of Temperature, 13.7.
12	29.78	76.0	80.0	72.2	.99	Mean Daily Dew-point, 70.4.
13	29.82	75.7	79.0	74.3	....	Mean Daily Relative Humidity, 79.4.
14	29.91	77.3	85.0	71.0	....	Prevailing Direction of Wind, S. E.
15	29.97	80.3	88.5	71.2	....	Highest Velocity of wind and direction, 26, N. E., 13th.
16	29.96	79.7	89.1	73.0	....	Total Movement of Wind, 4864 miles.
17	29.94	79.3	87.3	73.5	....	Total precipitation, 11.33 inches.
18	29.88	80.3	90.2	72.0	....	Number of days on which .01 inch or more of precipitation fell, 11.
19	29.88	80.0	89.8	73.0	....	No. of clear days, 12.
20	29.92	76.0	82.3	72.9	.84	No. of fair days, 11.
21	29.91	75.3	76.7	71.0	1.46	No. of cloudy days, 7.
22	29.80	78.7	86.7	71.4	.21	MEAN TEMPERATURE FOR THIS MONTH IN
23	29.83	79.7	87.8	73.4	....	1873.....80.1 | 1881.....83.0
24	29.91	80.7	89.8	73.2	....	1874.....81.3 | 1882.....81.1
25	30.00	80.3	88.0	73.0	....	1875.....80.1 | 1883.....80.7
26	29.99	81.7	90.1	75.7	....	1876.....80.6 | 1884.....79.4
27	29.96	73.3	80.5	71.2	.74	1877.....81.3 | 1885.....82.1
28	29.94	73.7	79.2	69.5	.32	1878.....82.0 | 1886.....78.7
29	30.01	72.3	84.8	66.2	5.00	1879.....80.9 | 1887.....78.3
30	30.03	73.0	78.0	70.1	.98	1880.....80.1
..	....	....	....	....	....	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN
Sums	....	....	....	....	....	1873..... 6.68 | 1881..... 2.84
Means	....	....	....	....	....	1874..... 9.62 | 1882..... 2.71
						1875..... 4.92 | 1883..... 12.65
						1876..... 6.20 | 1884..... 8.60
						1877..... 2.75 | 1885..... 3.30
						1878..... 7.35 | 1886..... 9.30
						1879..... 2.96 | 1887..... 11.33
						1880..... 6.43
						Dates of Frosts { Light, o.
						{ Killing, o.

NEW ORLEANS
MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Report of the Case of a Patient from whose Subcutaneous
Tissue Three Larvæ of a Species of Dermatobia
were Removed, with Remarks.*

By RUDOLPH MATAS, M. D.,

Visiting Surgeon, Charity Hospital, New Orleans.

On the morning of June 27th H. T. McC., an Englishman, aged 38, presented himself at my clinic in ward 8, Charity Hospital, stating that he had arrived in this city, one week before, from an extensive trip to Spanish Honduras, where, on or about the 11th of this month (June), he had been stung, while bathing, by a peculiar fly, which was well known in that country, as it was a veritable nuisance, if not a scourge, because it attacked man and beast alike—the white foreigners especially—and deposited its ova in the sting, wherein the “worms” (larvæ) developed until they attained considerable dimensions—half to three-quarters of an inch in length, according to the patient’s statement. He further stated that he remembered the moment when the fly stung him, for he heard it “buzz,” and “sting” him in three distinct places

*Read before the New Orleans Medical and Surgical Association.

on his body, where he was sure the "worms" were now growing, "though they must be still quite young and small, on account of the comparatively short time that they had been in the flesh"—*i. e.*, sixteen days since ova had been deposited.

We then examined the patient, who, after undressing, showed us three red, hard, furuncular swellings, situated—one on the right side of the intergluteal furrow, about two or three inches from tip of coccyx, and two other similar, though smaller, elevations on the left side of the same furrow and closely adjoining one another. The first, which was the most prominent, was elevated at its highest portion about one-quarter of an inch from the level of the surrounding skin, and presented a circular area of inflammatory hardness which measured about one and one-quarter inch in diameter. Upon careful and minute inspection the largest furunculoid mass was found to present in its most elevated and central portion a minute orifice, which might admit the point of a coarse bristle. The other two swellings presented also one central point each, where a little puriform crust had become fixed, indicating the original seat of puncture and entrance to the larval sinus.

Trusting to the patient's account of himself, we proceeded to the extraction of the parasites—a procedure which the patient urgently requested. Guided by the orifice in the elevation I cut with the point of a bistoury into the very centre of the swelling, but discovered, however, that by simply cutting *vertically* I had not incised the cavity wherein the larvæ lay concealed, and was obliged to again incise obliquely and to the right in order to expose the parasitic burrow. This oblique direction of the larval sinus I found to be constant in each of the three "stings." I found that the larvæ were lodged immediately under the derma proper, so that in getting at them, in order to expose them thoroughly, I had to cut completely through the skin, which, in the gluteal region is particularly thick. It was discovered also that a simple incision was insufficient

to remove the larvæ, and that digital expression, and this very forcibly applied, was necessary in order to induce them to relinquish their stronghold. In fact, the two last larvæ were removed more by this means than by incision, the orifice of the sinus having been simply incised in order to enlarge the orifice of exit, and the parts expressed by pinching them in a fold of skin. The patient stated that in Honduras the natives usually rid themselves of these unpleasant guests by applying hot tobacco ashes to the parts and following this up by digital expression. This is a rather general treatment for parasitic dermal affections in Latin-American countries, where tobacco is always on hand. In our patient's case we cauterized the cavity or sinus left by the evacuation of the larvæ with pure carbolic acid, for fear that the septic products of larval nutrition might tend to create inflammatory mischief. I was led to this precaution because of the unfortunate results which followed the extraction of similar parasites in another case, that of a Frenchman, also from Honduras, who was admitted in the same ward during my absence, about twelve months before, and who nearly succumbed to a most violent and disastrous attack of erysipelas, which supervened immediately after the slight traumatism inflicted in the extraction. The larvæ had been deposited in the inner surface of the left arm, and from this point the inflammation spread on all sides, swelling up the whole extremity and left thoracic region. Subcutaneous suppuration, accompanied by gangrene, followed, finally leaving the arm in a state of permanent contraction, in the flexed position, as the result of cicatricial action. Happily, in the present case, the extraction of the larvæ has not been followed by any excessive inflammatory reaction, owing, perhaps, to the general good health enjoyed by the patient at the time of the operation.

Since this case has come under my observation I have been informed that similar instances of larval deposits in the skin have not been rare in the hospital, at least since the Panama Canal and other enterprises have increased the

traffic between this port and the Central American republics. I have been informed, in fact, that on one occasion quite a number of returning laborers or immigrants were admitted in various wards of the Charity Hospital suffering with these parasitic larvæ. But of these cases no report has been presented thus far, and, to my knowledge, at least, no attempt has been made to discover the parentage of the larvæ or even to determine their proper entomological characters. The specimens removed from my patient are the first that I have seen, and I believe are the first that have been preserved for examination, and, certainly, for the inspection of this association. At any rate, these larvæ are certainly not familiar to our parasitic pathology, for our texts, and even those that devote special attention to parasitology (Cobbold, Leuckart, Davaine), are almost barren of all information in regard to them; so that it is necessary to appeal to the special entomologists in order to obtain some clear notions as to their exact taxonomic characteristics.

In view of our prospects of increased relations with Spanish America, and of the probability of a future importation of similar specimens, I have thought it a matter of some interest to this society to inquire into the natural history of these hypodermatic parasites, in order that we may at least possess ourselves of some clear ideas respecting them, so that they may prove more familiar acquaintances when we are again confronted by them.

The three specimens that are now under the microscope before you are mounted in a glycerine cell, a preparation which was kindly made at my request by the gentlemen in charge of the pathological department of the hospital. The larvæ (see figure 1) are smaller than they appeared in life, as they have contracted slightly. The largest of these measures about four or five mm. in its long diameter and is about one and one-half mm. in breadth. To the naked eye they present an elongated pyriform or clavate appearance, the broad, thick and rounded portion corresponding to the head and trunk, which were the parts

furthest from the surface of the skin; the long, tapering or caudal extremity pointed upwards, so that in squeezing the larva out of its lodgment the tail end appeared first. As

Fig. 1



FIG. 1.—Three larvæ as they appeared to naked eye immediately after removal from patient.

the caudal extremity presented itself a dark red dot was visible at the very extremity. This corresponded to the dark anal extremity containing the stigmata for respiratory purposes, and is characteristic of, though not peculiar to, the *dermatobia* larvæ.

This is the normal position of these parasites in general, for the respiratory apparatus which is attached to the caudal portion, close to the anus, is placed near the opening originally made by the sting of the parent fly, in order that they may be as close as possible to the atmosphere. When the larvæ were extracted they wriggled quite actively in their vermicular movements, and continued to move until they were embalmed in the cell five or six hours after their extraction.

On microscopical examination of the most perfect specimen (with a low power $\frac{3}{4}$ obj. B. and L. eye-piece B.) a remarkable appearance is presented. The major portion of the parasite is seen to consist of an elongated, pyriform, tuberoso or exaggerated clavate body, apparently concave on the ventral aspect and convex dorsally, terminating in a long, tapering, glabrous, elongated-pyramidal extremity. The broader and truncated part of the larva is opaque, and none of the contained organs can be distinguished. The external surface presented the curious appearance which is well displayed in figure 2 (*a* and *b*). Corresponding to the three dark zones distinctly outlined with the naked eye are seen three *double* rows of black hooklets or spines, which are distinctly shaped, when examined carefully, like the thorns of a rose stem. They are lamelliform, sharply pointed at the ends, and are curved and directed (the majority) towards the

caudal extremity, so that, if embedded in the tissues lining the larval sinus, they would offer a resistance to caudal traction in direct ratio to the force employed. This arrangement is manifestly calculated to assist the larva in retaining its position in the subcutaneous tissues, and especially in preventing any involuntary migrations from regions subjected to great muscular disturbance. They may also assist in burrowing, though advance or head movements do

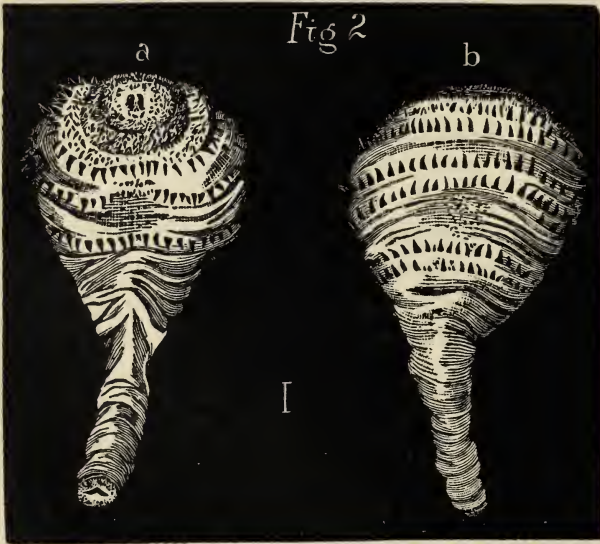


FIG. 2.—One of the larvæ viewed in its (a) ventral and (b) dorsal aspects. *a*, shows ventral aspect and the appearance of cephalic and caudal extremities, also shows that the three rows of spines are single below, while the dorsal view (*b*) indicates that they are double above. The point where the double rows end is also shown in the ventral view, *a*. Hair-line between figures indicates the amplification. [From drawings made for the author by the U. S. Dept. of Agriculture, Entomological Div.]

not appear to be habitual with these larvæ, as they, in common with most ectodermic parasites, are not anærobic (to use a Pasteurian phrase), but require the presence of atmospheric oxygen for their maintenance.

As regards the disposition of the spines it is a noticeable fact that they differ markedly as to their arrangement, according to the aspect of the parasite examined. Thus, as is plainly shown in figure 2 (*a* and *b*), the three rows of spines are single on the ventral and double on the dorsal

aspect, the point where the double row ceases being plainly shown in *a*. This peculiarity is also distinctly exhibited in the species illustrated by figure 4, plainly indicating the relationship that exists between them.

The only segments that are distinctly outlined are the first, which represents the cephalic end, containing the oral cavity, armed with two styles, figure 2 (*a*), and the second, which immediately follows it. As these specimens have shrivelled considerably since the time of extraction the segmentation is not as plainly visible as it should be.

The caudal extremity is also distinctly shown, though the details of the stigmatous organs are not as plainly delineated as desirable, as the stigmata are doubtless hidden within the anal fissure. In this respect they differ from Brauer's (figure 4, *a, b, c*) and Coquerel's (figure 4, *d*), specimens of similar larvæ, with which they appear to be otherwise closely related.

In addition to the three rows of hooklets a large number of small punctiform and blackish tuberosities are seen dotted in a somewhat concentric manner above the upper row, on the two upper segments and the vicinity of the oral point.*

From the preceding description and the facts furnished by the patient as to the circumstances by which he was made the host of these unpleasant guests, it is quite plain that these parasites—"beef or screw worms of Honduras," as my patient said they were called in that country by the English-speaking residents—are the larvæ of the species of gadfly (*æstrus*), which may be peculiar to Central America, but which, from the imperfect entomological analysis of the specimens removed from my case, I would regard as the offspring of the *æstridæ* or gadflies, which

*I must here express my great indebtedness to Mr. L. O. Howard, of the Entomological Division of the United States Department of Agriculture, Washington, D. C., without whose valuable co-operation I would not have been able to distinguish in the specimens some of the details above described, especially the character of the cephalic and caudal extremities, which I had not been able to make out clearly, owing to defective mounting. I am also deeply indebted to him for the beautiful drawings of figure 2, which were expressly designed for me from the specimens sent to him for examination. The authoritative and valuable remarks of Mr. Howard on these larvæ will be found in the latter part of this paper, where they have been placed in order not to materially alter the text of this contribution as originally read before the New Orleans Medical and Surgical Association.

entomologists have already classed in a special order known as the Dermatobia (from *derma*, skin, and *bios*, life). The fact that the larvæ were comparatively young—less than sixteen days old—and were much smaller than the more mature “worm,” according to the patient’s statement, may also explain certain slight differences in configuration. It is much to be regretted that the parent fly is also wanting to complete and define the exact classification of the specimens; but I believe that even with all these deficiencies I will be quite safe in classing these larvæ with the dermatobia.

There are three species of œstridæ which especially attack the subcutaneous tissue of man, with the view of depositing their larvæ therein: 1st, the *hypoderma bovis*, which in Europe preferably attacks cattle and rarely man; 2d, the *cuterebra* of Clark (entirely an American order), which attacks beast and man; 3d, the *dermatobia* of Brauer, which were believed to be especially attached to man, but erroneously so, as will be shown further on.

As the natural history of these insects presents many curious and interesting features, you will pardon me if I pause to pass them in review.

The *Hypoderma bovis* is an œstrus which closely resembles the drone bee. It possesses a proboscis, but has no distinct palpi; the third segment of the antennæ is transverse; its mouth has the shape of a Y; its third segment is covered with black pubescence; the wings are wide apart, of a brownish color. The female has a longer abdomen than the male. The length of the perfect insect is about eleven to thirteen mm.

The larvæ of this insect grow under the skin of beef and other animals. In shape this larva presents an oval, elongated outline. It is *attenuated in its anterior extremity and thick or enlarged at its posterior end*, differing radically in this respect from the larvæ presented to-night. The horny hooklets which surround the oral orifice of most œstral larvæ are in this species replaced by five or six fleshy tubercles covered with spines. These tubercles

surround a mouth which is barely visible, above which may be seen two small tentacula. Its body is formed of eleven segments, and presents the peculiarity that it is *flattened* dorsally, is *convex* abdominally; also differing in this respect from my specimens. Each segment is covered with flattened spines, presenting grooves in their inferior edge. The caudal extremity presents a sack, wherein are placed two stigmata, which look towards one another in the concave portion.

“It is stated that when the presence of the hypodermata is announced by their buzzing the most docile ox is rendered frantic with excitement and becomes intractable. As soon as the ox feels himself attacked he is seen to lower his head, his tail quivers with fear and is projected to a level with his spine, and with one desperate dash he rushes to the nearest stream, where he plunges with the hope of ridding himself of his dreadful enemies. And still the sting of this insect must be very insignificant and barely perceptible to such a large pachyderm as the ox.” (Bocquillon.)*

This sting is intended purely to enable the female fly to deposit her eggs. In fact, shortly after the ova have been deposited a number of elevations, which may vary from four to one hundred (Sells), are seen on the quadruped, and were compared by Reaumur to the “œdematous bumps which result from a blow suddenly inflicted on the brow.” On the most prominent part of each swelling there is a central orifice, which becomes larger as the swelling progresses. It is into this orifice that the larva places its last segment, and it is through this opening that the air necessary for respiration reaches it. The borders of the openings are usually incrustated with dessicated pus.

When the larva has fully gorged itself with the pus its own presence has created, and when it approaches the time for its transformation into a chrysalis, it retreats backwards, its posterior extremity projects beyond the orifice; the whole body soon follows, and then drops on the

*Histoire Naturelle Medicale, G. Baillière, Paris. 1871.

ground, to complete its metamorphosis on the earth, or, preferably, on the dung of its victim.

There is another hypoderma which attacks horses. It selects for its attacks those parts of the animal which are least accessible to the tongue (differing entirely in this respect from the ordinary bot flies (*æstrus equi* and *æstrus hemorrhoidalis*), and there deposits its eggs. It inhabits the northern parts of France, Belgium, Holland, the shores of the Baltic, and is common in many parts of the United States, where the larvæ are more aptly known as "beef worms."

The Cuterebræ.—This order or family of the *æstridæ* was first established by Bracey Clark, of London, in 1815, who gave them this name (from *cutis*, skin, and *terebrare*, to pierce) because they especially deposited their ova, subsequently larvæ, under the skin.

They were also designated as the *trypoderma* by Tiedeman. The cuterebræ are all natives of the American Continent, which thus far appears to be their exclusive habitat. The true cuterebræ are large flies which spring from parasitic larvæ which have been found under the skin of squirrels, rabbits, kangaroos, etc. Of the perfect insects at least seventeen species, according to Laboulbène (Dict. Encyclopédique—Déchambre), have been described (*C. ephippium*, Letreillé; *C.*, horripilium, Clark; *C. cuniculli*, Fabricius; *C. rufiventris*, Macquart; *C. Buccata*; Fab.) They measure from fifteen to twenty mm., and present the appearance of the ordinary beef gadfly (*hypoderma bovis*). They are brownish or black in color, with the abdomen sometimes blackish-blue on rusty red; the hairs (pubescence) may be blackish, silvery, yellow, etc.

The larvæ closely resemble those of the *hypodermata*; they are fleshy, very annular and tuberculated, ovoidal, without hooks or spines, and especially obtuse and not attenuated [*clavate*] into a tapering extremity. (Laboulbène.)

Many species of this family, however, have been confounded with those of another, which has only been studied

and differentiated in comparatively recent times, and which I am convinced is the one to which the larvæ that I here present are strictly related. These are the æstridæ of the species known as the dermatobia. This genus was established by Brauer, who described it in the transactions of the Zoological and Botanical Society of Vienna,* and who included in it many of the species formerly claimed for the cuterebræ by Macquart, Joly, Gaudot, etc.

The leading taxonomic characters by which the perfect dermatobiæ differ from the cuterebræ are the following, according to Prof. Laboulbène: The third segment of the antennæ is longer than the other two together. It is elongated, instead of being oviform or elliptical, as is the case with the cuterebræ. The head is relatively much larger and projecting. The abdomen is flattened, triangular, instead of being vaulted and cordiform.

These insects are extremely interesting, inasmuch as they have been regarded as the exclusive parasites of man under the designation of *æstrus hominis*. Their larvæ were seen and described long before the parent æstrus. It was not until long after, and in fact almost recently, that the perfect insects were discovered.

The existence of larvæ deposited under the skin of man by flies in South America must have been noticed by the earliest travelers and naturalists of those regions. But the French Surgeon Arture† was the first to present the scientific world with a description of one of the species in his account of the ver-macaque or macaco worm, of Cayenne.‡

Linnæus, in his letters to Pallas, had mentioned the larva of an æstrus which was a parasite of man. Gmelin, in the *Systema Naturæ* of Linnæus (edition xiii, I., v. 1788), admitted, after Linnæus and Pallas, an *æstrus hominis*, the larvæ of which lived six months under the

*Verhandlungen der K. K. Zool. Bot. Gessellschaft in Wien, VOL. X, 1860; and in Monographie der Gestrigen, 1863.

†I am indebted for the historical account herewith presented to Prof. Laboulbène's valuable summary of the subject in his admirable contribution to Déchambre's Dictionary. Première Série, tome, xxvii, Den-Der. 1882. G. Masson, Paris.

‡Observations sur l'espèce de ver, nommé macaque, Mémoires de l'Académie Royale des Sciences de Paris, p. 72, 1723.

skin without undergoing transformation. Humboldt and Bonpland refer to flies which deposit ova in the skin of man, where they form tumors wherein they reside. (*Essai sur la Géographie des Plantes*, page 136, 1805).

Roulin, Guérin-Méneville and Vallot, in 1833, communicated to the French Academy of Sciences a number of documents relating to the *æstrus hominis*.

Geoffroy Saint-Hilaire and Duméril made a report, on July 15, 1833, on three communications, which related to the existence of the *æstrus* of man. (See also the *Annales de la Société Entomologique de France*, t. iii, p. 518, and the *Bulletin*, p. 85, 1833). The *æstrus hominis* was at that time a leading question, and was very vigorously discussed. Letreille had said authoritatively: Without questioning the veracity of the statements made in regard to this *æstrus* it is nevertheless certain that all these observations are incomplete. I presume to believe that these larvæ more likely pertain to the *musca carnaria* of *Linnaeus* or to some other analogous species, as all the *æstral* larvæ that we are acquainted with inhabit the skin of the herbivora and rodentia (*Nouveau Dictionnaire d'Histoire Naturelle*, etc., t. xxii, p. 270, Paris, 1818). But the facts brought forward by Arture, Howship, Say, de La Condamine, Father Simon and Barrère, and all those collected by Hope in his celebrated *mémoire* (*Transactions of the Entomological Society of London*, vol. ii, pp. 256-271, pl. xxii. 1840), clearly proved that there was a parasitic larva of the human skin which was distinct from that of the ordinary sarcophagous flies.

Justin Gaudot settled this question, however, in a contribution to the *Annales des Sciences Naturelles* (*Zoologie*, 3ème serie, t. iii, p. 221, 1845), in which he described an *æstrus* which resides in the human skin in its larval state, and which has been found in New Grenada (United States of Colombia), where it attacks the skin of cattle as well. This *æstrus* he designated by the name of *cuterebra noxialis*. Since that time the idea of an *æstrus hominis*, exclusively proper to the human species, as believed by

Rudolphi, Raspail, Guérin-Méneville, etc., was abandoned, and all the observations which have followed, such as those of Coquerel and Salli, Friederich Müller and Frantzius, etc., demonstrate that there are no dermatobic larvæ exclusively peculiar to man, but simply that there are species which attack man as well as the lower animals. The synonymy of various recognized species of the genus dermatobia is as follows: In Cayenne, the *ver-macaque* or *macaco worm*; in Brazil, the *berne, ura*; in Costa Rica, *torcel*; in the country of the Mayna Indians, *suglacuru*; in United States of Colombia, *gusano-peludo* or *nuche*; in Mexico, *gusano moyaquil*.

The larvæ of these dermatobias are elongated, terminating in a tapering caudal extremity, provided with thorny hooklets in their anterior half only, and there situated on the superior and inferior borders of their segments.

These larvæ, as demonstrated by the immature specimens shown here to-night, differ from the cuterebræ in the fact that the latter are thick and gathered up into a fleshy mass, not attenuated posteriorly into a long caudal extremity, and are only tuberculated, without presenting the strong and formidable unciform or lamelliform spines which are seen so distinctly in these specimens.

The two *leading* species of dermatobia that have been recognized in the perfect state (imago) are the *dermatobia cyaniventris* (blue-bellied gadfly), described by Macquart in his *Dipteres Exotiques* in 1843, t. 1, p. 19, Paris, under the name of *cuterebra cyaniventris*. (Extrait des memoires de la Société Royale des Sciences de l'Agriculture et des Arts de Lille, 1840). This Brazillian species does not differ from the *dermatobia (cuterebra) noxialis* of Gaudot, except in the blue color of its belly.

The celebrated cuterebra (dermatobia) noxialis of Gaudot (see figure 3), which is the other well-known member of the species, is found in great numbers on the edge of great forests and in the prairies. This insect inspires great dread to wild cattle, which prefer to pass the day in sandy wastes than expose themselves in shady pas-

tures to the multiple and maddening attacks of these enemies.

It is very probable that the dermatobia deposit their eggs in a manner similar to the hypodermata, selecting, according to Gaudot's account, the parts of the body that are least accessible to the mouth or the tail. The female dermatobia appear to be extremely prolific, as on a single beef Gaudot was able to count several hundred larvæ. These



FIG. 3.—A typical *Dermatobia*.
 "Ver-macaque," *Dermatobia*
noxialis, (Brauer).
 1. Whole larva.
 2. Cephalic portion.
 3. Caudal extremity. (From
 Bocquillon).

larvæ cover a large surface of the back of the cattle, forming under their skin, and by their aggregation, a large mass of tumors, from which pus is continually oozing from a multitude of orifices. These openings often accommodate other dipterous insects, which lay their eggs there also, develop into larvæ, and give rise to the foulest sores imaginable. The larvæ of the dermatobia are also found on the head, flanks, tail and the spine; but it is generally on the shoulders that the chief focus of larval aggregation is found.

It has been observed that a larva deposited in the middle of June was metamorphosed into a perfect insect on the 4th of the following August, about two months later.

Justin Gaudot demonstrated that, in addition to man, the cattle and dogs in South America are freely victimized by this fly. He himself was attacked by these dermatobias. "I was stung," he said "in several parts of my body and indiscriminately on all those parts which were unprotected, and ova were deposited in my skin, which grew into larvæ that could not be distinguished from those of cattle or dogs. I even allowed one to remain fifteen days in my thigh, and I was thus able to notice a peculiar suction exercised by the

larvæ early every morning, from 5 to 6 A. M., and which produced a sensation somewhat like that of a needle plunged suddenly into the skin." (Quoted by Laboulbène.)

J. Gaudot also writes that in South America the people employ methods quite similar to those followed in Europe to dislodge the hypoderma of cattle. After squeezing the tumor until the larvæ are thrown out, the larval cavity is washed out with salt water. Often, however, an animal that has been washed in the morning will be found at night covered with hundreds of larvæ, which can only be radically exterminated by filling up the holes with tobacco extract (the *savro de cachimba* of the Brazilians), or by dusting them with a dried and pulverized fruit of the *assagra officinalis* (Lindley). It is advisable to leave the larvæ of the dermatobia grow for some days after they are deposited under the skin, so that the pressure exercised in the process of squeezing them out be more efficacious. This is what the natives of South America have learned to do in their plan of "feeding the worms."

Finally, from the preceding considerations, I will conclude:

First—That the three parasites removed from the patient in ward 8, Charity Hospital, are the larvæ of an œstrus of the order of the dermatobia (Brauer), which is a native of Honduras, Central America.

Second—That these specimens are in all likelihood representatives of a species allied to the dermatobia noxialis (cuterebra noxialis, Gaudot), though presenting marked differences between them.

Third—That in removing these parasites from the skin the best method is that of expression (squeezing), combined with a small oblique incision into the orifice of the larval sinus, assisted by the toxic influence of tobacco locally applied in the shape of extract, poultice, hot ashes, etc.

Since reading the above before the New Orleans Medical and Surgical Association I have received, in response to my inquiries, and after submitting to him the specimens for examination, the following valuable and interesting communication from Mr. L. O. Howard, the courteous assistant in charge of the Entomological Division of the United States Department of Agriculture, at Washington, D. C., to whom I am much indebted for this and other favors. It will be noted that Mr. Howard, in confirming my conclusion that these specimens are members of a species of dermatobia, emphasizes the opinion that they are not identical with the dermatobia noxialis, with which they have been confounded, but are the members of an *undetermined* species, which had been already recognized by Brauer.

Mr. Howard writes in his communication to me: "[The larva] is unquestionably that described by Say in the Journal of the Academy of Natural Sciences, Philadelphia, ii, 334, and in his complete writings, volume ii, page 32, and which he calls *æstrus hominis*, reviving the old name of Gmelin. I enclose with this a copy of Say's description, with LeConte's bracketed changes, and also a copy of LeConte's interesting note, which is appended to Say's article in the complete writings. In this note the species is determined as *cuterebra noxialis* (Gaudot). On referring to Brauer, however, I find this identical larva figured, without any mistake (see figure 4 a. b. c.), and mentioned as an *undetermined* species of *dermatobia*. Gaudot's *noxialis* is placed by Brauer in dermatobia, and not in *cuterebra*, and the larva is figured from specimens received from Cayenne. The other species, however—viz: the one which you send and the one which Say describes—was received by Brauer from Osten-Sacken, from North America, where it is said to have lived in the head of a man. Brauer also states that it is identical with the larva described by Coquerel from the head of a mule, from Cayenne (see figure 4 d). On referring to Coquerel's paper, however (Annales de la Société Entomologique de France, 1862, page

786), I find that he simply states that it was collected by Dr. Chapuis from a tumor upon a mule, at Cayenne, and no reference is made to the fact that it was found upon *the head* of this mule.

“The larva is then that of an *undetermined* species of *dermatobia*, and it would be very interesting if we could obtain the adult fly. It is probably found in domestic animals all through Central America and northern South America, and may be a species already described, but not

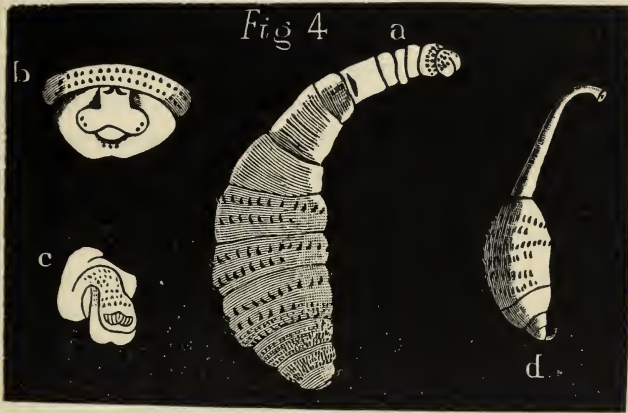


FIG. 4.—*a*, Brauer's figure of entire *Dermatobia* larva supposed to be closely allied to specimens shown in figures 1 and 2. *b*, cephalic extremity; *c*, caudal extremity of same specimen.

d, *Dermatobia* (larva) figured by Coquerel and closely related to, if not identical with, preceding, only seen under a lower power and perhaps in an earlier period of development. [From figures kindly furnished by U. S. Dept. of Agriculture, Entomological Div.]

connected with its larvæ. It certainly differs from *dermatobia noxialis* as I stated before.”

I herewith append Say's description, with Prof. LeConte's interesting annotations, which so accurately describe the larvæ that there can be no further doubt as to their identity. The larvæ themselves I have donated, at Mr. Howard's suggestion, to the National Museum at Washington, where they will be the first to represent their species.

Say's description: “The form of this larva is clavate, the posterior [anterior—Lec.] moiety of the whole length being dilated and somewhat depressed; the segments of

this portion are armed with transverse series of small, black, horny tubercles, dilated at their bases, near their tips, rather suddenly diminishing to a filiform curved hook, pointing forwards [backwards—M.] with an acute termination. These series are *six* in number on the back and sides, placed in pairs, and *three* in number on the abdomen; near the posterior [anterior] termination of the body three hundred and fifty-seven numerous minute tubercles of the same character with the others, excepting that they conform to no regular series. The anterior [posterior—Lec.] moiety of the body is entirely glabrous, cylindrical, or rather elongate conic, of a much smaller diameter than the posterior [anterior] termination of the body; [the segments] are short and the intervening fissure of but little width. Total length, eleven-twentieths; greatest width, more than three-twentieths of an inch.

“[The larva above described is now supposed to be that of *cuterebra noxialis* (Goudot), for the characters of which see *Annales de la Societe Entomologique de France*, 2d series, 2, xli. For a detailed discussion of all the facts known on the subject of *æstri* in the human body, consult Keferstein, *über æstrus hominis*, *Verh. Zool. Botan. Vereins in Wein*, 1856, 637].

“While traveling in Honduras several of my companions were very much afflicted with similar larvæ. They seem to infest particular portions of the body not usually exposed—the pectoral, dorsal and lumbar regions, the thighs and upper parts of the arm. When the eggs were deposited was entirely unknown to the patients, none of them having ever observed a fly alight on the body; but from the position of the parasite it is most probable that the eggs were laid while the patients were bathing. The effects of these intruders are very much exaggerated in the text. They produce a swelling, having the appearance of an ordinary boil, in which at times is felt, for a few seconds, an acute pain when the worm moves. The method of extraction is very simple and but moderately painful. The tumor is held between the thumb and fore-

finger, a lighted cigar is approached to the skin as near as the patient will permit, when the worm becomes restless, and the point of his body will be seen as a very minute orifice in the skin, not before obvious. The cigar is immediately dropped, and with both hands the tumor is compressed violently; the worm is thus forced out, sometimes with such velocity as to be projected several inches. No inflammation or discharge follows, but the sac immediately closes and heals.

“ Sometimes the worm is so small as to resist this mode of extraction. A piece of tobacco leaf is then gummed over the tumor (usually with an exudation from the skin of a plantain); the worm dies in a few hours and is then readily removed by squeezing the part. I have nothing to add to the description of the larvæ in the text, as amended by me, except to say that my specimens were regularly clavate, not at all depressed. The form mentioned above was perhaps owing to contraction produced by the liquor in which the specimen was preserved. The figures given by Mr. Goudot are regularly oval and not at all clavate. The name *gusano del monte* is commonly applied to the worms by the natives, while the insect is called *zancudo gusano*; the word *zancudo* means simply long legged, and it is difficult to understand how it could be applied to a species of *cuterebra*. The natives assured me that the fly was frequently seen; that it was of a grey color and resembled an ordinary mosquito, except in being larger. I imagine that some species of *tipula* was meant. A similar superstition in the United States has conferred upon these harmless insects the fearful title of *gallinippers*.”—*Lec.*

Diatheses and Cachexiæ.

By PROF. JNO. B. ELLIOTT, M. D., Tulane University.

In reviewing the history of medicine during the past century there are three phases which stand out clearly, the one from the other, marking great oscillations in medical methods. These are graphically stated by Bowditch in his

Centennial Address on Medicine. If we go back to the teachings of Dr. Benjamin Rush we find him an illustrious representative of that school of medical thought where hypotheses formed the basis of the systems which they advocated, and upon which was founded all they taught or practiced. These systems were strictly speculative. They were hypotheses, differing from the theories which we venture upon in these later days in this essential regard, that they had no principles demonstrated by evidence, upon which they were based. No modern theory receives the least attention that is not underlaid by these demonstrated principles. From the nature of these ancient systems it can be well understood that any practice founded upon them, must have been as baseless as were the systems themselves, and the dogmatic application of remedies under them must have been harmful as often as beneficial. The results of the practice of those days many now living are old enough to have learned from the lips of both practitioner and patient, and we can supply the details lacking in the account, from the clear insight into the action of the means they used that modern research has given us. That the ancient treatment must have been hurtful to a large majority of the patients we are now convinced. In fact, it was the totally unsuccessful results attending the practice so born that led to the profound reaction which set in during the first third of the present century. This reaction arose from a despair engendered by failure, and so complete and sweeping was its nature that it led to the almost total abandonment of medication in disease. This reaction was marked by a study of the natural history of disease. Its growth was natural. The principles upon which medicines were administered during the first era gave such unfavorable results that the question would naturally suggest itself, "Might not our principles be defective?" And so a few brave spirits, led by Louis, undertook to determine what course diseases would run if left to their natural progress in the body undisturbed by medication. The result of this study led to the discovery that disease when

left to pursue its natural course was less fatal than when medicated according to the old theories. In other words, that disease by itself was less fatal than disease plus speculative treatment. This revelation naturally drove the medical mind to the opposite extreme. Medicine seemed to do harm, therefore, medication had better be abandoned.

The so-called expectant treatment was naturally adopted. The patient was watched and nourished, and nature and the disease were left to fight it out without the use of medicine. This, however, was an extreme in which medical practice could not rest. Intelligent and thinking practitioners could not be satisfied to stand by as idle spectators of a combat, the issue of which must ever be doubtful; and so we find a second reaction setting in. This second reaction was slow in its development and cautious in its advance. Recognizing the former evils resulting from the blind use of medicine this second movement had to begin again the use of medicine, with the saving proviso that a full knowledge of the effect of a medicine must be had before it could be intelligibly and rationally administered. Here then began the study of the physiological action of medicines—a study which has grown to enormous proportions, which by giving us the true physiological action of each of our drugs has given us the means of using them rationally in disease. Knowing now both the natural history of the disease itself, and knowing, in addition, each effect that could be expected from a given drug, the drug can be applied with some hope of success, and with a full capability on the part of the practitioner of judging in any case of what effects are due to the disease and what to the drug.

We are at the present time at this point in the development of a scientific practice. Yet for us there is a still further study to be made. With all the accurate knowledge which we have acquired of the specific actions of our drugs the fact remains that drugs do not act always according to the powers assigned them by experiment. We learn from our texts that a given drug acts in a certain way upon a certain apparatus in the body. In the experience of our

daily practice we find this is true for a large percentage of patients upon whom we essay the drug, yet for the remainder we find the drug fails from its assigned effects. How are we to reconcile this with the hope of a perfectly scientific practice? How are we to know when the drug will fail us? What are the factors in this new departure, which seems about to snatch from us the certainty which the knowledge of the physiological actions of medicines has given us?

This brings us to a further step, which must be taken, in the study of disease and its treatment, for which we are now prepared. This further step is dependent upon the fact that all patients are not alike in their constitutional make-up; that there is found a striking variety in the human family as regards susceptibility to disease and response to medicinal treatment. This variability in patients has been long recognized by medical writers, and has again, within the past few years, been clearly put by Dr. Fothergill as an all-important factor in the study and treatment of disease. I now regard it as the next phase that must be entered upon in our medical development. Knowing the natural history of disease, knowing also the physiological action of medicinal agents, it remains for us to go back to mankind as a field of study, and learn that there are few individuals who do not depart from the normal healthy standard, and by so departing modify their relations to the drugs whose actions we have learned. The recognition of this fact, and the careful readjustment of our knowledge of the action of drugs to this great truth, constitute the reaction which must set in to correct the over-confidence engendered by our knowledge of the action of the drugs we use.

I would select the familiar names of diatheses and cachexiæ to designate constitutional states, and shall depart somewhat from the indefinite meanings attached to these terms and give to them a more rigid definition.

Diathesis I will define as a condition or constitution of the body which can be induced and can be transmitted

hereditarily. It is of great permanence, and can be obliterated only through long-continued treatment.

Cachexia I define as a bad habit of the body which can be induced, and which is not usually capable of being transmitted hereditarily. It is a transient condition compared with diathesis, and can be removed by proper treatment. The classification of these possible conditions would give us as

Diatheses, the strumous, the gouty, the bilious or tropic, the syphilitic; as

Cachexiæ, the malarial, the scorbutic, the plumbic, the mercurial.

Concerning the first three of the diatheses there is a general agreement. The fourth, or syphilitic, I prefer to class among the diatheses, as it comes strictly within the definition. We see in our hospital wards that it constantly underlies, as remote cause, a vast number of the acute diseases which confront us at the bedside. A rheumatic and cancerous diathesis have also been enumerated by some writers, but I am at present inclined to place the rheumatic diathesis as a variety of the gouty, while the cancerous diathesis has never seemed to me to afford such evidence of its presence as could be recognized independently of the appearance of the disease itself. While we find from statistics that cancerous tendencies do exist in families, yet knowing this we would be unable to detect by visible signs the evidence of tendency.

Other conditions have been classed as diatheses which I have removed from that class, and recognized as still wider and more fundamental conditions. These I would designate as constitutional types. They can never be induced, but are always inherited. Such are the nervous and the lymphatic constitutions. The essential difference between these constitutional types and a true diathesis is that the latter can be, the former never can be induced. The diathesis *may* be, but the constitution *must* be inherited. The diathesis can, the constitutional types cannot be removed. The latter is the enduring type impressed upon

the individual by inheritance, and remains unchangeably through life. It has to be regarded in our application of remedies, but it can never be altered by their use. One or the other type of constitution lies behind every diathesis and cachexia, and remains permanently fixed, regardless of the changes that we can effect in the latter.

Attention is drawn to this classification as the next step forward in the study of the relations of the patient to the drugs we use.

As regards our ability to diagnose these conditions it must be said that we are often at fault. A diathesis may be inherited or acquired. Where inheritance exists it is brought out usually by a careful history of the case, even though its presence be unrecognized by the eye. The fact of inheritance alone affords strong presumptive evidence of the existence of a diathesis, and such presumption should never be lost sight of in the medical treatment of any acute disease.

That the diatheses, with one exception, can be induced by mode of life is a truth not needing argument. Mode of life is therefore to be taken into consideration when we are seeking for the constitutional status of a patient. Confinement in an ill-ventilated, damp office, is capable of producing that grade of tissue-life which lies at the basis of tuberculous disease. Such a history is therefore to be taken in evidence, although to the eye no signs of a tuberculous state may be visible. A sedentary life, with high living, can point to a gouty diathesis with some certainty, although to the senses no true evidences of gout exist. Poverty and starvation afford strong presumptions of a scorbutic taint, while yet the immediate symptoms give no sure grounds for such a diagnosis. If we allow these conditions their proper weight, and treat patients subject to them as though they had unmistakable signs of the states they induce, we will be adopting a sound principle of practice that will succeed more often than fail.

A very little reflection will convince us that these constitutional conditions of the body are fundamental factors in

the production of the various acute organic diseases met with in practice. Acute disease is but an incident in the life history of a patient. The causes which make the acute attack possible are these preëxisting diatheses and cachexiæ, which, by weakening the resisting powers of the individual, permit slight existing causes to produce disease.

When an individual in apparently good health suffers an acute organic attack after some trifling exposure to cold or wet, we have been satisfied to explain the attack by citing the cold or the wetting. A little thought, however, shows how utterly insufficient such a trifling cause should be to produce the effect assigned to it. A more truthful statement would be that the patient, through a long continued mode of life, has become impaired in his physiological perfection. He has reached a state of unstable physiological equilibrium, which trifles can disturb, and so he passes under slight exciting causes from a state of apparent health to one of acute disease.

Under the present habits of life that civilization has forced upon us we are scarcely putting the truth too strongly in asserting that few persons leading the life of the average city inhabitant have escaped the action of the conditions furnished by such a surrounding.

Bad ventilation, damp floors, air contaminated with sewage gases, late hours, sedentary life, alcoholic beverages, all go to make up a surrounding of influences which have their effect in the long run upon the most robust. To say that the vast majority are unaffected in health is only to say that they have reached a state of toleration, which, nevertheless, is a forced state, and means a condition of unstable physiological equilibrium. They fall victims at last to some slight exciting cause of disease which could have had no effect save for the long action of the habits of life to which they had apparently grown accustomed. To assign immediate causes for such final attacks, and to leave out of the reckoning the long life history and its constitutional effects, is to shut our eyes to the truth.

Science teaches us that an effect is rarely ever the result of a single cause. There are always several factors involved in each effect. We must look for a concause rather than a cause. So in acute organic inflammations the concause is the long-continued influence of the habits of life and of environment upon the individual constitution, laying the foundations of some one or other of the states we have recognized as diatheses and cachexiæ. As we speak of periods of incubation in the epidemic diseases, during which the poison undermines the physiological functions of the patient, so too in the non-epidemic acute diseases we may speak of the preceding years of life, impressed as they have been by habits and environment, as periods of incubation wherein the individual is gradually losing his physiological balance—a loss signalized finally by the invasion of some acute inflammation.

As soon as we recognize that mankind can be divided up into classes distinguished by constitutional peculiarities, that these states are few in number, and are determined chiefly by mode of life, much light will be thrown upon the diagnosis of many obscure ailments that fall under our care. In our daily practice it is not the well marked organic disease that troubles us in diagnosis, but those very obscure ailments which, from our inability to trace to their true causes, we find difficulty in diagnosing correctly. It is easy enough to give a name to a symptom, but our treatment will be of little avail unless we can interpret the symptoms in terms of its true causes. To recognize, therefore, the tendencies of the various life-habits of our population is to be prepared for the true interpretation of many such obscure ailments as our patients present.

Likewise in our practice at the bedside, keeping these broad classes of possible constitutional states ever in mind, our practice will be more or less influenced by such knowledge, much to the benefit of our patients and to our own satisfaction.

That these various constitutional states bear differing re

lations to the drugs we use has been placed beyond dispute. Yet our knowledge in this matter is of the most general and indefinite nature. Experience has taught us that the strumous diathesis responds badly to the action of mercury and its salts, and that by it the alkalies are also badly borne. This we can easily explain when we remember that both of these groups of salts diminish notably those very processes of combustion which are already at fault in the strumous diathesis; that this diathesis is characterized by a low grade of tissue formation and tissue repair, and can only be combatted successfully by agents which will, by increasing combustion, remedy this fundamental fallacy. The experience of every practitioner will furnish to his memory strumous patients in whom the syphilitic diathesis had to be met and treated, and will recall to him likewise the care with which these antidotes to the syphilitic poison had to be used in the face of a diathesis to which they were hurtful. On the other hand, who has not realized the kindness with which the strumous diathesis responds to opium and its derivatives?

In the gouty diathesis, again, whether inherited or acquired, the mercurial salts and the alkalies act favorably, as a general rule, while the salts of lead are decidedly harmful. Such general facts as these have been slowly acquired by the profession through a long experience without any designed or systematic search after them. But realizing, as we do, that the constitutional states of which we are speaking are broadly marked, we should hope for far wider results, since the study of the effects of drugs can now be made with more precision. The accuracy of our knowledge of the physiological action of medicines will render this research far more certain now than it could have been in the immediate past, and a careful observation of their effects upon the different diatheses and cachexiæ will no doubt enable us to discover some general rules by which the failures now often noticed may be accounted for and avoided.

Two Cases of Endocarditis with Pyæmic Symptoms.*

By A. PETTIT, M. D., New Orleans.

November 25th, 1885, was called to see Mr. S., a native of this city, about thirty years of age, and a railroad clerk by occupation. His clerical work had been very onerous, working more hours in the twenty-four than should be required or permitted of any man. Excessive work, combined probably with natural inclination, led him into dissipated habits, and for several years he had seldom gone to bed perfectly sober.

He presented symptoms of a mild attack of rheumatism, fever of light grade and slight articular pains; no marked perspirations. None of his symptoms pointed especially to his alcoholic habits. Ordered a laxative, quinine and a solution of salicylate of sodium. His fever pursued this mild course about twelve or fourteen days, presenting no disagreeable symptom except a frequent and feeble pulse. From about the fifteenth to twenty-fifth day he had severe and irregularly recurring rigors, followed by high fever and profuse sweats; sometimes they occurred twice in twenty-four hours. About this time he began to complain of præcordial pain, and auscultation revealed a systolic murmur. Later on he complained of a little pain and soreness of the right leg. On examination it was found swollen and somewhat œdematous, also tender on pressure. During this period of his illness he would at times talk *in a propos* and incoherently; functions of stomach and bowels were good throughout his illness. Though he had no desire for food he took it well and digested it; seldom required hypnotics.

About twenty-eighth day he began to improve, and was discharged convalescent on the forty-second day of his illness.

During the period of rigors Dr. D. C. Holliday was called in consultation.

Treatment consisted in tonics, stimulants, nourishment and perfect rest in the recumbent position. During the

* Read before New Orleans Medical and Surgical Association.

worst period of his illness, owing to the excessive weakness of the heart's action, I forbade any except the recumbent position, even during defecation.

What was the matter with this man? I must admit that the diagnosis was a puzzle to me. I first thought it a case of rheumatism; then simple continued fever; then towards the last concluded that it was most probably ulcerative endocarditis, the phlebitis of right leg being secondary and a consequence of the heart trouble. The fact that there were no abscesses and that this patient recovered would, however, militate against my final diagnosis.

Was called December 11th, 1886, to see Cecilia (col.), a native of this city and aged twenty years. She had been confined with her first child four or five weeks previous; no untoward accident occurred at that time. She remained in bed the ordinarily stipulated period, and after getting up gradually resumed her household duties. About a week previous to my visit she had a chill and fever, on account of which she remained in bed a few days. Feeling better, though not well, she again got up and resumed her work. She soon had another chill, followed by fever. At this period I was called in. I examined the case carefully and observed no symptoms of peritonitis, metritis or cellulitis; though there was a little inoffensive leucorrhœal discharge from the vagina. She had the general appearance of bad health. Having diagnosed the case simple malarial fever, I ordered a laxative and decided doses of quinine. Though decidedly cinchonized, the chill and fever recurred several times, then became continued remittent. Finding that quinine failed to control it I continued it in simply tonic doses, in conjunction with the mineral acids. For several days the fever seemed to pursue only a moderately severe course, temperature not being excessive, but pulse very frequent and feeble. On December 27th, about the eighteenth day of illness, I found her temperature so high that I resorted to antipyrine to lower it. She was better next day, but on the following day found her, at time of my visit, in a frightful rigor,

which was followed by an excessively high temperature (105° F.) and profuse perspiration. For the next eight or ten days I visited her twice daily. During this time there occurred at irregular intervals severe rigors, high fever, temperature going as high as 104° and 105° F., and profuse sweats; pulse continued excessively frequent and feeble; tongue became dry; took milk and beef tea moderately well; no diarrhœa, but bowels responded to enemata given from time to time; complained a little of pain in her chest, but generally claimed to feel better every day.

These symptoms all pointed to blood poisoning from some focus of suppuration, but I could find none. I examined her repeatedly with care, interrogating the lungs, the liver, the pelvic organs, indeed every organ except the heart, of which I had not the least suspicion. Finally on the morning of January 5th I was called in great haste to see her. On entering the room I at once beheld so perfect a picture of a former case occurring in my practice several years ago, that I at once recognized the nature of the present accident. There had occurred embolism of the bifurcation of the aorta. The patient was in a semi-recumbent position, her face presenting a peculiar expression of most intense pain, combined with great anxiety and mental distress. She complained continually of severe pain in her lower extremities, which she described as of a burning character, associated with a feeling of deafness and tingling. And she demanded continually and most vociferously to be helped out of bed, saying that she must and would get up, that she could not and would not stay in bed any longer. After calming her excitement somewhat I placed my ear over the præcordial region and heard a distinct systolic murmur over the whole area. I instructed her to draw up her legs, which she was unable to do. Feeling for the femoral arteries there was no pulsation in them, nor in the iliac, nor anywhere below the bifurcation of the aorta. Her feet and legs were already getting cold. After a few days gangrenous spots appeared at various points

on the feet and legs, and most of the toes became as hard as a stone. She lived in this miserable condition of suffering, anxiety and distress for ten days, when death came happily to her relief. Treatment in this case varied as it progressed. First laxatives and decided doses of quinine, then tonic doses of the latter combined with the mineral acids. Afterwards antipyretics (large doses of quinine and antipyrine). Then tincture iron, quinine and digitalis; occasional enemata to relieve bowels and morphine to relieve pain and procure rest. Nourishments and stimulants, brandy and ammonia, were assiduously plied throughout the case and the recumbent position insisted upon. What, Mr. President, was the nature of this case? I think it was ulcerative endocarditis from the beginning. It would have been very interesting as well as very instructive to have made a post-mortem in both these cases, but unfortunately the first case recovered. I say unfortunately, because he has since become such a worthless man, and when the last case unfortunately *died* I was so busy and at the same time unwell that I did not even ask the privilege of an autopsy.

The usual causes of endocarditis are rheumatism, chorea, pyæmia or any disease or deformity causing a strained or excessive action of the heart, as Bright's disease, spinal curvature or the pressure of a large tumor on the aorta or large arteries. It is also more than probable that endocarditis may be induced, like other forms of inflammation, by exposure to cold and dampness when the blood is in a depraved condition and the nervous system unstable in consequence of bad living, unhealthy food, bad hygiene, overwork and alcoholism. A present or preceding attack of endocarditis predisposes to ulcerative endocarditis. Pyæmia, however, is the most usual exciting cause, and usually results from phlebitis, erysipelas or some suppurating focus on the cutaneous or mucous surface or elsewhere.

Sir Thomas Watson reports two deaths from primary attacks of rheumatism complicated with pleurisy, in which autopsy revealed ulceration of the aortic valves. Other authors, criticising his diagnosis, consider them cases of idiopathic ulcerative endocarditis with articular pains.

Prof. Winge, of Chistiania, reports the death of a man aged forty-four, who died with symptoms of blood poisoning, apparently depending on a suppurating corn; the aortic valves were ulcerated.

This disease has often been known to occur in the latter months of pregnancy or a few weeks after delivery. Virchow says that instances of the kind occur every year at the Charité in Berlin. Most of these cases are associated with inflammation of the uterus, but in some instances the pelvic organs are quite healthy. Very often, says C. Hilton Fagge (see Reynolds' System of Medicine), ulcerative endocarditis occurs spontaneously without any antecedent pathological condition as far as our knowledge goes. It may arise suddenly with shivering and is easily mistaken for enteric fever or other acute disease. Much more commonly, however, it affects valves already diseased and results from infection. Heiberg reports the case of a girl, æt. 22, who died seven weeks after delivery with symptoms of blood poisoning; the mitral valve was perforated by a recent ulcer. Eberth, of Zürich, reports the case of a young man, *previously healthy*, who died after little more than two days' illness; two of the aortic valves were ulcerated through, and the ulceration extended into the muscular substance of the heart.

The leading symptom is fever, attended with repeated shiverings or rigors; temperature may range from 101° to 105½° F.; pulse is quick and tongue generally becomes dry; spleen usually enlarged and tender on pressure; purpuric spots often appear on the skin and mucous membranes; icteroid tinge to the skin is common; articular pains are generally complained of; extreme prostration and somnolence commonly occur. In many cases there is nothing present to call the physician's attention to the heart; neither palpitation, oppression of breathing, nor præcordial pain. Such cases may easily be mistaken for other acute diseases, as enteric fever, ague, rheumatism, etc.

Before closing I should state that in many autopsies after

death from this disease, round bodies have been found adherent to the valves of the heart and to *ante mortem* clots behind the diseased valves, which bodies, when chemically and microscopically examined, proved to be masses of bacteria. What relation these bacteria have to the ulcerative process, the blood poisoning, the embolism and consequent abscesses is, I think, still *sub judice*, especially as Heiberg failed to find any parasitic organisms in the specimens preserved in the museum at Christiania.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL, and would therefore ask our medical friends to send us *short* reports of cases of interest in practice.

A CASE OF MALIGNANT PUSTULE (CHARBON); DEATH.

By HENRY O. READ, M D., Grande Chenière, La.

On Friday, July 1st, I was called to Eugene Broussard, a healthy farmer, aged 48 years. He had on the Monday previous contracted charbon, which appeared on the outer side of the carpal bones of the left wrist, near the ulnar articulation, as a small vesicle with a hard circumscribed base. He used mild local applications until Thursday, but as his hand continued to swell he then applied the actual cautery. From that moment the swelling increased rapidly. When I saw him, twenty-four hours afterwards, his hand and forearm were enormously swollen; the original pustule on the wrist, about the size of a silver quarter, contained a gangrenous slough surrounded by hard and elevated edges; hand cold, without circulation; enlarged lymphatic gland in axilla as large as a hazle nut, not painful; violent pain in hand; not much constitutional disturbance; temperature 102°; pulse 90; breathing normal; good appetite. I prescribed ammon. carb., brandy, quinine, tinct. ferri muriatis, alternately, every four hours.

July 2d and 3d—Swelling spread rapidly up the arm and into the body, following the course of the infraspinatus and great serrated muscles. Temperature 101°; respi-

rations normal; pulse accelerated and weaker; good appetite. Treatment same; increased dose of ammon. carb.

July 4 and 5—Temperature 100°; pulse accelerated and weaker; swelling extending into body; burning in stomach, nausea, from large amount of ammon. carb taken.

At 5 o'clock on the 5th, pulse became extinct at wrist. The original seat of disease not changed, except that the skin of the hand cracked open in places from distension. Used as local applications through the whole course of disease Platt's chlorides and plumb. acetat. in abundance of cold water.

July 6, 4 o'clock—Died, conscious to the last; no lesion of any organ except the heart; impeded, sighing respiration for twenty-four hours before death, due, I think, to loss of contractility of left ventricle. The senses of hearing and smelling morbidly acute.

I have been treating this disease for over thirty years in Southern Louisiana, and this is the first death that I have encountered; nor have I noted abnormal heart action to an alarming extent. This disease is never contracted in the human subject except by inoculation, somewhat like syphilis; but the period of incubation is much shorter—generally from six to twenty-four hours, sometimes thirty-six hours, from contact to first appearance of vesicle. I have never seen a pustule. Gangrenous disintegration, almost always circumscribed and pitted, rapidly supervenes when the vesicle bursts. Constitutional disturbance appears on the fourth day and is seldom greater than would be caused by the maturation of a vaccine pustule.

A CASE OF VESICO-CERVICO-VAGINAL FISTULA REQUIRING SEVENTY DAYS OF PREPARATORY DILATATION BEFORE OPERATING; SUCCESS OF THE OPERATION.

By DR. EDMOND SOUCHON, Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana.

The following case illustrates very well Dr. Bozeman's principle—*i. e.*, what patience, perseverance and courage on

the part of the patient and also of the surgeon can accomplish in complicated cases of vesico-vaginal fistulæ.

Mrs. Z. was married at the age of eighteen and immediately became pregnant. At full term the child was very large, and, though assisted by competent physicians, a vesico-vaginal fistula resulted. After it had been going on for several months I was called in to see what I could do for her. I found the whole of the vagina somewhat constricted, but especially that portion nearest the os of the uterus. It was contracted to the size of about a nickel. Upon passing the finger through, it penetrated a small cavity, in which one of the lips of the os could be felt, but no more could be ascertained. I informed the patient that it would require some two weeks to dilate the vaginal constriction before I could know exactly what existed beyond it, and, therefore, what I could finally accomplish. She consented, and accordingly I started dilating the constriction with Tieman's Rectal Dilator, making at the same time several incisions through the cicatricial bands when put on a stretch. At the end of about fifteen days I had a full view of the deep parts, and ascertained that there was a fistulous opening of about the size of more than a nickel, and, worse than that small fistula, that the anterior lip of the os was entirely gone, so that the margins of the fistula encroached upon the cervical canal. This canal was no larger than usual, measuring a diameter of about one quarter of an inch at most. It was, therefore, impossible to operate before dilating this canal sufficiently to have room enough to make a good paring and then to pass my long vesico-vaginal needle (with an eye near the point) through the posterior lip of the fistula and there hook the thread and withdraw the needle. I again informed the patient of the condition of things and told her that it would require several weeks more or less before the os could be sufficiently dilated. She hesitated a while, remembering the pain she had first gone through, but bravely made up her mind, and we began at once. At first I could only use the ordinary uterine dilator, and I stretched the parts as

much as the patient could stand it; I then left the dilator in place for about thirty minutes and removed it. When the os had been thus sufficiently dilated I introduced Tienman's Rectal Dilator and did as above. Upon reaching the full expansion of this dilator, in order to increase its action, I tied to each branch a piece of folded linen, introducing the instrument closed and then working the thumb-screw to open it and stretch the parts. In this manner, without missing more than a day occasionally, and with rather considerable pain to the courageous patient each time, we reached the seventieth day of dilatation (vaginal dilatation included). It was only then that the os would remain sufficiently dilated *after the removal of the dilator* to allow a thorough paring and the passing of the needle and the hooking of the thread. The dilated os, after the removal of the instrument, was about the size of not quite a silver quarter. The operation was performed with the kind assistance of Drs. A. Smyth, E. S. Lewis and J. H. Pike. The sutures were removed at the end of the tenth day; the union was complete and the patient delighted—so was I.

CASE OF STRANGULATED INGUINAL HERNIA COMPLICATED
WITH INTESTINAL OBSTRUCTION IN THE ABDOMEN;
HERNIOTOMY—LAPAROTOMY; RECOVERY.

By A. B. MILES, M. D.

The subject of this report, an Israelite of good habits, below the medium height, but of compact physique, aged thirty-six years, was admitted into the Charity Hospital at 7 o'clock on the evening of the 19th of July, suffering of strangulated inguinal hernia.

The patient declared that an injury of the groin and scrotum, inflicted by a base-ball three years ago, was the beginning of his hernia. The traumatism ensuing upon this accident must have been considerable, as the patient was confined to his bed for two weeks; and very probably during this illness he suffered of the peritonitis, which re-

sulted in the bands of adhesions in which the intestines were ensnared and obstructed as described hereafter.

During the year following the base-ball injury the patient observed occasionally a small inguinal swelling accompanied by pain. Two years ago the hernia declared itself unmistakably. While lifting and tossing his child the patient experienced the sensation of a "crick in the back," and immediately discovered that a hernia had descended to the size of his fist. Since the occurrence he has come along in life with a reducible inguinal hernia, to which he has never until recently attached the importance of asking medical advice.

On the morning of the 19th of last July the patient awaked suffering of "cramps in the abdomen." Domestic remedies failing, he called a physician, who prescribed what the condition seemed to indicate—anodynes and a cantharidal plaster. Some hours after the medical visit, the patient, attracted by pain in the inguinal region, discovered that his hernia was irreducible.

The reader will observe here the predominance of abdominal symptoms at the outset, to the extent of engaging entirely the medical attention. In the light of later discoveries, foreshadowed in the title of this report, the abdominal colic was due in all probability to intestinal obstruction within the cavity which preceded the strangulation of the hernia.

When the symptoms of a strangulated hernia supervened upon those already mentioned, medical aid was again summoned and efforts at reduction were made without avail for several hours before his admission to the operating room of the hospital. Upon admission the patient's general condition was fair; the hernia irreducible by the ordinary manual methods, but not so tense and painful as usual in such cases.

We proceeded to perform herniotomy, and having relieved the inguinal constriction without opening the sac, attempted to reduce without exposing the hernial contents. Failing in this, the sac was incised and a protrusion of

omentum and small bowel exposed. The parts appeared to be in a fair condition; the intestine had suffered more, but not to the extent of subsequent peril to its life. So at once began the process of reduction. It soon became evident that, although the inguinal constriction had been severed freely, our efforts at reduction were resisted by an obstruction within the abdomen, which prevented the complete return of the herniated organs into the cavity. The parts, so far as reduced, were packed in the iliac region and in the inguinal canal in a way to impair their future usefulness, if not to endanger their life, by interruption of the circulation. The finger, passed into the cavity of the abdomen, detected the peritoneal adhesions, which evidently were preventing the return of the hernial contents.

The herniotomy incision was at once prolonged along the semilunar line and the abdominal cavity opened to a point on a line drawn horizontally one inch and a half below the navel. The cause of the intestinal obstruction was quickly demonstrated, the small bowel, including the knuckle protruding at the inguinal opening, having been caught between bands of peritoneal adhesions. This internal strangulation, if left unrelieved, would surely have resulted disastrously. The bands were easily severed, the cavity cleansed, the wound sutured and dressed antiseptically.

Here let us accentuate the practical point that it is not alone necessary that an abdominal hernia should be reduced in cases of strangulation, but equally important that the protruding organs should be restored to a position compatible with their immediate safety, as well as their usefulness in future.

During the twenty-four hours following the operation there were much nausea and vomiting, which, however, were finally controlled by a prescription containing creosote and the deodorized tincture of opium.

On the evening of the third day the temperature rose to 102° F., pulse 100, respiration 33. Otherwise the symptoms were favorable; no unusual abdominal tenderness, no

tympanites. On the evening of the 22d the bowels acted spontaneously.

July 25th the dressings were removed; suppuration in the abdominal wall at the upper end of the incision. Between the 22d and 26th the temperature ranged between $99\frac{1}{2}^{\circ}$ and 101° ; between the 26th and 30th, 99° to $100\frac{1}{2}^{\circ}$ F. On the morning of the 31st of July the temperature was normal, pulse 80.

The local suppuration gradually diminished under antiseptic irrigation, and the patient's recovery was sufficiently complete on the 17th of August to allow his discharge from the hospital.

TWO CASES OF VESICO-VAGINAL AND ONE OF RECTO-VAGINAL FISTULÆ CURED WITHOUT OPERATION.

Service of Dr. P. MICHINARD; reported by Mr. HENRY J. SCHERCK.

Case I.—W. P. (colored), aged 42; nativity, Louisiana; occupation, field-hand; general health, good. Admitted June 27, 1887.

In January of 1886 she was delivered of a large child after a tedious labor of forty-eight hours; no instruments were used. Before leaving childbed she noticed that she could not retain her urine. Upon examination we found clothes saturated with urine, patient never passing it through the meatus. Nates excoriated. Half an inch in front of cervix was a fistulous opening, communicating with the bladder, sufficiently large to permit the easy introduction of a No. 18 urethral sound.

Treatment: Daily vaginal douches of hot water for one week. On July 7th an application of solid silver nitrate, thoroughly cauterizing the edges of fistula, was made. This operation was repeated every fourth day. Four applications in all were made. At each time a marked improvement could be readily noticed.

On July 23d she reports that no more urine escapes through fistula. She micturates naturally. No vesical tenesmus.

July 26th, she continues to improve and is discharged

cured, there remaining nothing but a firm cicatrix in place of the former fistulous opening.

Case II.—M. V., aged 21 (colored), admitted to ward 36 on May 30, 1887; has always lived in Louisiana; occupation, cook.

As in the previous case a vesico-vaginal fistula immediately followed childbirth. This opening was situated about one inch in front of the cervix uteri. The urine constantly dribbled from her. The fistula was slightly semi-circular and edges granular.

She was instructed to take vaginal injections of hot water twice daily for about a week and a half, after which the edges of fistula were touched every other day with nitrate of silver. About eight applications were made in this case, a perfect cure resulting. It is well to state that in neither instance was the patient confined to bed or a catheter retained.

Case III.—Recto-vaginal fistula. L. K., admitted June 26, 1887, aged 36; health, fair; gave indifferent history as regards duration of trouble. Complains of pain in back, discharge of gases and fecal matter *per vaginam*. Examination discovered a recto-vaginal fistula sufficiently large to admit a No. 17 sound. This was about an inch above the anus. About an inch above this was discovered a stricture of the rectum, which prevented passage of a No. 3 rectal bougie. Beginning with the smallest sized bougie the stricture was gradually dilated to such a calibre as to admit a No. 7 bougie. After three weeks of such treatment it was noticed that the fistula had entirely healed.

No applications were made in this instance, the fistulous opening gradually closing as its cause was removed. Laxatives and tonics were the only medicines prescribed.

THE TREATMENT OF OPIUM POISONING BY NUX VOMICA.

By W. STADLER, M. D.

Dr. Davidson, Sharon, Ga., reported one case of opium poisoning which he treated by a hypodermic injection of ten grains of nux vomica extract at one dose, with success.

Reading his account brought forcibly back to my mind the proceedings of a would-be suicide. He swallowed two grains of morphine, and, to be certain, over one grain of strychnia one minute after. While the action of strychnia predominated, it was kept so far in check by the morphine that mild convulsions only took place and he fully recovered, without any treatment, in a short while. This would-be suicide was only sixteen years old.

Opium kills by paralysis of the respiratory centre. Strychnia usually terminates life by spasmodic fixation of the diaphragm and respiratory muscles. Opium is the great anti-spasmodic, while strychnia may be called the spasmodic. I determined to try this treatment in any given case, and, as it was, I had a very fair chance for it. Mrs.—, aet. 64, was sick and, having given her repeatedly morphia, I thought I was certain that she could bear it well. One evening I directed one-quarter grain of morphia every four hours. A messenger gave me next morning a very lucid account of her condition, and I could not doubt but that she was poisoned by the morphine. I had one grain sulphate of strychnia dissolved in half ounce water and went. Found her insensible. Respiration four per minute; pulse feeble, rapid and irregular. I gave her in a quarter of an hour two hypodermic injections of strychnia, one-tenth grain each. Being able to rouse her I then gave her every quarter of an hour one cup strong coffee, with infusion of capsicum and one-tenth gr. strychnia. I noticed the first improvement in two hours, when the pulse got strong, almost bounding. In less than three hours the 64-year old lady had taken in all one grain strychnia, when I, for the first time, noticed twitching of the extremities, when I desisted from giving her more. Only then the respiration improved to six, then eight and then ten per minute.

Three hours after that, six hours after beginning of treatment, respiration normal, awake and was feeling pretty well.

She drank the large doses of infusion of capsicum without remark until she began to improve, when she made a remark about the pepper tea.

The lesson I received in this case was to the effect that I was giving the strychnia too slowly. If I were again placed in the same situation I would commence by giving half grain at one dose, then following with one-quarter and one-eighth grain doses until the physiological effects of strychnia manifested themselves. But there I would stop, for fear of substituting spasms of the diaphragm for paralysis of the respiratory centres.

In three hours the old lady was out of danger: will atropia do such quick work?

CORRESPONDENCE

LETTER FROM LONDON.

LONDON, Aug. 10, 1887.

Mr. John H. Morgan, F. R. C. S., Surgeon to the Hospital for Sick Children, Gt. Ormond St., London, England, recently gave the first of a series of lectures before the students and practitioners attending the hospital, subject:

“Deformities of the Head and Neck.”

The first in importance as well as in interest among these congenital aberrations he considered to be that tumor termed meningocele. If a part of the cerebellum or cerebrum also protrudes, it is called an encephalocele. If besides this there is added some of the membrane which lines the ventricular cavity, the term used to signify the condition is hydrencephalocele. He continued as follows:

These tumors are usually found in the occipital region, and vary in size from that of a filbert to larger than the patient's head. The skin over it is covered with fine, long hairs, which become more widely separated as the tumor increases in size. The surface becomes glistening, and ulceration takes place at the part most distant from the circulation. Large blue veins cover the part nearest the base and converge towards the pedicle. Pressure on this tumor may or may not cause some return of the fluid

Crying and coughing may increase the tension of the tumor. The skin at the base is gathered into large folds, and, especially when some of the fluid is drawn off, the marginal outlines of the hole can be detected. Interiorly, we find attached to the skin the expanded portion of the dura mater, and intimately attached to this is the vascular arachnoid. The sac is sometimes single and sometimes multiple, different sacs being caused by inflammation which is set up and which is the usual cause of death. The deficiency of bone which allows of the tumor sometimes occurs above and sometimes below the occipital protuberance.

The portion of brain included in an encephalocele may be part of the cerebellum, but more frequently it is a part of one or both of the cerebral hemispheres. The opening between the cyst and the cavity of the skull may become spontaneously closed. An instance of this occurred under the observation of Mr. T. Holmes. I present here specimens of this condition. From the time at which we know that these segments should become united we can reason that these protrusions appear early in foetal life. Further anteriorly, the most frequent situation is at the root of the nose, sometimes involving the forehead, sometimes lying exactly in the median line. The following case brought to the hospital depicts very clearly the usual condition of affairs: It was the eighteenth child, and was brought to the hospital when three weeks old. There is a cleft in the cranial and facial bones extending from the posterior fontanelle to the teeth. In place of the nose and in the centre of the face and forehead is a swelling, with two integumental bosses on it and a transverse imperfect cleft. The swelling communicates freely with the cranial cavity, and a free impulse is produced on percussion. The child died at the age of four and a half months. A similar case is recorded by Mr. Shaw, *Pathological Trans.*, vol. ix. Out of fifty-nine recorded cases fifty-three were in the occipital region. In six cases the subject reached adult age.

Treatment resolves itself into leaving the case alone, ex-

cept in some rare instances, where compression can be exercised, and we are enabled to temporize, hoping that the aperture may close.

In another case, where encephalocele presented at the root of the nose, the child was three months old and intelligent. Noticed first at birth that tumor gradually increased, growing from the root of the nose, between the eyes. Skin sound and natural, adhering to the walls of the tumor. At the base a well defined opening could be determined between the eyebrows and the root of the nose. The tumor could be compressed to the level of the surroundings, but quickly refilled. Pulsation, synchronous with the pulse, also corresponded to the variations of the venous circulation.

Another interesting case was one in which the patient was born with a hair-lip and cleft palate, the cleft being central. A large bluish-red tumor, the size of a fist, hung out of the mouth and over the chin, resting its base on the sternum. The pedicle could be followed up the right side of the septum and appeared to end in the interior of the nose. It was ligatured high up, and it was found that the pedicle entered the skull immediately in front of the sella turcica, and was attached to an oval tumor, which was covered by a thin membrane and surrounded by the brain. The tumor consisted of grey brain substance. The lateral ventricles were much dilated and malformation of the heart was present.

I will conclude to-day by relating a few analogous cases, any of which may be regarded as of unusual occurrence, and none of them presenting difficulty of diagnosis. The first case is that of a child born of healthy parents. This, the third, was born healthy but small, and no instruments were used, though the labor was tedious. At birth there was noticed above the anterior fontanelle a round, soft swelling, red on surface. This had not increased when the patient was brought to the hospital. I then found in the above position a soft, smooth, fluctuating swelling, raised about one-half inch above the surface, and having a transverse diameter of an inch. It freely moved on the

surface of the fontanelle, and there was slight evidence of craniotabes. It had no sores about the body, and there was no indication in the child's cry of syphilitic affection of the larynx; still there was an impression, probably from the prevailing views on the subject of craniotabes, that the swelling might have a syphilitic origin, and the patient was placed on a course of grey powder. At first the tumor did not diminish, but the craniotabes became more marked. In the course of three months, however, this had disappeared, though the tumor had altered but little, and indeed had not decreased in size [at the end of six months, when I lost sight of the case. This was probably an instance in which the communication with the external sac became obliterated, looking to its congenital origin, its situation, and the presence of craniotabes, which are always found in these cases.

The next case was a boy of four years, brought to me on account of a lateral curvature. He was a healthy-looking lad of sound parentage. My attention was called to his head, and I found a pulsating swelling, about three-fourths inch in diameter at the prominence of the occipital bone. This could be easily emptied by pressure, but was felt to pulsate synchronously with the pulse in the posterior auricular artery. The pulsation was feeble and controllable. There was no source of communication with the interior of the skull. He considered this a case of aneurismal varix, or a congenital dilatation of one of the larger arteries of the skull.

Dr. Frank Salzer, of Vienna, one of Billroth's assistants, is here, doing the London hospitals during the summer. He informs me that Dr. Kolischer, one of Prof. Albert's assistants in Vienna, has introduced a method of treating localized tubercular affections, especially those of the joints, by parenchymatous injection of a solution of phosphate of lime. The formulæ are as follows:

1. R Calcis phosphatis neutralis, 50.00.
 Aquæ destillatæ, 500.00.

Adde acidi phosphorici quantum sufficit, ad solutionem perfectam; filtra et adde acidi phosphorici dil., 60, aquæ destillatæ q, s, ad 1000.00. S. For injection.

2. R. Calc. phosphatis neut, 50.00.

Aquæ destillatæ, 500.00.

Adde acidi phosphorici, q. s. ad solutionem perfectam, filtra et adde acidi phosphorici, dil. 60.00 or 120.00.

Aquæ dest. q. s. ad 1000.00,

S. For impregnation of the gauze.

The solutions were thoroughly sterilized each time before being used.

His object is to supply the diseased part with the lime salts, and thereby promote the calcification of the fungus masses. In the clinic of Prof. Albert in the Allgemeines Krankenhaus at Vienna, Dr. Kolischer obtained, during his experiments, healing of the fungus masses in from four to six weeks. They would break down and heal very rapidly, the injection being followed by a severe reaction. The process was not unlike the demarcation of gangrene.

The injection itself is quite painful, and cocaine can be used with advantage. Prof. Albert, though at first sceptical, has come to be a firm believer in the remedy.

Dr. Bantock, of the Samaritan Free Hospital, removed both ovaries from a woman recently. She subsequently gave quite a display of temperature. The second day after the operation the temperature reached 99°, with vomiting; third, 100.4°; fourth, 103.6°; fifth, 108.2°. She was then put in an ice pack at 6 P. M. At 6:10, temperature 107.6°; 7:10, 102.6°; pulse, 110; respiration 36. At 7:15, 101.2°; pulse 100. At 7:40, temperature, subnormal; pulse 100. Removed the ice and covered over with a sheet and blanket. At 8:10, temperature, still subnormal; swallowed a little barley water, but continues insensible and moaning. At 8:30, temperature 96.8°; 9 o'clock, 96.8°; 10 o'clock, 97.8°; 10:30, 98.8°; 11 o'clock, 99.6°; 12 o'clock, 100.4°; 12.30, 100°, and varied from 98° to 99° the rest of the day. She then progressed to recovery without further accident.

Dr. Robert J. Lee, in a recent clinical lecture delivered before the class of students and practitioners at the Hospital for Sick Children, Great Ormond street, on the possibility of syphilitic infection by vaccination, said in substance as follows :

The infant presented here has several scaly spots on its legs and thighs, which would alone decide the question that it has syphilis. There are also several large shallow ulcers on the nates, which are more than suspicious. These symptoms began soon after birth. There have been no other symptoms of the disease about the child, but the first child, three years ago, was not born alive. The mother has never shown any symptoms of infection. We might predict that several months, if not more than a year, had elapsed between the father's contracting the disease and his marriage.

So far as my own experience goes, I should say that there would be no danger of transmitting syphilis from this child, whether we use the vaccine lymph before or after a course of treatment. It would have been a different matter if the mother had suffered and the child had shown symptoms more severe, as snuffles, cracked lips, ulcers around the nose and the waxy cachexia.

If vaccine lymph from one child suffering from syphilis will not infect, and that from another will, where are we to draw the line is a very important question. Dr. Cory, public vaccinator for London and examiner in vaccination, maintains that there is no danger of infection with syphilis unless the child is suffering from the early symptoms. So great was Dr. Cory's faith in this, that he experimented upon himself, vaccinating himself four different times from infants suffering from syphilis. The fifth time, however, unfortunately for both Dr. Cory and science, he contracted syphilis. The lecturer, after a very extensive clinical experience, had come to the same conclusion as Dr. Cory.

As symptoms of syphilis do not appear in some infants before several weeks or a month, it is not safe to vaccinate with lymph from an infant under one month of age.

The idea that vaccine lymph is safe, if it contains no blood, is a delusion, and has no evidence to support it.

The British Medical Association, just finished at Dublin, was one of the most successful meetings, both scientifically and socially.

Dr. F. A. Phillipi, of the German Hospital, London, read a paper before the last meeting of the British Medical Association on

“The Treatment of Ulcus Cruris by a New and Successful Method of Dr. Unna.”

The method is as follows: After the leg has been carefully cleaned and shaven to the full extent of the ulcer, the latter is powdered over with iodoform or subnitrate of bismuth or boracic acid, or any other similar pulverized antiseptic. It is then covered with a layer of cotton wool and the healthy skin painted with warm zinc glue, prepared with five parts of oxide of zinc, three of glycerine, six of water and five of gelatine by weight. While the glue is still warm and moist on the leg a (carbolyzed) gauze roller (Lister) is wound firmly around the whole in such a manner as to cause the traction to work in the direction from the healthy skin to the centre of the sore. The dressing remains unchanged for three days to a week.

He has had complete success in this manner with twenty-five cases of ulcus cruris, including varicose ulcers, callous, eczematous, inflamed, weak ulcers, one sloughing one and three healthy ones. The dressing relieves pain, allows the patient to use the leg as if it were well, compresses without causing any retention of the discharge, and produces healing in a comparatively short time.

An exact copy of the ulcers thus treated was taken at the commencement by a plan of his own, viz.: a piece of fine cambric was placed closely on the ulcer and thoroughly wetted. The outlines of the sore, as well as of dermatitis, eczema, pigmentation, etc., surrounding it, are all perfectly perceptible through this wet covering, and are easily traced with an aniline pencil. The cambric is then spread

out to dry and the tracing transferred to paper. A series of these tracings were shown to the section, and the application of the dressing also practically demonstrated.

The dressing, when dry, forms a firm compact casting. It is easily cut open with a pair of knobbed knee scissors, and then peels off rapidly.

Dr. Sinclair, of Boston, U. S. A., read a paper, subject: “*Manual Dilation as a Means of Inducing Premature Labor.*”

The author gave the origin of this means of dilatation, which had been in use and under discussion for some time in the United States, and then proceeded to report ten cases at length.

Dr. Duncan, of London, favored Barnes’s bags.

Dr. Barnes, of London, thought the use of the fingers good in practice and sometimes necessary.

Dr. Malony, of Arklow, had found use for the fingers, and was quite successful with them.

Dr. T. More Madden, of Dublin, read on the subject of

“*Some Forms of Sterility.*”

This question he considered one of the gravest importance, and one with which we are frequently quite unable to cope. Incision of the cervix was a method frequently followed by failure. He then explained his method of dilating the cervix. He exposes the cervix with a duck-bill speculum and draws it down with vulsella. If the sound cannot be introduced insert a small flexible probe, follow this by a larger one and continue this till a sound can be introduced. He then introduced his uterine dilator and tube. He showed the dilating instruments which he used. The object is to get permeability of the cervical canal. He incised, dilated, then inserted a plug of cotton wool, which remained until suppuration had taken place. He discussed the infecundity from vaginismus, compared sterility and impotence and Sims’s method of treatment. In uterine flexion we must put the uterus back into its position and keep it there with a pessary, and

open up the canal. He called attention to a large number of women who have no malformation of the uterus, but a cervicitis, with possibly an endometritis and salpingitis. This secretion may act detrimentally on the spermatozoa. In such cases as these I am convinced that the catheterization of the fallopian tubes does a great deal of good and is an operation easy to carry out. In many cases of sterility we remove fallopian obstruction by catheterization.

Dr. Routh, of London, thought the paper was a remarkable one in more ways than one. It has opened up new views to us. The writer has taken it for granted that when a man and a woman come together there should be offspring. If not, he blames the woman. This has been man's great idea since the time of Adam. Here the speaker quoted largely from the writings of Gross as to sterility in man, proving that in many instances it was the man, not the woman, who was at fault. Consanguinity, he thought, had some blame to bear in the matter. The writer had blamed the females too much, the males not enough. The speaker did not favor the gradual dilatation by bougies.

Dr. Duncan, of London, objected to the method of Dr. Madden. He would ask how many of his cases die and how many get inflammation. He considered the plan a most dangerous one, but considered the London method, by gradual dilatation with bougies, to be a good one. Catheterization of the fallopian tubes he thinks a dangerous proceeding.

Dr. W. H. Humiston, of Cleveland, Ohio, said in no trouble can we win such praise as in the cure of sterility. Cure a woman of this and she will sound your praises far and wide. A frequent condition which is found is a pinhole external os, a dilated, funnel shaped, cervical canal, with a blocking up of the discharges and consequent disease. Open up this pinhole os and improve the canal, is the treatment required. Hegar's dilatation up to fourteen or sixteen, and apply tincture of iodine.

Dr. A. Wallace, of Glasgow, thought the only safe method was the continuous dilatation by solid dilators. Dr.

Madden's method of dilatation suffers much by comparison. He makes his dilators blunt, spherical shaped. In catheterization of the fallopian tubes there is danger of pushing the pus up into the peritoneal cavity.

Dr. J. St. Clair Boyd, of Birmingham, said that the sounding of the fallopian tubes was an operation which he doubted if any one living had done. He backed up his statement by the assertion that he was Lawson Tait's assistant.

Dr. A. V. Macan, of Dublin, considered cutting to be of advantage. Our object is permeability of the canal. The trouble with Dr. Madden's plan is that he does not use antiseptics. If he did, his treatment would be very reasonable. The name of the instrument or sound has little to do with the operation. They are all similiar, and many differ only in name. The statement that the os is so small as to preclude the entrance of the spermatozoa is ridiculous. The trouble is, there is an endometritis set up, and it is the thick, tenacious discharge of the cervix which occludes the entrance of the spermatozoa, or from its chemical action renders it sterile.

Dr. Madden, in reply, said that if the sound produced no deaths, he could say as mnch. He had had no cases fatal in character in more than five hundred. He had cures. Had they? He had cured the great majority of his patients. He had thought the use of laminaria bougies to be obsolete. It is very unscientific—a very retrograde idea. He had seen deaths from the use of laminaria bougies. Out of his five hundred and seventy cases two fell victims to cellulitis. There was one case of dangerous hemorrhage, but no other bad results. He was in favor of the use of antiseptics in these cases.

Dr. Mirdoc Cameron, of Glasgow, read a paper on

“The Pathology of Abortion, with Specimens.”

In this paper he dwelt largely on the advantage to be derived from exercise of patience, and condemned in strong terms what he termed meddlesome midwifery. He recommended that retained placenta in abortion be left alone.

Dr Atthill, of Dublin, never saw a case of fatal hemorrhage in the earlier months. The plug in hemorrhage is very good treatment, but is indiscriminately used. It is left in too long. He did not allow his to remain more than six hours, when he removed it and washed out with an antiseptic. He agreed with the reader of the paper that in these cases of abortion the placenta should be left alone. The majority of cases of abortion have a tendency to spontaneous cure.

Mr. Lawson Tait: I am amazed to hear fall from the lips of Lombe Atthill the statement that it is better to leave the retained placenta alone in the abdomen. If we should do that in Birmingham we should soon get into the corner's court. If a woman comes to me threatened with an abortion, I order her to go home, go to bed, and if in a week with this treatment and a few simple remedies the hemorrhage still continues, I think there must be something to remove, and I remove it. Plugging the vagina I thought obsolete. We plug the cervix now-a-days. I removed the placenta with the fingers; the patient under chloroform.

Dr. Cameron in closing regretted that there had not been more attention paid to the pathology, as he had presented some interesting specimens.

Dr. Wm. J. Smyly, of Dublin, read a paper; subject: "*The Diagnosis and Treatment of Diseases of the Endometrium.*"

The reader devoted the greater part of his time to a consideration of the use of the curette. The treatment in troubles of the endometrium requires the removal as thoroughly as possible of the diseased endometrium, then inject iodine or iodized phenol. The new membrane will probably be healthy. It is safer than any method which requires dilatation of the cervix, and is simple and elegant.

Dr. Atthill, of Dublin, said he used to abuse the curette, but now he considered it a most valuable instrument. The treatment of suitable cases by the curette is very simple

and efficacious. He thought, as a rule, it should not be done at the office, and not without previous dilatation. Surely to treat every case of disease of the intra-uterine mucuous membrane by the curette is going too far.

Dr. Lawson Tait, of Birmingham, thought that any man who enters the uterus in his office and sends the woman home may get on for a while, but will come to grief sooner or later. The remarks of Dr. Duncan, that antiseptics were necessary, amused him. Why we will be paring our nails under the spray before long. Septicæmia is becoming a cloak of ignorance.

Dr. A. V. Macan, of Dublin: We must not recommend a treatment until we know how it will be carried out. We can cure a patient at the rotunda but we cannot recommend it for general practice. Others might not be so careful.

LEADING ARTICLES.

EUCALYPTOL IN PHTHISIS.

If the number and variety of remedies employed indicate our inability to cure a disease, then phthisis must certainly rank high among the incurable diseases. New remedies are constantly proposed. The nature of the treatment has always been influenced by the state of our knowledge of the dread disease; and the discovery by Koch of the tubercle bacillus has directed the treatment in the channel of antiseptics and germicides. The most recent addition to our medical armamentarium against phthisis is eucalyptol. In a recent number we spoke of the general results obtained with this drug by Dr. Ball. His figures (*Medical News, L'Union Medicale*) are as follows: Twenty-one cases of phthisis were treated with hypodermic injections of eucalyptol; six died, ten were much improved and left the hospital, and five remained under treatment. The drug lessened the night-sweats, diarrhœa, expectoration and

fever; the tubercle bacilli also disappeared. Dujardin-Beaumetz stated that he found that the remedy lessened expectoration, but did not affect the bacilli. Guiffert, of Cherbourg, treated five cases with marked general improvement. In two of them Bergéon's gaseous treatment had failed to give the patients any relief.

The testimony of these three men is certainly favorable to the drug; but it is not allowed to enjoy its victory long, for two other observers have ruthlessly pulled it down from its high pedestal, and utterly refused to acknowledge in it a specific against tuberculosis. Bouveret and Pécharde, of Lyons (*Lyon Medical, L'Union Medicale du Canada*), thus sum up the result of their observations: "Eucalyptol, introduced into the system hypodermically, is by no means a specific against tuberculosis; it merely constitutes a form of balsamic medication; it appears to have no influence upon the hectic fever of tuberculous patients; it is powerless and even dangerous in those cases of phthisis in which the fever arises from the tuberculous infection; it can only be of real service in ordinary cases of apyretic phthisis, with predominant bronchial catarrh—that is to say, in cases which the majority of other drugs may relieve."

Eucalyptol is simply having the same experience as all other drugs: first praised to the skies, then condemned as being utterly worthless, and finally we presume it will quietly take its proper place among the remedies that may do some good in phthisis. The experience of Dujardin-Beaumetz and others certainly shows that eucalyptol is not inert; and a study of all the testimony at hand would lead us to believe that in selected cases eucalyptol is capable of doing much good.

ELECTRICITY IN GYNECOLOGY.

Some years ago a very interesting book on the use of electricity in the treatment of uterine diseases was given to the medical world by Tripier. It did not meet with the appreciation that it merited. It promised too much and

the treatment was generally too irksome, both to the patient and the practitioner, but there was that germ of truth in his teaching which, in the hands of his pupil, Apostoli, has been so developed as to place electricity, in its application to gynecology, on a recognized scientific basis. Engelmann, in this country, has followed Apostoli, each in turn, we think, improving upon the other. We have no doubt that now the development of this branch of therapeutics will advance with the rapid strides which are characteristic of all branches of scientific inquiry at the present time. In the transactions of the American Gynecological Association for 1886 will be found Dr. Engelmann's article (we might almost say treatise, so thoroughly has he discussed the subject). It awaits acceptance or rejection from the profession, and we think it well deserving of a full and thorough trial. We would strongly recommend to all who intend following up these experiments, that they, as nearly as possible, use similar instruments; for instance, the same lengths and thicknesses for their Faradaic coils. This is absolutely necessary for purposes of comparison. How few physicians know the dimensions of the wire in their batteries, and yet they will continue in this slipshod way to record their failures and accidental successes. Take as an example the use of the Faradaic current. A long secondary coil with very frequent interruptions has a sedative effect, relieves pain, and is very useful in acute cellulitis and those subacute or chronic cases accompanied with pain; whereas, on the contrary, a thicker and shorter secondary helix, with fewer interruptions, would be harmful and absolutely contraindicated.

We are not over-estimating the ignorance of the profession on this point. We remember, about two years ago, asking of an agent the size of the secondary coils of a Faradaic battery he was trying to sell, and he had to write on to the maker to find out. He had been traveling several months, and, though he had sold numbers of batteries had never before been asked for information on that point.

The off-hand way in which authors treat this wide and

complicated subject may be seen from the following quotation from a late and in many respects excellent article on dysmenorrhœa: "In some of these cases the local application of electricity will do good by stimulating development. It is a *simple* matter to apply electricity, but its use must be kept up for several weeks before it will have a perceptible effect." This is all the mention we have of electricity in the article, and if we would only remember that, according to strength, kind, method of applying, etc., we get entirely different and sometimes opposite results, we will see that to use the word "electricity" is almost as indefinite as to use the word "medicine." Let us substitute, then, the word "medicine" for "electricity" in the quotation and see how satisfactorily it would read: "In some of these the local application of *medicaments* will do good by stimulating development. It is a simple matter to apply medicine, but its use must be kept up for several weeks before it will have a perceptible effect." This may be all true, but we do not think it would be easy to treat a patient with those directions.

No, it is *not* a *simple* matter to use electricity properly. It is a very complicated matter, and until we make up our mind that it *is* a complicated matter, and that study and work are as necessary for the proper application of *electrical energy* to the cure of disease as for the application of chemical energy to the same end, we will never rise above the level of charlatanism in its use.

THE SMALL-POX HOSPITAL.

The city council has authorized the mayor, and the latter functionary has approved their action and consummated the deal, by which the city has again contracted with Dr. J. C. Beard for a *small-pox, yellow fever and cholera hospital*. The terms are \$9000 per year for five years, with a proviso that the beneficiary of this *contract* is to deduct twenty per cent. from his pay if the patients fall below one hundred in number.

It is certainly a severe commentary upon so-called popular government that a community should have such a bare-faced job fastened upon it, and it is an evidence of much patience and long suffering that the people should submit to it.

In the first place it is the height of absurdity, especially in this day of sanitary science, to establish one building for three such eminently contagious or infectious diseases as the three mentioned in the terms of the contract. If a person with yellow fever should be conveyed to such a pest house and should contract either small-pox or cholera the city would be liable in proportion to the result, be it death or simply suffering. Again, the Board of Health is the proper repository of such a trust and expressed itself as ready to assume it.

We have had no small-pox or cholera or yellow fever here for years, and it is a crime to spend the people's money in anticipation when such a use of it is not in the direction of prevention or even preparation.

Though the whole action, as consummated, was and is unnecessary and outrageous, still the people would not have objected so earnestly had the council agreed to pay so much per capita per day for small-pox *patients* and had set aside a sum of money to be so used should there be any need of it. Suppose small-pox or one of the other diseases should secure a foothold in the city, does any one suppose that the contractor will continue to fulfil his contract at the old figures? Not a bit of it. He will immediately appear before the council with a tale of woe and impending poverty, and that generous body will forthwith annul the now iniquitous instrument, and proceed to fill the pockets of its protégé with the people's money in some other manner, or by making the old contract still more detestable. The sum of \$9000 would be a mere bagatelle in comparison with the amount required in an epidemic of either one of the affections which the contract is supposed to cover, and it is not at all unreasonable to suppose that under such circumstances the contractor would endeavor to throw up the contract.

In this connection we feel constrained to express our regret that physicians of good standing and commanding influence in this city should refuse to openly declare their views upon matters so clearly within their province and so seriously affecting the public welfare. Especially is such refusal to be deprecated when they are directly appealed to by members of the press and others having the good of the community at heart. The *States* sent a representative to several physicians of prominence for their opinions in this matter, and all of them declined for one reason or another to be interviewed, though they all asserted their disapproval of the contract. We contend that such conduct is an evidence of weakness, and a failure to properly appreciate one's obligations to the public as well as to themselves.

We entirely agree with the *States* in the following comments on this action of physicians :

“ It occurs to us that this is carrying professional etiquette too far when the physicians of a community will quietly look upon a sanitary as well as a public wrong that is being committed without a protest or an effort to abate the wrong, simply because the beneficiary is a professional brother. And we would add, in conclusion, that it is just such indifference and sentimental notions of propriety on the part of the intelligent class of our people that make it so difficult for the press to correct many of the evils that afflict our city and retard its progress. There is little or no encouragement given to carry on the work of exposure and denunciation, and when assistance is asked from the proper quarters it is refused on the score of professional courtesy.”

PROHIBITION AND THE STATE MEDICAL SOCIETY.

The State Prohibition Convention, which met a few days ago, adopted a long series of resolutions, among which was one authorizing and directing the chairman to appoint a

committee to attend the next meeting of the State Medical Society and State Pharmaceutical Society, and induce these bodies to aid the convention in putting a stop to the indiscriminate prescribing of liquor by physicians and the sale of the same by druggists in localities covered by a prohibitory law.

We very much mistake the Medical Society if it should hesitate one instant to exert all the influence in its power toward preventing or checking unprofessional conduct of any kind whatever on the part of physicians; and certainly a medical man who will be guilty of dealing in prescriptions for whisky, as he might in so much merchandise, prostitutes his profession and disgraces himself.

We venture to assert that the Pharmaceutical Society will take the same worthy position and do what it can to keep its ranks clear of crime.

But if we may be so bold as to counsel either or both of those bodies, we would say to them to let their efforts cease at this point. When a physician—and why not a druggist?—has cast an honest and conscientious vote, both in primaries and general elections, his work in politics should cease. There are times of dire distress and danger when every man, be he high or low, rich or poor, is called upon to stand forth against oppression and misgovernment; he would be a craven indeed who in such an hour would slink behind a rule so misapplied. But when his duty is done, and the oppressor driven from his stronghold, let him return to his profession and leave law-making and law-executing to those whom he has assisted to high places.

Finally, no scientific body has ever ceased its peculiar deliberations to take part in politics without sooner or later succumbing to the blow thus self-inflicted.

Without, then, wishing or intending to declare either for or against prohibition, we earnestly hope that the State Medical Society will firmly refuse to take part in matters outside of its declared purposes and objects, especially matters political, though it will do all in its power to ela-

vate the profession or to punish offenders within its own ranks.

HAS THE ART OF MEDICINE ADVANCED IN THE LAST CENTURY?

“The Dublin meeting of the British Medical Association,” says the *Lancet*, “will be memorable for the remarkable address on medicine, delivered by Professor Gairdner. No one can have listened to his words, and no one can now pursue them, without being struck with the command of his subject that the orator exhibited, and with the weighty, almost judicial, character of his utterances.”

In an article published in the *Edinburgh Review* in 1832, the learned Sir William Hamilton propounded in cold blood the following questions: “Has the *practice* of medicine (that is, the art as distinguished from the science) made a single step since Hippocrates?” To this query Dr. Warburton Begbie, attempted to respond in an address delivered in 1875 before the British Medical Association. Admirable as the address was, Dr. Gairdner was not wholly satisfied with the answer, but it set him to thinking and the result was his present answer which deserves a careful reading. He has changed the inquiry, taking as the subject of his address, Has the Art of Medicine Advanced During the Present Century? The address discusses Cullen and His Age, Brunonianism, the Hippocratic Tradition—Blood-Letting, the Instability of the Medical Art in Cullen’s Time, the Direction of Modern Progress, Orthodoxies vs. Real Science. The answer of Prof. Gairdner is conclusive, that decided advance has been accomplished. Diagnosis and pathology have made immense strides, operative surgery has achieved the most brilliant and unquestionable triumphs in almost every department; hygiene and sanitation, with their reflected influence on curative medicine, have advanced by leaps and bounds. Even with regard to strictly therapeutic methods, the changes have all been in the right direction. Polypharmacy, in its old and irrational forms, is now

nearly gone; no one expects now that a disease can be slain by a Latin formula. A science of pharmacology is being built up on a foundation never before possible. The use of anæsthetics and the improved use of anodynes and narcotics are decided advances. Finally, "a soil has been gradually prepared, at much cost of individual labor and sacrifice, on which the fervid youth of the present generation, if they remain true to the spirit and not to the mere letter of the Hippocratic medicine, are permitted and privileged to sow the seed, and to reap more less fruitful crops of good for humanity at large."

THE MEDICAL PROFESSION VERSUS THE GOVERNOR OF WEST VIRGINIA.

It was thought that in West Virginia some important progress towards the regulation of the practice of medicine had been made, but now there comes a loud complaint from the State Medical Society that the Governor has willfully disregarded the law and insulted the best element of the profession. At the meeting of the State Medical Society resolutions were adopted severely arraiging the Democratic administration of West Virginia for its action in this matter. These resolutions are the unanimous voice of a professional body of high standing, composed, says the *Wheeling Intelligencer*, of men of all shades of political opinion. The resolutions protest against the appointment of Dr. Garrison to the vacancy on the State Examining Board. It is asserted that Dr. Garrison was not only ineligible to a position on the Examining Board, but was not qualified, according to the rules of the board, even to practice medicine in the State. The State Medical Society at its last meeting denounced the appointment and rejected the application of Dr. Garrison for membership. Words cannot well be too strong in condemning the action of the Governor of the State of West Virginia. He has disgraced himself in order to be of assistance to a favorite. The defiance thus flung in the faces of the 1360

registered physicians of the State has been met by their unqualified condemnation of this outrageous overriding of lawful authority. The resolutions of the West Virginia State Medical Society shall certainly merit the cordial endorsement of all respectable physicians of every State.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

TREATMENT OF PHTHISIS WITH CREOSOTE.

J. Sommerbrodt recommends the methodical employment of creosote in all cases of tuberculosis. He gives it in gelatin-capsules in doses of five centigrams, in combination with two centigrams of balsam of tolu. On the first day one such capsule is given; two on the second, and, in eight days three capsules daily; they are to be taken immediately after the chief meal, in a tablespoonful of water. In the second week four capsules are given daily; five in the the third; six daily in the fourth week. If the creosote be well borne—and it is, as a rule—six capsules are given daily for two months, and then the number is increased to nine. Then medication is suspended for a month, and resumed until the expiration of a year from the beginning of the treatment. The toleration of the creosote is surprising, and its influence upon the course of the tuberculosis is in many cases favorable; its action in scrofulosis is similar.—*Berl. Klin. Wochens.* — *Deutsche Medicinal-Zeitung.*

Oscar Fränzel has also advocated the use of creosote, not as a specific, but as a valuable remedy in pulmonary tuberculosis. He has had beneficial results in cases where there was little or no fever, slight cough, not many bacilli and no complications. He attends to the hygiene of his patients and urges a certain amount of exercise in the open air. The first sign of improvement is a better appetite, followed by decrease of expectoration, cough, dyspnœa and pain. He uses the following prescription: Creasoti, 13.5; tinct. gentian, 30.0; spiritus vini rectific., 250.0; vini xerici, q. s. ad col., 1000.0. A tablespoonful two or three times a day in a wineglassful of water.

TREATMENT OF ACUTE MILIARY TUBERCULOSIS BY IODIDE OF SODIUM.

Lépiue, in *La Semaine Médicale*.—It cannot be denied that cases of undoubted acute tuberculosis have been cured. The remedies that have given the best results are the preparations of iodine; iodide of sodium is the best of these. Lépine reports a case treated with iodide of sodium (ten to fifteen grams daily), which terminated fatally; but, at the autopsy, no fresh tubercles were found—a circumstance upon which he lays great stress and which he attributes to the action of the liberated iodine.—*Deutsche Medizinal-Zeitung*.

RECIPROCITY BETWEEN ANTIPYRIN AND STRYCHNIA.

At a meeting of the *Société de Biologie*, M. Chouppe spoke of his investigations, which show that the spasms of antipyrin and of strychnia are essentially different from each other: 1. The spasms due to antipyrin are much less tetanic than those due to strychnia. 2. They are never excited by external irritation. 3. They involve the respiratory muscles to a less extent, and never give rise to asphyxia. When a fatal dose of strychnia is injected into an animal which is under the influence of antipyrin, strychnine spasms come on, which, however, after a fresh dose of antipyrin, give way to antipyrin spasms; these latter last several hours without killing the animal. Each of the two agents seems to weaken the action of the other. Chouppe also spoke of the favorable effect which clysters containing antipyrin have upon uterine colic during menstruation and after childbirth.—*Deutsche Medizinal Zeitung*.

A NEW FEBRIFUGE.

The latest febrifuge has been brought to the notice of the profession in the *Centrablatt für die Medizinische Wissenschaften*, of February 26, 1887, by Messrs. O. Hinsberg and A. Kast, under the name of *acetphenetidine*. They obtained it from carbolic acid by a rather complex process. It crystallizes in colorless needles, is slightly soluble in water, but dissolves in alcohol and glacial acetic acid. It is tasteless, and melts at 135° Celsius.

Their experiments on dogs with this agent showed that it was only in very large doses—45 to 75 grams—that it produced toxic symptoms. These consisted in acceler-

ated respiration, somnolency, giddiness, vomiting and cyanosis.

Dr. Thos. J. Mays, of Philadelphia, obtained a small amount of the drug from Mr. Merck, and made a few observations in its relation to the fever temperature of pulmonary phthisis. The agent yielded good results, but the amount he had on hand was too small to enable him to draw any definite conclusions. His first case was one of acute phthisis, with an afternoon temperature of $105\ 1\text{-}5^{\circ}\text{F.}$, which was preceded by a chill. He gave her three grains of acetphenetidine every three hours. She had another chill the next day, and her afternoon temperature was 104° . The third day her temperature had sunk to 101° , and she had a chill that day. The fourth day she had another chill, but her temperature rose only to $101\ 1\text{-}5^{\circ}$. The fifth day her temperature was down to 98° . The drug was discontinued. On the sixth day she had no chills, but her temperature rose to 101° . On the seventh day she had a chill, and her temperature rose to $103\ 2\text{-}5^{\circ}$. Began the acetphenetidine again. Ninth day, temperature $100\ 4\text{-}5^{\circ}$. Tenth day, $100\ 3\text{-}5^{\circ}$. At this point the supply became exhausted, but even from this limited experience with the drug it was quite obvious that it had a marked influence in depressing the temperature. Besides this, her cough, appetite and condition seemed to mend. A second case (with a cavity) confirmed the results obtained in the first.—*Medical News.*

SODIUM SALICYLATE IN WHOOPING COUGH.

Dr. Chas. Nodet recommends the use of sodium salicylate, from 30 to 60 grains a day, according to age, for the cure of whooping cough. He does not claim this to be specific, but asserts that the disease is shortened and the number of paroxysms, especially the nocturnal ones, very much diminished. This remedy, which was used by the doctor in a number of severe cases in an epidemic existing in his locality, has never given rise to unpleasant symptoms.—*Journal de Medicine et de Clinique Pratique.*

SURGERY.

REGENERATION OF THE TISSUE OF THE PROSTATE GLAND.

Dr. G. Drogoul, in the laboratory of Prof. G. Bizzozero, has conducted a series of experiments on dogs with a view to ascertaining if the true glandular tissue of the

prostate were reproduced after wounding of the organ, and his experiments have shown him that:

Following a wound, whether simple or accompanied by loss of substance, there is very active multiplication by karyokinesis of the epithelial elements nearest to the wound, by which, even at the end of twenty-seven hours, strings of newly formed cells or clusters of these cells could be seen in the alveoli with clear and regular outlines. These cells are larger than the old ones and more pushed against the walls of the alveoli; their protoplasm is more abundant and more delicate, and they multiply actively by karyokinesis. Multiplication of the glandular elements is active only in the first few days after the wound. As an effect of this active proliferation, at the end of twelve days, in the midst of the mass of young connective tissue which entirely or partially occupies the place of the lost tissue, a goodly number of newly formed vesicles is found, which are always distinguished from the preëxisting ones in being somewhat less regular in shape and in containing large cells with central nucleus, which do not take coloring matter as well as the old cells.

The cicatricial connective tissue arises from the activity of the capsular and interacinous connective elements. The smooth muscular fibres take part in this work of reproduction, but to a limited extent.

In the prostate, then, after a wound, there is a true and proper regeneration of the glandular tissue. — *Gazetta Medica di Torino.*

THE EFFECTS OF IMMOBILIZATION UPON THE ARTICULATIONS.

In the hope of arriving at some satisfactory solution of this vexed problem, Dr. Albert Moll made a number of experiments on rabbits by immobilizing their hind legs in plaster of Paris splints (Virchow's Archiv). In the first, sound legs only were immobilized; in the second, the bone was broken before the application of the splint, and in the third the animal was allowed to run around freely for a time after the removal of the retaining apparatus before the joint was examined. No passive movements, however, were made in this last series of experiments; the animals were merely permitted to run free, as they would or could.

In the first series of cases there was no ankylosis, nor even an approach to it; the joints which had been immobil-

ized were entirely free from any traces of inflammatory action. In the second series some cases of articular inflammation were observed. This condition was more frequently present when the fractures were compound and situated in close proximity to the joints, although not involving them. Whether this inflammation would always result in ankylosis the author was unable to say. He had observed such a termination in but one case. In some of the cases of the third series there was complete restoration of the function of the joint, but in others a certain degree of stiffness remained, though probably this could have been overcome by passive motion. The limitation of motion was apparently due, in some cases at least, to certain more or less serious changes taking place within or about the joint, such as destruction of the articular cartilage, shortening of the ligaments, shrinking of the capsule, muscular atrophy, etc.

Dr. Moll concluded from these experiments that a sound limb could, with perfect safety, be immobilized for an indefinite period, and in cases of simple fracture, not seated near the joint, there was no danger of ankylosis. In compound fractures, however—especially those in the neighborhood of an articulation—there was danger of joint inflammation and subsequent ankylosis, but even here the evil result should probably be referred to the fracture rather than to the immobilization of the articulation.—*Medical Record—Epitome.*

DRAINAGE VS. BLOOD-CLOT.

It has long been the teaching in the best medical schools and the practice of the best surgeons to provide effective drainage for wounds, and one of the strong points in the antiseptic system of Sir Joseph Lister is thorough drainage by appropriate means. Watson Cheyne, who has given us a thorough exposition of the Listerian details, calls attention to the necessity for drainage; and we remember that some years ago Sampson Gamgee strongly urged and practiced the dry treatment of wounds; and we have ourselves thought this good practice. But now come Schede, of Hamburg, Turazza, of Italy, and others, telling us that dryness is not by any means an essential after operation-wounds. Schede has had excellent results with wounds which he allowed to fill with blood after operations. In excisions of the ankle he has reported some cases of rapid

healing where the Esmarch bandage was so managed as to get the wound full of blood after the dressing had been partially done. The blood in these cases seems to have been of positive advantage by filling up nooks and corners where pus might otherwise have formed. As the result of experience Professor Turazza, in the *Gazetta degli Ospitati*, of April 13 (see *Lancet* of May 7 and August 6), makes the following statements: "In wounds perfectly disinfected and free from foreign substances, the effusion of blood is not a source of danger, but the reverse, for the extravasated blood fills up the cavity of the wound completely, preventing the formation of empty spaces and rendering both compression and drainage superfluous; and, further, the organization of the clot favors healing." He is decidedly averse to the drainage-tube because it increases septic risks and may remove from the wound fluids whose reabsorption may be desirable. He deprecates its use in even ovariectomy, hysterectomy and amputation of the breast, thinking it more dangerous than useful.

Dr. Herbert W. Page, in the *Lancet* of August 6, reports an amputation below the knee under unfavorable circumstances. The case was a woman of about fifty years of age, suffering of a bad displacement after fracture of the lower end of tibia and fibula. The condition, too, was aggravated by a violent attack of delirium tremens. The amputation was made by Stephen Smith's lateral flap method, and no drainage-tube was necessary. The oozing of blood was very great, and at the second dressing, forty-eight hours after operation, it could be seen through the drainage opening that the flaps were filled and distended with a large blood-clot. It was not disturbed, but was watched with interest. The skin healed by first intention, and there was at no time any pus. The clot gradually contracted, became firmer and firmer, and clearly aided in the consolidation of the stump, which had the appearance one month later of one that had been formed several months.

Of course, this method would only be applicable to wounds wherein adhesion by the first intention could be expected. But with regard to the treatment of these wounds, the practice of Prof. Turazza clearly, as Mr. Page remarks, deserves the consideration of surgeons. It is undoubtedly true that the drainage-tube is used frequently when unnecessary, and generally left in too long when really necessary at first. The tube frequently only drains off that fluid which itself causes the tissues to throw out. In aseptic

tic wounds, then, it will frequently be unnecessary to insert a tube, and it is rarely necessary when one is inserted to leave it beyond the time required for union of the skin. Though it is not likely that the drainage-tube will ever be discarded, still the paper of Prof. Turazza ought certainly to bear the fruit of discrimination in the use of the tube in surgery. Accurate apposition, a dry, aseptic dressing and perfect physiological general and local rest, seem to be the desiderata for the proper conduct of wounds to recovery. If it is thought in any case that the drainage-tube is material to the accomplishment of this physiological rest of the wounds, let it be inserted, otherwise it is to be discarded.

OBSTETRICS, GYNÆCOLOGY, ETC.

JAUNDICE IN PREGNANT WOMEN.

According to Dr. Queirel (*Nouv. Archives d'Obstét., et de Gynécologie*) the condition of pregnancy affects not only the secretion, but the structure of the liver, a fact which has frequently been observed both post mortem and clinically. The intensity of the jaundice depends upon the degree of structural change in that organ. It is also sometimes due to simple secretory irritation or congestion. Jaundice occurring early in pregnancy is rarely serious, but towards its termination the graver forms present themselves. However grave the case may be, if delivery takes place the affection generally yields and disappears. On several occasions he had noticed jaundice to supervene at the very commencement of pregnancy, coinciding with the first menstrual lapsus. In none of the cases could any hepatic enlargement be made out, and it yielded to treatment. The author quotes four cases where the women were jaundiced during the first few months of pregnancy, but where labor took place with living children at term. In the severer forms the absorption of the bile-salts is the immediate cause, and this is conducted to by the gravid alterations in the hepatic structure.

He observed the case of a woman, twenty-nine years of age, in whom jaundice had lasted throughout pregnancy, becoming very intense towards its termination, yet she made a good recovery. In three other cases labor was followed by death from coma, puerperal peritonitis and post-partum hemorrhage.—*New York Medical Record*, Aug. 6, 1887.

HYDRASTIS CANADENSIS IN UTERINE HEMORRHAGE.

Dr. R. W. Wilcox, in the *New York Medical Journal*.—Metrorrhagia, especially, and menorrhagia have been the determining symptoms for the use of this drug. I would define menorrhagia as a condition of menstruation where the flow, previously normal, becomes profuse when compared with that of women of the same station and time of life, and is evidently too great a loss for the patient to bear. Although nothing, so far as I know, will conceal its unpleasant taste, yet I have given only the fluid extract, in doses of twenty drops, three or four times daily, in a wine-glass of water, in cases of fibro-myomata, subinvolution, and hemorrhagic endometritis, continuously; in other cases for ten days before and during the menstrual period. I have never used hydrastin or other alkaloids, because of the great variations in their strength.

I have used *hydrastis canadensis* in three cases of uterine fibro-myomata. *Hydrastis* checks the bleeding from uterine fibro-myomata by the production of persistent anæmia, unaccompanied by the distressing cramps of ergot or the flooding from the alternate contractions and relaxations. So, in the cases of small fibroids, it is preferable where their expulsion would probably be attended by hemorrhage or septicæmia. We all know that enucleation by the spoon-saw is frequently followed by death; that removal of the ovaries (castration), or removal of what has been termed, curiously enough, the uterine appendages, is generally unnecessary and contra-indicated, aside from the great danger to life, on both social and moral grounds.

Of hemorrhagic endometritis I record seven cases, five being cases of endometritis fungosa.

In *hydrastis* we have a sovereign remedy in endometritis fungosa, even when curetting has failed to arrest the bleeding. I have seen a fatal result from the apparently simple operation of curetting. That there is danger is attested by the number of so-called antiseptic curettes to be found in the market. With the use of *hydrastis* no confinement to the bed is necessary.

Sixteen cases of subinvolution of the uterus have been treated by *hydrastis*. All of these patients were examined, and in many instances the uterine cavity measured from time to time. The average duration of treatment was about that of preparation for the operation of closure of the cervix. Had these patients come under my observation a few years before I would have operated upon the

greater portion of them. Hydrastis, by its faithful use, will often render Emmet's operation unnecessary. We see the uterus becoming smaller, the leucorrhœa diminishing, the erosions healing, the displacements becoming rectified.

I have treated successfully five cases of climacteric hemorrhage with hydrastis. The result obtained in these cases I regard as admirable, and believe we have a valuable remedy in this class of cases, which are sometimes difficult to relieve. It is only fair to say that I have also used the bromides sparingly and arsenic somewhat vigorously, but I feel positive that, in removing one cause of general anæmia, hydrastis has been of great benefit.

Nine cases of pelvic inflammation have come under my care which have been treated with hydrastis. Since using it in these cases I have abandoned the use of iodine, to some extent that of hot water, and in a measure local treatment. I should even be inclined to use this remedy in pyosalpinx, because by it we can reduce the hyperæmia without producing contraction of the tubes. I have seen, too, many healthy tubes removed before having exhausted medical therapeutics; and, further, I have found post-mortem that even pyosalpinx can become quiescent, the pus becoming cretaceous, the whole process apparently never having given rise to any symptoms.

Three cases of congenital ante flexion have been treated with marked relief of symptoms. In this flexion of the uterus, producing what has been called obstructive dysmenorrhœa, although the worst cases as regards pain and intractability have been cases with a patent uterine canal, the artificial anæmia has not failed to relieve the cramps, the pains and generally the nervous symptoms as well. This drug also obviates the necessity of having recourse to the operation of posterior section, which is ordinarily one of the most fatal of all the minor operations. In these cases, if hydrastis is employed, local treatment is entirely unnecessary, and in many cases an examination can be dispensed with. The only interest that the patient has is that her symptoms shall be relieved; that is the only interest that the physician should have, and if it can be accomplished without an examination I regard an examination as entirely unnecessary. I would have it the established rule that no examination of an unmarried woman should be made unless with the unanimous decision of a consultation, one of the physicians to be a general practitioner.

In this paper I have aimed to show that results can now be satisfactorily attained by medical means which were formerly reached only by surgery. I regard every step in this direction to be a decided advance, because it brings gynecology into the hands of the general practitioner to a greater and still greater extent. To do this is, I maintain, the first duty of the specialist. Before closing I wish to remind you that disputed questions have never been settled by the specialist, and rightly so. They come for their final verdict before the jury composed of general practitioners. The gynecological question of to-day is this: Shall we lead the revolt against needless operations, dangerous mutilations, and unnecessary and debauching examinations, or shall we wait to be driven into line by the outraged sentiments of the profession at large?—*Archives of Gynecology*.

EFFECTS OF LACTATION, LONG CONTINUED, ON THE
UTERUS AND OVARIES.

Dr. Sinclair in the *Revue Med.*—The conclusions are: 1st. Lactation tends to prevent conception by its influence on the ovaries in retarding a return to a state of perfect ovulation. 2d. After weaning, the evolution of the ovaries becomes more rapid than during lactation. 3d. After prolonged lactation a sudden cessation may be followed by a rapid evolution of the uterus and ovaries, giving rise to symptoms of hyperæmia of the ovaries and uterus. 4th. Prolonged lactation may produce a superinvolution of the uterus and ovaries, causing, where circumstances favor, a partial or complete prolapse of the womb.—*Archives of Gynecology*, August, 1887.

ON THE RETURN OF THE SECRETION OF MILK AFTER ITS
PROLONGED SUSPENSION.

Dr. Danglet, in the *Union Medicale du Nord-Est*, publishes a number of new facts on this subject of great interest.

His first case was that of a woman who had weaned her child, five weeks before, for no serious cause, and in which nursing was again resorted to and successfully. In another case a typhoid patient who had stopped nursing her child, was again able to resume her maternal duties af-

ter the lapse of two weeks. In a third case a woman was affected with abscess in the two breasts, and after five weeks, when they were healed up, was able to go on with the nursing.—[*Journal de Médecine et de Chirurgie Pratique.*]

We ourselves had a case two years ago in which a small abscess found in the right breast was opened, the gland carefully bandaged and the child nursed from the left breast. Three weeks afterwards an abscess formed in the left breast, the child was necessarily fed on the bottle, and only a week after did we see the case. The abscess in the last mentioned breast was opened, the gland carefully bandaged, the right breast was looked at, and being found in good condition, the woman was advised to nurse her child therefrom, which she attempted and after considerable trouble succeeded in doing. Six weeks after this the left breast being healed up the child was applied to it and continued nursing from both mammary glands.

OPHTHALMOLOGY.

EXTRACTION OF A SPLINTER OF IRON FROM THE VITREOUS HUMOR BY MEANS OF AN ELECTRO-MAGNET.

On April 20, 1887, a blacksmith's apprentice was admitted to the clinic of Dr. Louis Wolfberg (Breslau) suffering from a splinter of iron which had penetrated the right eye at the lower and inner part of the margin of the cornea. It produced a wound about two millimeters long. Ophthalmoscopic examination revealed the presence of a shining piece of metal lying in the vitreous humor. The splinter could be seen to move when a magnet was placed near it while the patient was lying still. Dr. Wolfberg applied the magnet of Voltolini to the outer surface of the lid and bulb for three days (April 23 to 26) without success. On April 26 he introduced, through the wound made by the splinter, a cataract knife of Arlt, passing it one centimetre into the eye-ball and making the external wound about eight millimeters long. The point of the magnet was applied to the wound and the splinter of iron quickly appeared at the opening, whence it was withdrawn with the forceps. The splinter was three millimeters long and half as broad. The patient recovered entirely.—*Klin. Monatsbl. für Augenheilkunde.*

PRACTICAL SURGICAL AND MEDICAL HINTS.

TO MAKE DEGLUTION EASIER IN CASES OF EXTENSIVE UL-
CERATION OF THE EPIGLOTTIS.

Let the patient lie stomach downwards, the feet highest, head and arms hanging free over the end of the table or bed; drain off the liquid through a piece of tubing of convenient length. It will be surprising what unusual comfort will be experienced.—R. N. Wolfenden in *Lancet*, July 2, 1887.

BOOK-NOTICES

The Vest-Pocket Anatomist (founded upon "Gray").
By C. Henri Leonard, A. M., M.D., 13th edition.
Detroit: The Illustrated Medical Journal Co. 154
pages.

The popularity of this little book is attested by the number of editions through which it has already run. It is not intended as an original instructor; it is designed to stimulate a student's memory after he has learned anatomy from the larger works. As such a stimulant it is good enough; but the unfortunate tendency of all these little books is to wean the student away from his attachment to the larger, standard works. A. McS.

Manuel des Injections Sous-Cutanées. Par Bourneville et Bricon; 2d edition, revue et augmentée. Paris: Librairie du "Progrès Médical," 1885. Pp. 214, 16 mo.

The work before us is a complete treatise on hypodermic medication, similar to the one written by Bartholow some years ago, but enriched by the addition of a number of chapters on the recent additions to the list of remedies employed hypodermically. The manual opens with a short review of the history of hypodermic medication and a description of the instruments required; then follows the important part of the work—the use of the remedies. In each chapter the authors devote a paragraph to the physiological action of the drugs. Formulæ are given for dissolving the remedies; but not all of them are recommended, and some should be even positively abandoned on

account of the want of success following their use. The authors give these formulæ in order that subsequent investigators may know what has been done. In their manual Bourneville and Bricon have collected all the well established facts concerning hypodermic medication.

A. McS.

A Manual of Weights and Measures, including principles of metrology; the weights and measures now in use; weighing and measuring; balances and weights, etc. With rules and tables. By Oscar Oldberg, Ph. D., Professor Pharmacy Illinois College of Pharmacy, Chicago. By Chas. J. Johnson, 1887. Pp. 245.

This is the second edition of a very valuable work. Its scope is sufficiently indicated by the title; but a brief notice of the various chapters would not come amiss. The first fifty pages are devoted to the general notions concerning weighing and measuring. The author passes briefly in review the various plans which have been suggested for establishing units of weights and measures. The great diversity of systems, and even in the units of systems having the same names, is commented upon, and the necessity for reform is expressed, but not hopefully. The metric system next engages the author's attention. He describes it thoroughly, and also gives rules for the conversion of metric quantities into those of the American system. English and American weights and measures, weighing and measuring, the balance, specific weight, and numerous tables giving the value of quantities of other systems in those of the one used in this country, form the greater part of the balance of the book. The work is very complete, and furnishes the pharmacist in a handy volume all the information that is usually in a large number of books. A. McS.

A System of Gynecology. By American authors. Edited by Matthew D. Mann, A. M., M. D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Vol. I. Philadelphia: Lea Bros. & Co. 1887. New Orleans: Armand Hawkins.

This is the first volume of a system of gynecology and obstetrics, which is to be complete in four volumes. It is an excellent work in many respects, but having that lack of homogeneity which is the necessary outcome of having a

number of authors for a book. A system or encyclopedia of gynecology must necessarily be written by different authors, both to lighten the labor of such a work and by judicious selection to obtain the most thorough handling of each subject. At the same time we think in a work of this kind, purporting to represent American gynecology, each author should endeavor rather to sink the individual, that is, to bring into prominence, not his own individual opinions, but what he considers are the views of the profession in America on the subject that has been allotted to him. In some instances this has been well done, in others in this volume the failure in this respect has been marked. One author in particular—and by the way it is one of the most interesting articles in the book—has utterly failed in this respect. We expected from him a resumé of the work of our profession on the subject, and he gives only his own opinions and treatment. A good compilation, though less interesting, is more valuable for reference than a very original article. This system, however, is a valuable addition to our literature, and we have no doubt will be well received by the profession at large.

G. B. L.

Eighteenth Annual Report of the State Board of Health of Massachusetts, 1887.

This report, containing the usual list of inspections and analyses made, presents some features which render it worthy of more than a dry, stereotyped notice. The large trade in rags between Europe and this country has attracted the attention of all health authorities, on account of the possibility of introducing infectious diseases by means of the rags. An essay on the subject, by Dr. Chas. F. Withington, is embodied in the report. Dr. W. speaks of the various features of the rag trade (methods of packing, shipping, etc.), the evidence of the conveyance of contagion by means of rags, and the regulations in force in various countries for the exclusion of pestilence. This essay would prove interesting reading to any educated man. The report concludes with a manual for the use of the Boards of Health of Massachusetts, which contains statutes concerning public health and decisions of the Massachusetts Supreme Court relating to the same. A. McS.

Earth as a Topical Application in Surgery, being a full exposition of its use in all the cases requiring topical applications admitted into the men's and women's surgical wards of the Pennsylvania Hospital during a

period of six months in 1869. By Addinell Hewson, M. D. Second edition. Philadelphia: The Medical Register Co., 1519 Walnut street. 1887. Pp. 309.

This a book of considerable interest to us. The cases, we are convinced, are fairly and honestly reported. The evidence is clear that properly used earth can be made of use in surgery. One case especially, which is detailed in the introduction, shows unmistakably the disinfecting and deodorizing power of dry earth. This was an extremely bad case of compound fracture, which in time gave off such an extremely offensive odor as to materially interfere with the comfort and rest of other patients in the ward. Under the earth applications there was marked amelioration in every respect. Some cases show also that it possesses value as a primary dressing of fresh wounds, where healing by first intention may be expected. Though we believe that it has been in no manner shown that earth will ever supplant the ordinary surgical dressing, still Dr. Hewson is to be thanked for the careful and painstaking manner in which he has demonstrated what can be done with the application. The book is worth a perusal by those who have any curiosity to know what can be accomplished with a dressing which nature has so abundantly provided for us.

F. W. P.

What to do in Cases of Poisoning. By William Murrell, M. D., F. R. C. P. First American from the fifth English edition. Edited by Frank Woodbury, M. D. Philadelphia: The Medical Register Co. Pp. 158, 1887. New Orleans: Armand Hawkins, 194 Canal street.

This book has an established reputation both in England and in this country, and words of commendation are not needed. Suffice it to say that the present edition is considerably enlarged, and will be worth its weight in gold to any doctor who frequently sees cases of poisoning. The directions are concise, yet sufficiently full for intelligent following.

PUBLICATIONS RECEIVED.

Forty-Seventh Annual Catalogue and Announcement of the Missouri Medical College.

Heredity in Tuberculosis. The President's Address at the Meeting of

the American Climat. Association, 1887. By Frank Donaldson. Reprinted from *Maryland Medical Journal*.

Address of the President, American Institute of Homœopathy, Forty-Eighth Anniversary, June, 1887. By F. H. Orme, M. D.

Practical Thoughts for Physicians. Address before the Indiana State Medical Society, May 10, 1887. By G. W. A. Kemper, M. D.

Recent Advances in Preventive Medicine. Address on State Medicine, American Medical Association. By Geo. H. Rohé, M. D. Reprint from the Journal of American Medical Association.

Some Important Points in the Treatment of Deep Urethral Stricture. By F. N. Otis, M. D.

The Treatment of Hemorrhoids by Injections of Carbolic Acid. By Silas T. Yount, M. D., of Lafayette, Indiana.

Intubation of the Larynx. By E. F. Ingals, M. D. Reprinted from the *New York Medical Journal*.

A Review of the Most Important Advances in Surgery, Medicine and Pharmacy in the last Forty Years. By C. W. Moore, M. D. Reprint from *Pacific Record of Medicine and Surgery*.

Iritis. By A. G. Sinclair, M. D., Memphis, Tenn.

The First Annual Announcement of the New Orleans Polyclinic, 1888.

Programme of Tenth Annual Meeting of American Society of Microscopists.

The Radical Cure of Retro-Displacements of the Uterus and Procidencia, by Alexander's Operation and Median Colporrhaphy. By J. Kellogg, M. D. Reprinted from Transactions Michigan State Medical Society, 1887.

Proceedings of the Louisiana State Pharmaceutical Association.

Announcement of the Climatologist, Geo. H. Rohé, Editor, Baltimore, southeast corner Baltimore and South streets.

Announcement of the Medico-Chirurgical College of Philadelphia and the National Medical College, Washington, D. C.

MEDICAL NEWS AND MISCELLANY.

THE base of the growth in the throat of the Crown Prince of Germany having become slightly more elevated, Dr. Makenzie recently applied the electric cautery. The result next day was found to be entirely satisfactory. His general health is excellent and the voice good. Prof. Virchow still regards the growth as benign, since he has failed to find any epithelium in the subjacent connective tissue, which he regards as the important distinction.

DR. GRAILY HEWITT has been appointed by the Council of University College (London), Emeritus Professor of Obstetric Medicine in the College and Consulting Obstetric Physician to the hospital.

DURING the present summer session there have been 8512 medical students in the universities of the German Empire, distributed as follows: Berlin, 1140; Bonn, 371; Breslau,

390; Erlangen, 262; Freiburg, 433; Giessen, 119; Göttingen, 248; Greifswald, 528; Halle, 330; Heidelberg, 240; Jena, 213; Kiel, 292; Königsberg, 270; Leipzig, 713; Marburg, 302; Munich, 1186; Rostock, 121; Strasburg, 221; Tübingen, 272; Würzburg, 861.—*Lancet*.

WE have received an invitation to the banquet tendered by the Association of American Medical Editors to distinguished medical editors from abroad, to be held at the Riggs' House, Washington, D. C., on Monday, September 5th, 1887, at ten o'clock P. M. We have accepted the invitation and hope to be represented on that occasion by Dr. A. B. Miles of our staff.

THE twelfth Congress of the Italian Medical Association will be held this year at Pavia, from 19th to the 24th of September.

PROF. GAIRDNER, in his recent address on medicine, before the British Medical Association in Dublin, remarked: "I am in the position of a man fairly worked out of late years in the matter of addresses, having been obliged, officially and otherwise, to give more of them in the last half-dozen years than most men, or even most university professors, have to do in a lifetime." Yet his address is full of interest and well merits careful perusal. It will be found in the *British Medical Journal*, or the *Lancet*, of August 6.

WE have received the preliminary announcement of the *Climatologist*, a quarterly journal, "devoted to the scientific and practical consideration of questions in the domain of medical and sanitary climatology." The journal will be edited by George H. Rohé, M. D., of Baltimore. Each number will contain 48 quarto pages and the subscription price will be fifty cents per year. The publisher's address is S. E. cor. Baltimore and South streets, Baltimore, Md. The first number is to be issued in September. There is room for such a journal, and our friend, Dr. Rohé, may feel sure of our hearty endorsement of his praiseworthy undertaking and any assistance we can render will be cheerfully given.

THE fifth annual meeting of the American Philological Association will take place at Washington City, D. C., September 1st, 2d and 3d. The programme seems to be a full one.

MORTUARY REPORT OF NEW ORLEANS

FOR JULY, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	7	1	4	4	4	4	8
“ “ Typho.....							
“ Congestive.....	4	4	4	4	2	6	8
“ Continued.....							
“ Intermittent.....	1		1		1		1
“ Remittent.....	3		1	2	1	2	3
“ Catarrhal.....							
“ Typhoid.....		1		1	1		1
“ Puerperal.....	2			2	2		2
“ Typho-Malarial....	3	3	4	2	3	3	6
Scarlatina.....	1		1			1	1
Small-pox.....							
Measles.....							
Diphtheria.....	7	2	1	8		9	9
Whooping Cough.....	1			1		1	1
Meningitis.....	9		3	6	1	8	9
Pneumonia.....	8	9	9	8	8	9	17
Bronchitis.....	4		2	2	2	2	4
Consumption.....	29	30	24	35	56	3	59
Congestion of Brain.....	6	2	4	4	2	6	8
Diarrhœa.....	7	4	5	6	6	5	11
Cholera Infantum.....	14	4	9	9		18	18
Dysentery.....	7	1	4	4	7	1	8
Debility, General.....	2			2	2		2
“ Senile.....	8	10	6	12	18		18
“ Infantile.....	8	7	7	8		15	15
All other Causes.....	185	108	163	130	175	118	293
TOTAL.....	316	186	252	250	291	211	502

Still Born Children—White, 19; Colored, 20; Total, 39.

Population of City.—White, 176,500

“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 21.48.

“ “ “ “ “ “ Colored, 33.69.

“ “ “ “ “ “ Total, 24 81.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—JULY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Prec'p. in in. & Hund.	GENERAL ITEMS.
		Mean	Max.	Min.		
1	30.00	73.7	80.6	70.6	1.74	Mean Barometer, 29.978.
2	29.97	75.0	82.2	72.0	.02	Highest Barometer, 30.12, 16th, 17th.
3	29.98	75.0	86.8	71.5	1.95	Lowest Barometer, 29.80, 31st.
4	30.01	79.0	85.8	74.0	....	Monthly Range of Barometer, 0.32.
5	30.04	82.7	90.8	75.0	....	Mean Temperature, 80.5.
6	30.01	80.3	89.4	75.2	.25	Highest Temperature, 95.8, 30th, 31st.
7	29.95	80.3	88.8	71.0	.73	Lowest Temperature,, 70.0, 26th.
8	29.94	82.0	89.5	72.8	.60	Monthly Range of Temperature, 25.8.
9	29.96	83.0	92.0	76.0	....	Greatest daily range of Temp., 21.0.
10	29.99	81.7	93.0	76.7	.03	Least daily range of Temp., 10.0.
11	30.01	81.7	92.0	71.0	.02	Mean daily range of Temperature, 15.7.
12	30.08	77.7	87.0	72.9	.36	Mean Daily Dew-point, 73.7.
13	30.07	78.0	86.3	75.0	.08	Mean Daily Relative Humidity, 81.3.
14	30.07	75.3	90.0	72.0	.51	Prevailing Direction of Wind, W.
15	30.10	81.3	90.5	73.4	....	Highest Velocity of wind and direction, 30, N. W. and N. E.
16	30.11	85.0	93.0	76.3	....	Total Movement of Wind, 3144 miles.
17	30.00	81.0	93.5	77.0	T	Total precipitation, 7.85 inches.
18	30.03	80.3	91.5	75.2	.06	Number of days on which .01 inch or more of precipitation fell, 18.
19	29.96	84.7	95.6	78.0	....	No. of clear days, 6.
20	29.95	84.0	94.3	75.5	.06	No. of fair days, 21.
21	29.98	76.3	89.5	74.0	.02	No. of cloudy days, 4.
22	29.89	83.0	92.0	76.0	....	MEAN TEMPERATURE FOR THIS MONTH IN
23	29.89	79.3	86.7	75.0	.09	1873.....82.4 | 1881.....84.4
24	29.93	78.7	90.2	75.2	T	1874.....81.4 | 1882.....80.5
25	29.96	79.7	88.0	71.0	1.16	1875.....81.8 | 1883.....83.5
26	29.90	76.3	86.0	70.0	.05	1876.....83.4 | 1884.....85.3
27	29.86	83.0	92.5	75.9	...	1877.....83.7 | 1885.....82.9
28	29.94	84.7	93.0	77.4	.12	1878.....84.1 | 1886.....79.8
29	29.94	84.7	93.5	77.5	....	1879.....82.9 | 1887.....80.5
30	29.90	83.7	95.8	77.9	....	1880.....81.7
31	29.83	85.0	95.8	78.0	....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN
Sums	.....	.....	.....	.....	.....	1873.....6.27 | 1881.....6.97
Means	.....	.....	.....	.....	.....	1874.....12.93 | 1882.....6.84
						1875.....6.57 | 1883.....3.33
						1876.....4.73 | 1884.....4.12
						1877.....6.41 | 1885.....6.15
						1878.....6.21 | 1886.....4.35
						1879.....7.04 | 1887.....7.85
						1880.....1.22
						Dates of Frosts { Light, o.
						{ Killing, o.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

OCTOBER, 1887.

ORIGINAL LECTURES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

On the *Ætiology* and Treatment of Rickets.

Clinical Lecture by Hofrath PROF. WIDERHOFER. Reported by Our Vienna Correspondent.

Gentlemen—In what consists the affection which we call rickets? We must still now-a-days define the word “rickets” by stating that it means that disturbance of development of the bone in which the salts of lime are not deposited in the new-formed elements of the cartilage, in the so-called osteogenetic tissue. Why these salts are not deposited is a matter of dispute which is not yet completely decided. The first suggestion for this explanation was that a too small quantity of the salts of lime, especially of the phosphates of lime, were conveyed to the respective individuals.

The results which had been obtained in the experiments on animals were about all in favor of this theory. When young dogs are fed with substances which are poor in salts of lime they become affected with rickets. Hence, that the non-sufficient supply of the salts of lime has to be considered as a reason for the development of rickets is a fact beyond any doubt. We therefore thought of supplying those children who were affected with the disease under consideration with sufficient quantities of the

salts of lime. We administered the phosphates and carbonates in abundance, and it became evident that almost the whole quantities which had been taken by the children were to be found in the stools and the urine, and that the children continued to be affected with rickets.

For explaining this fact it was suggested that just those children who most frequently suffered from acid dyspepsia became affected with rickets; hence, that the lactic acid, which dissolved the salts of lime, was the cause thereof. Heitzmann performed experiments, and found that animals which had been fed with an overplus of lactic acid became affected with rickets. These experiments are not, however, irreproachable, for the reason that these animals had not received a sufficient quantity of the salts of lime in their food. Whereas they received great quantities of lactic acid, they were in want of the salts of lime. The matter has not been settled by means of these experiments. The opinion, therefore, prevailed that, in cases of rickets, the resorption of the salts of lime was disturbed, either owing to the fact that the qualities of hydrochloric acid were not normal or that its quantity was too small, and that on account of the defective process of fermentation which thus took place there was present lactic acid or other acids, which hindered the resorption of the salts of lime. Some years ago Dr. Kassowit published an elaborate work on rickets, which merits all respect. He started from the standpoint that the rickety process was due to a morbid vascularization of the osteogenetic tissue; hence, that it was more or less an inflammatory vascular process, by which rickets was caused, and that all symptoms could be explained by means of this theory. All practitioners who have to deal with this affection have hitherto pronounced themselves in favor of the therapeutic success which was derived from this explanation of the rickety process; but the histologists have not agreed with the opinion that we have to do in such cases with an inflammatory process. Hence, it is questionable whether an inflammatory process is here the real cause or no.

Dr. Pommer, of Graz, has, in a work on the subject, opposed the statement that rickets is produced by an abnormality in vascularization, and dispelled the presence of hyperæmia in the new-formed elements of the bone altogether. He had never in such cases met with a similar condition. In short, what we know to-day as to the explanation of the rickety process with certainty is simply that the conditions for the resorption of the salts of lime are impaired, either owing to abnormal qualities of the acids of the stomach or to abnormal conditions in the new-formed cartilaginous cells.

Now, from the clinical and practical points of view it is of interest for us to answer the question, what children are most liable to become affected with rickets? We know by experience that children who are ill and improperly fed easily become affected with the disease in question, but on the other hand we find that some children in such cases remain, indeed, slender, but do not become affected with rickets. We find also that children who are very well fed with their mother's milk, who are even fat to a high degree, are suffering from dyspepsia and rickets, and are at the same time anæmic. We know with all certainty that children who live in moist and ill-ventilated dwellings are very subject to rickets, and acute rickets also especially prevails during the moist season in spring, because children are during this season kept in the room for the greater part of the time. It is in the months of March, April and May that rickets is common, and but very few cases of acute rickets will be found in autumn. Furthermore we know that the affection under consideration depends on certain other diseases. Children who are affected with hereditary syphilis are all, almost without any exception, taken ill with rickets later on. We may say that in all these cases there are present conditions which damage the resorption of the salts of lime; bad and moist dwellings, bad food, want of the salts of lime in the food, abnormal processes of fer-

mentation in the stomach and the intestines, and various other morbid processes may be attended with the same result. As to the chief cause by which the affection under consideration is properly produced, we do not know it with certainty.

Respecting the treatment of rickets there are different methods of which we can avail ourselves. There exists a so-called specific therapia in cases of rickets. This consisted in former times in the administration of cod liver oil and ferrum; in modern times it consists in the administration of phosphorus. Starting from the standpoint that rickets is caused by a vascular inflammatory process in the new-formed cartilaginous cells, phosphorus has been tried as a specific medicament against this affection. Experiments with phosphorus for establishing a new formative process of bone had already been performed by Weber, but it was the merit of Kassowitz to have introduced the treatment with phosphorus anew, and to have, as it were, created for it a scientific basis. He administers phosphorus in such a way that half a milligramme is taken a day. The usual administration is the following:

R̄ Olei jecoris aselli (cod liver oil). . . . 100.0 grammes,
Phosphorus. 0.01 (one centigramme).

Dose: One coffeespoonful a day.

Twenty coffeespoonfuls contain about a hundred grammes of liquid, hence one centigramme of phosphorus is contained in twenty such spoons, and one coffeespoonful thus contains half a milligramme (0.005) of phosphorus. Very many specialists for diseases of children have pronounced themselves in favor of the phosphorus therapia; others, however, very unfavorably. If you ask me, gentlemen, what results I have obtained in this course of therapeutics, I have to say that it makes on me the impression of not being without success in the second year of life and upwards. I think that the phosphorus may have an influence on the hardening and solidification of the tubular (long) bones, and I am inclined to ascribe to it a good effect in such cases. As to the administration of this drug

in cranio-tabes, in acute and fresh cases of rickets, and especially in laryngo-spasmus, I have not been able to observe any influence. The fact that the phosphorus is administered together with cod liver oil is an addition which troubles the appreciation of the experiment, as the cod liver oil by itself formerly had the reputation of being a specific agent against rickets; and quite as good results had been obtained with it in these cases, perhaps in a slower way than with phosphorus. We do not know the effect of the phosphorus in the human body with certainty; we do not know the change which it undergoes in the cod liver oil or in the "linctus gummosus," in which we administered it for weeks. Phosphorus is a substance which so quickly undergoes various changes, owing to oxygenation, that we are not yet able to form a decided opinion of its effect. As to the influence of this substance in cases of laryngo-spasmus I have not seen anything like the surprising successes which have been recorded by others. Moreover it is even quite superfluous to use it in such cases, as the bromide of potassium gives excellent results here. Nevertheless, the experiments on this subject are not yet concluded; and it is, in any case, a great merit of Kassowitz to have introduced phosphorus again into the therapia of rickets. The therapeutics consisted in former times, as you know, in the administration of cod liver oil and ferrum. If the theory that the want of hydrochloric acid is one of the reasons for the development of rickets were correct, it would be quite convenient to administer this acid to children. As to the administration of cod liver oil we may state that we have obtained very good results with it, especially in cranio-tabes, even when there were already present catarrh of the lungs and swelling of the glands. The pure cod liver oil is not well supported by children, and this is particularly true of suckling children, and we therefore administer the cod liver oil in the form of a mixture, as it was administered by our late teacher, Meyer. It is then very well supported. We prescribe it after the following formula:

R̄	Olei jecoris aselli.....	10.0
	Mist. oleosæ.....	100.0
	Syrup simplic.....	10.0

Or, sacchari lactis; in cases of catarrh, syrup ipecacuanha, etc.

If you administer a coffeespoonful of this mixture every two hours a day, for from ten to twelve days, in cases of cranio-tabes, you will remark that the child sleeps quietly in the night, that it perspires in a lesser degree, and that it gives in general the impression of not being any longer so sick as before. The condition will have indeed improved to a high degree after the lapse of a fortnight or a month. In those cases in which we have to do with intestinal catarrhs we do not use either phosphorous or cod liver oil. In such cases we have recourse to the preparations of ferum. The reason for the good effect of the cod liver oil is not known. We in former times believed that the effect had to be attributed to its iodine, but it became evident later on that no such substance was contained in it at all, and this is also true of the bromide, to which the same influence had been ascribed. The further suggestion was, that the constituent fat of the cod liver oil was more easily resorbed than other fats. No good results had, however, been obtained with the various fats which had been tried. It is very probable that the effect of the cod liver oil has to be attributed to its contained phosphates, which are to be found here in great quantities, and which, together with the fat acids which are contained in the oil, perhaps produce conditions by the phosphates become easily resorbed. We do not know anything certain about it, but there is no doubt that, whether you may administer phosphorous or cod liver oil or anything else, the most important features in the treatment of rickets are the proper dietetic measures. When a child affected with rickets is suffered to remain in a bad or moist dwelling, or in a new-built house, when it is not brought into fresh and good air and not nourished with suitable food, it will always remain affected

with this disease. You will also do well to order frequent baths, either warm baths or baths with salt-waters. By the use of the latter the phosphates are said to be kept back in the body. You may also order the use of baths with common salt, using from half a pound to one pound and a half in a bath. When the child is well nourished the conditions of dwelling favorable, and there is a sufficient supply of fresh and good air, you will obtain good results.

Lupus Vulgaris.

A clinical lecture delivered at the College of Physicians and Surgeons, by HENRY J. REYNOLDS, M. D., Professor of Dermatology in the College; Professor of Skin and Genito-Urinary Diseases in the Chicago Polyclinic.

Gentlemen—I desire to direct your attention this morning to a consideration of the disease known as lupus vulgaris. The lady I present to you illustrates the affection in a well-marked, typical manner, and I prefer, before making reference to this particular case, that you have some idea as to the general manifestations and leading features of the disease.

Lupus vulgaris comes under the head of a class of skin diseases designated as “new growths,” and on account of the varied appearance of which, in different cases and at different times, several terms have been applied to it, such as lupus exedens, lupus verrucosus, lupus discretus, lupus vegetans, etc., all of which come under the head of lupus vulgaris, and are simply different characteristics of the disease. You must bear in mind the fact that the name does not include the affection known as lupus erythematosus, which is somewhat similar in behavior, but is regarded as an entirely separate and distinct disease. Lupus vulgaris is generally first seen in childhood. Even if the disease is not observed by the physician at adult life or old age, the early history, such as old scars, etc., will, as a rule, disclose the previous existence of the affection. There is a possibility of its continuing all through life. It is not a contagious disease. It may crop out upon any portion of the integument of the body or of the contiguous mucous membrane, but it is most commonly found

upon the face, with a preference for the nose. The skin, mucous membrane and cartilages may be implicated in the destructive process, but, unlike syphilis, it spares bones. The affection manifests itself primarily in the form of soft pin-head to small-sized brownish-red or yellowish papules, which, from being deeply seated in the skin, are at first scarcely perceptible to the touch. By enlargement and aggregation of these small growths, which progress very slowly, larger nodular or tubercular masses are formed, and by the subsequent breaking down of the same we have the typical ulceration, cicatrization, etc. The small growths may, on the contrary, undergo atrophic changes and become absorbed without disintegration or breaking down. The affection, though chronic and very slow in its progress, is a very destructive one, particularly in the region of the face. Sometimes it destroys almost the entire nose, eyelids, etc. Lack of symmetry is observed in a lupous nodule; the patches are irregular and uneven here and there. To illustrate: It may implicate only one side of the face, and at the same time a portion of an extremity. The disease is considered quite rare in this country. The ulcer of the disease has a reddish, indolent, granulating base, which bleeds easily, and is surrounded by a soft, flat, neither elevated nor undermined margin. Crusting is not a marked feature, and there is little or no pain connected with the disease.

Diagnosis.—In the differential diagnosis we are to bear in mind syphilis, superficial epithelioma and lupus erythematosus, and by adhering to the following diagnostic points a diagnosis can almost be made with unerring certainty:

LUPUS VULGARIS.	SYPHILIS.
Almost invariably first manifests itself in childhood.	Usually in adult life.
Is not hereditary.	May be.
Never occurs in infancy.	It may.
Rare in this country.	More common.
Papules small, soft, deep, not elevated, and may reappear in the scar.	Larger, harder, elevated and never reappears in the scar.

LUPUS VULGARIS.

If female, not necessarily any previous history of abortions.
Generally local.
Progresses very slowly.
Margin ill-defined and uneven.
Never affects the bone.
No syphilitic history.

SYPHILIS.

If female, may have previous history of abortions.
Tendency to general distribution.
More rapidly.
Well defined.
It may.
Almost invariably a history of primary and secondary syphilis in adults.

THE ULCER.

Generally begins from an aggregation of points or papules.
Is shallow, with red granulating base.
Margin not abrupt, elevated nor undermined.
Secretions scanty.
Odorless.
Little crusting.
Resulting scar always white.

Generally from single point.

Deep.

Margin abrupt, elevated and undermined.
More profuse.
Fetid.
More crusting.
Often pigmented.

LUPUS VULGARIS.

Generally begins in childhood.
Starts as multiple discrete papules, which may each form an ulcer.
Not painful.
Progresses very slowly.
Becomes irregularly nodular.
Becomes diffuse and ill-defined.

SUPERFICIAL EPITHELIOMA.

Usually found in old age.
Starts from one or an aggregation of papules, which ultimately form only one ulcer.
More or less painful.
Progresses more rapidly.
Does not become nodular.
Does not become diffuse and is well defined.

THE ULCER.

Generally multiple.
Shallow, with red granulating base, which bleeds easily.
Edges ill-defined and neither elevated, everted nor undermined.
Ill-defined, red, unhealthy skin outside the margin of the ulcer, due to the more diffuse nature of the disease.
Moderate amount of secretion.
Secretions inodorous.
Presence of the characteristic non-ulcerative papules found in the scar and healthy skin.

Usually single.

Deep, with hard, indurated, uneven base.

Edges clean cut, abrupt, indurated and everted.

Surrounded by healthy skin.

Secretions more scanty and liable to be tinged with blood.

Secretion fetid.

No elementary papules found at same time as ulcer.

You may differentiate lupus erythematosus from lupus vulgaris by the absence of deep-seated papules, ulceration and discharge in the former, and by its appearance first in adult life, by its symmetrical distribution on each side of the face, its firmly adherent yellow scales, and by the absence of the nodular condition characteristic of lupus vulgaris.

History.—This woman comes before us with the following history: She is forty years of age, German, and has been in this country about twenty years. She tells us she has always enjoyed good health until about two or three years ago, when her present disease began to manifest itself, making its appearance first on the right leg, a little below the knee. This was followed by an outbreak, similar in character, in several portions of the face. The disease has been gradually growing worse ever since, some of the patches becoming atrophied and absorbed, while others have undergone ulceration, followed by cicatrization. We find in this case a distorted, ulcerated condition of the face. Those of you who are near enough can see that the lower eyelid is all gone, and both alæ of the nose. You will observe also that the upper lip is slightly implicated. There is an ulcer about the size of a dollar on the centre of the forehead.

Treatment.—With regard to the treatment of the affection I may say various methods and remedies are adopted, the simplest being the local application of such remedies as green soap, stimulating lotions, caustics, etc. If the disease assumes a benign character, and there is a tendency to atrophy and absorption, such treatment may be all that is necessary. The more effectual treatment is that of multiple linear scarification of the parts. By this I mean, a number of parallel incisions being made just deep enough to go down to the healthy tissue, the same then being crossed by similar incisions. Another, which is very effectual in advanced cases, which we will adopt in this case, is that of erosion or scraping of the part with the dermal curette. The spoon-shaped instrument which you see I hold in my hand is a dermal curette, and with it I shall endeavor to scrape away as much of the diseased tissue as possible, which you notice is easily done, as these lupus growths, whether they be papular, tubercular or advanced to ulceration, give away very freely in front of the curette, and scrape out almost like cheese or rotten wood, leaving at the margins the normal tis-

sue, which is much more resisting and cannot be very easily taken away. I have scraped away much more of the diseased tissue than I had expected, but I will go beyond until I encounter the resisting healthy tissue. I have been compelled also to remove completely the alæ of the nose. Having scraped away as much as possible of the diseased tissue I will now apply the nitrate of silver to the surface which has been curetted, also to the eyelid and inside of the nose. I do this in order to destroy any remnants of diseased tissue that may be there. As an after-treatment I will order an ointment of iodoform, ℥i; pyrogallic acid, ℥i; ung. aq. rosæ, ℥i.

ORIGINAL ARTICLES.

Terebene.

By WILLARD H. MORSE, M. D., Westfield, N. J.

In the service of Professor Germain Sée, in the Salle Saint Jeanne, Hotel Dieu, Paris, it has recently been found expedient and interesting to make use of some of the newer remedies of the day. The visitor, taking up the official book of the ward and looking into recent records, finds written the professor's reports on such little known agents as the sulphate of sparteine, naphthaleine, sulphate of aconitine, convallaramin and terebene. All stand of interest, but among the most interesting of the reports is that which touches upon terebene. Like a new baby, which is most interesting in its mother's arms, so much the same does a new remedy prove in the cradle of its birth. Terebene, of French extraction by way of the item of discovery, comes fairly to commendation from French lips. One would not go to the new baby's mother to seek unprejudiced points of infantile excellence, but rather to an honest neighbor, so, obtaining nothing in the way of points from M. Ribau, the father of the drug, it is honest to seek them from his neighbor, M. Sée, who has weighed and swaddled the infant drug, and knows an unprejudiced deal about it.

Germain Sée is a man of few words, and of terebene he simply says:

“Where the diagnosis is of emphysema it is the first of the agents employed. Where it is of peri-uterine phlegmon, its use immediately follows injections. Where it is of albuminuria, it is ever recognized as a worthy remedy.”

This is the latest news concerning the drug in France, and may not inaptly be regarded as the French estimation of it other than in its gastric and bronchial application by the Ribau school.

In England Dr. William Murrell has had a good deal to do with the drug in the last fourteen years, and probably knows it better than any other English practitioner, having paid as notable attention to it as to nitro-glycerine. He has brought it into prominence in the treatment of cough, publishing some time since a report of its value in eighty-one out of ninety-four cases, and more recently a supplementary report of its use in one hundred and fourteen cases. The rather indefinite term “cough,” to which this authority finds it applicable, is more fully defined as “the consequences of irritation of the different branches of the pneumogastric nerve, the short jerk of cardiac irritation, the heavy bark of bronchial dryness, the tiresome effort of gastric disturbance and the slow dullness of sound that tells of hepatic congestion. Wherever the cough is of this character, the remedy is indicated fully.”

Dr. Murrell has a history of more or less bronchial irritation in some of his cases, which he attributes to the use of an inferior quality of the drug. He deems it probable that the failures of those of his countrymen who have “had no success at all with the remedy” were due to the use of these inferior brands. His success in the treatment of acid dyspepsia, “where one of the indications is the stomach cough,” has been uniform.

In this country the fault pointed out in England is strikingly apparent. There are several things sold as terebene, but that which is relied upon here in New York is that of McKesson & Robbins, who were the first to

manufacture it here. Not only do we have in the market the drug in an inferior shape and form, but the know-it-all druggist in some places is given to the trick of giving terpine hydrate, "just-as-good-if-not-better." Some physicians seem to have fallen into the habit of receiving this substitution, and it might be well to say that terebene is quite distinct from terpine and terpinol. Terebene, as described by M. Ribau, is a substance produced by the action of sulphuric acid upon turpentine; while terpine is a substance obtained by distillation from turpentine, and terpinol is still another derivative of an oily nature. It is true that the two are both expectorants, but not interchangeably so. As the worthy Amende says of a sporting matter, "one can kill a woodcock with either a rifle or a revolver, but the smaller arm is not a substitute for the other in any sense." So terpine will remedially affect cough, but it requires a dose of five centigrammes to perform that which five drops of terebene undertakes. Yet we meet physicians who do not know the one from the other.

What of American experience with the drug?

Quite as a matter of course the remedy has its unbelievers, but it is encouraging to note that the skeptic's strongest point against it is contained in the plaint which I take from the words of a recent writer:

"Such remedies as naphthol, terebene, etc., cannot come to popularity, because of their lack of palatability. The average palate will have naught to do with kerosene, petroleum or turpentine, and appetite dispenses with their products."

There is no "amen" constructed to fit such nonsense. Terebene is being used as an inhalation, or internally. Not one patient in ten will object by palate to a dose of five drops, on sugar, every four hours, gradually increasing to twenty drops. If there is rebellion against this dosage the following formula produces a good mixture:

R̄ Terebene..... 1 part.
 Glycerine, spt. vini rect., syrup
 simpl.,..... aa 15 parts.
 M. Ft. mist. A dessertspoonful for a dose.

The physiological actions of the drug show a terebinthian uniformity. There is a quick recognition in the breath, urine and sweat; a suffused feeling of warmth and exhilaration; a direct action on the respiration. Elimination having to do so intimately with the bronchial tubes, kidneys and the sudorific glands, it follows that there is no need to mistake the therapy, though not urging a confinement to expectorant, renal and diaphoretic effects.

Either alone or in approved expectorant mixtures terebene is more particularly indicated when the sputa are notably tenacious.

Its employment in bronchial catarrh, ordinary colds and capillary bronchitis are made evident. Not many American physicians do other than to agree with Murrell, that "whatever the affection of the broncho-pulmonary mucous membrane, acute or chronic, terebene is beneficial. When great depression exists in pneumonia there is nothing more counteractive than a combination with chloride of ammonium. Few agents exercise a more gratifying influence on the cough of phthisis. Emphysema, hay fever and pulmonary sclerosis are other affections in which terebene is capable of effecting a considerable degree of amelioration. By inhalation, laryngeal and bronchial diseases seek no more efficient treatment. On the whole, it seems to be the invariable opinion of all who have used the remedy that there is nothing in the professions of Dr. Murrell which cannot be substantiated.

In hydro-nephrosis and pyo-nephrosis as much confidence may be had in terebene as in any agent in the *materia medica*. Irritability of the bladder is also relieved, and there has been testimony in its favor in dropsy.

There is also evidence in its favor in chronic intestinal catarrh, perhaps a natural circumstance to its serviceability in acidity of the stomach and dyspepsia. No remedy is of more use in the so-styled irritative dyspepsia, where it is a substitute without measure for Fowler's solution. In the flatulent dyspepsia that is an accompaniment to obesity, its use is attended with invariable advantage.

If I might venture an opinion it would be that in its particular field as an expectorant there is no new remedy that stands in advance of true American terebene. I say "true American," not only for the reason already named, but also because the products of our American turpentine are ever preferable to those of the European article, chemically and therapeutically.

Peculiarities in the Therapeutic Action of *Nux Vomica* in Different Individuals.*

By CHAS. CHASSAIGNAC, M. D., New Orleans, La.

We wish to call the attention of the society to-night to the wide range of intensity with which *nux vomica* and *strychnia* act upon different individuals.

It will be remembered that some few meetings back the discussion turned upon the effect of ordinary doses of *strychnia*, and the conclusion was reached that the alkaloid in question was usually employed in doses too small for any effect to be obtained. Large doses were advocated, and several instances were mentioned, in support of this opinion, in which enormous doses were well borne.

The cases we report to-night show the other side of the medal and are to be added to the long list of analogous ones already contained in the literature of therapeutics and *materia medica*.

CASE I.—A lady about forty years old, of generally good health, consulted the writer for what was determined to be a mild form of malaria, without marked paroxysms, but producing some nervous depression. A tonic and antiperiodic was prescribed, each dose of which included one-quarter of a grain of extract of *nux vomica*. An hour after taking the second dose she suddenly had what she feared to be an attack of incipient paralysis, and we were hurriedly summoned. She was found in bed, much agitated, complaining of lightness of head, and explained that while walking across the room she suddenly found that she had not full control of her lower limbs, which

*Read before the New Orleans Medical and Surgical Association.

“jerked” as she attempted to move and caused her to fall. She was unable to rise without assistance, and had to be led to her bed. We reassured her, prescribed full doses of bromide and in a few hours she had entirely recovered. Needless to add that the first medicine was discontinued.

CASE 2—Was that of a young married woman who was pulled down by fatigue and grief. We gave her a sample one ounce bottle of the hematic syrup prepared by Parke, Davis & Co., containing one-sixteenth of a grain of strychnia to the ounce. She was directed to take one teaspoonful three times a day. The second day after we were called in haste to find her in what appeared to be a very serious condition. She was delirious, talking incessantly, complaining of lightness and emptiness of the head; touch—the latter she would exclaim, “It’s empty; I tell you it’s empty.” She showed a slight degree of opisthotonos, had severe contractions of muscles of neck, arms and legs, which caused intense suffering. During intervals between contractions there was great tremulousness and she complained of numbness of extremities. Pulse was small and frequent. Respiration hurried and jerky. There could be no mistake in the diagnosis, and we looked for the vial of hematic syrup to see if an excess had been taken, but found that less than half of it was missing, so that these symptoms were produced by less than one-thirty-second of a grain of strychnia, taken in divided doses. Bromide of potassium and chloral hydrate were administered in good doses every hour. It was only after the second dose that the symptoms began to abate, and only after six or seven hours that she commenced to sleep and was relieved of the severe symptoms. Next day she still had slight muscular twitchings and some numbness and soreness of the extremities. The bottle of tonic was made to disappear, and this patient was put down as one to whom strychnia will never again be administered as long as she is under our care.

These two cases are sufficient to show us how careful we must be in prescribing strychnia. One patient was very much alarmed and had distressing symptoms after the ad-

ministration of a half grain of extract of nux vomica in two doses; the other was made seriously sick and suffered greatly from taking less than a thirty-second of a grain of strychnia in thirty-six hours. Imagination had nothing to do with the symptoms, for in neither case did the patient suspect what she was taking.

When taken in connection with the cases referred to as having been reported at a previous meeting, these illustrate how extremely strychnia can vary in its effect upon different individuals.

Acute Circumscribed *Œdema*.*

By RUDOLPH MATAS, M. D.

It was in the month of May, I believe, in 1886, when I was called to attend a Mrs. V. G., an Italian woman, aged thirty-six, who complained to me of the symptoms which constitute the basis of this narrative. Before proceeding with the details of her case, however, I will state that she had been my client several years previously, during which time I had on several occasions attended to her husband and her children (five in number) for various ailments, among which, however, predominated the disorders due to malarial causation. The patient herself enjoys an average good health, though she somewhat exemplifies, in her dark, sallow complexion, etc., the “tropic diathesis” so ably described by our distinguished fellow member, Prof. Elliott, and which is so commonly met with among the laboring classes of our Italian population. In justice to her health, however, I must state that, outside of malarial fevers and a few accidental complications of childbirth, she rarely suffered with disease prior to the occasion when she called me to relieve her of the condition now under consideration. When I reached her house, which was late in the evening of the day that I had been sent for, I found her apparently as well as I had ever seen her and attending to her usual avocations. As I made some remark to the effect that she appeared too well to

*Read before the Orleans Parish Medical Society.

require medical assistance, and expressed some surprise at her sending for me, she told me that if I had only called a few hours earlier I would not have thought that she looked so well. She was feeling now, as usual in the evening, quite well; but it was "quite a different thing in the morning." In fact, for the last two months and over, she had been afflicted with a peculiar disfigurement of the face, which "could hardly be designated as sickness," for it seemed, to her, too much of a trifle in the beginning to be worthy of such a name, but now she was becoming alarmed as it persisted so obstinately and prevented her, whilst it occurred, from attending to outside work on account of the distortion of her features that it entailed.

This "disfigurement," she explained to me, was a large swelling that took place daily between 8 and 11 A. M., which appeared in the upper lip and caused it to rise to the level of her nostrils, obstructing the nares and projecting over two and three inches beyond the surface of the teeth. The swelling came on gradually, but continued to increase for some hours until it reached a maximum about 12 M. or 1 P. M., when it gradually subsided, so that by three, four or five in the evening it had totally disappeared, leaving no trace behind it.

The swelling was perfectly painless, and to use her expression was "doughy" to the feel, and only bothered her by its ungainliness.

I must state that I was at once much struck by the singularity of the phenomenon, and especially by the clearness and accuracy with which the signs and symptoms were detailed to me. The periodicity of the affection and its long duration, above all, were curious. The swelling "came on regularly every morning and disappeared every evening; sometimes, though rarely, it appeared in the evening and disappeared late at night," was the answer always given by the patient when interrogated on this point; and other women, relatives and neighbors, who were about, all substantiated the statements by their repeated reiterations. I asked if any chill accompanied the appear-

ance of the swelling, if it was followed or associated with fever or any other general disturbance, and to these queries the patient always gave a negative answer, stating, in addition, "that she was not prevented from doing any work about the house by the presence of the enlargement, and it was only by the inconvenience of its appearance that she did not venture out of the house while it lasted."

I then examined her mouth for subgingival abscess, periostitis, dental caries, or other mouth lesions which so commonly cause peri-oral swellings, but I failed to see any lesion that could reasonably account for the swelling of the upper lip, though some of the molars were carious. The absence of any inflammatory lesion about the lips *at the time* the examination was made would also exonerate the teeth from any participation in the trouble, as œdemas of dental or gingival origin are not so transitory in character; and, furthermore, are not known to oscillate in such rythmical fluctuations as this had done for so long a time as three months. What, then, could cause such a periodic and painless œdema, as I at once characterized the condition? Could it be an occult renal, cardiac or hepatic disease with albuminuria? The case puzzled and interested me. Without prescribing I requested the patient to send me some of her urine the next day, and after examining her heart, which I found perfectly normal, and searching for other evidences of renal or hepatic disease, such as œdemas in other localities, etc., I concluded that this trouble was not associated with disease of any of these organs, though I relied on the examination of the urine for a final conclusion on the question of renal disease, which all that time struck me as the most probable morbid state in which such an œdema could arise. The next day the urine was carefully examined for albumen, casts and sugar, and the specific gravity carefully taken, and I distinctly remember that I found it normal in every respect. There was no anæmia, no evidence of any dyscrasia that could be incriminated; nothing, in short, that an attentive clinical survey could seize as an efficient factor in the causation of the trouble.

I decided to see the patient myself during the œdematous period, and that very morning, before 12 M., I called at the patient's house and was at once convinced of the truth of her assertions, by the remarkable alteration in the outlines of her face. Her lips, and especially the upper one, are thin normally and of a darkish red hue, but now the upper one projected from her face like a proboscis. The lip had indeed assumed elephantine proportions and impressed on the features a curious, grotesque appearance. The enlarged labium hung over the lower like an overhanging tumor, of a pale, waxy, leaden hue, especially on its mucous portion. On touching the mass it felt, as the patient said, "doughy," pitting on pressure and feeling cold and almost clammy to the touch. The cheeks did not appear to participate in the infiltration and neither did the eyelids, the swelling appearing to blend gradually with the remainder of the face on a level with the naso-labial furrow.

I again examined the mouth to reassure myself, and took the temperature under the tongue, but the whole examination gave only negative results.

It was now time to prescribe, as the patient anxiously awaited for a remedy that would relieve her of her annoying condition, or for an opinion that would enlighten her on the prognosis of her case, the demand for a diagnosis being thus embarrassingly thrust before me.

If there was a striking feature in this case it was certainly the quotidian periodicity of the phenomenon, the rythmical recurrence of the œdema; and if there is a valuable clinical criterion of malaria—though not an infallible one—it is periodicity. Now the word malaria implies usually quinine—therapeutically, at least at the bedside, though, I must state, that the converse also appears to hold as well, if not better, with many—*i. e.*, that quinine implies malaria, or rather that the test of malaria is quinine. And surely no one long engaged in clinical work will gainsay that this test is often regarded as the crucial reagent for the detection of malaria.

But I will not digress at this moment. I will state simply

that in the presence of this perplexing case the periodicity of the affection suggested malaria, and the malaria quinine; and with this suggestion I was at least temporarily armed with a diagnosis and therapeutic indication. I therefore ordered quinia sulphate, twenty grains, in capsules, to be administered in the evening, and ten more early in the morning, at least three hours before the usual appearance of the œdema.

Two days after, at 2 P. M., I was much surprised to see the patient herself at my office, and what was most satisfactory was that she bore no evidence on her face of the annoying trouble, even to the presence of the heretofore hydrophilic labium. The patient was delighted that the œdema had not returned; she said she had been cured and had not delayed in coming to my office to apprise me of the news. I could hardly believe that the ailment had radically disappeared, and told her that it might return, but to guard against a further recurrence of the trouble, and not without some curiosity to know the ultimate results, I prescribed a capsule containing quinia and arsenic as a basis, to be taken three times daily. The next day I learned the patient had had a relapse, but not so well characterized as formerly. The tonic pills were then reinforced by the administration of twenty grains of quinine in the evening. After this the swelling did not return, and, as I have had occasion to see the patient quite recently, I have learned that she has been completely free from any return of the trouble since the time when I prescribed for her.

Such a well marked interruption in the course of disease, and its complete arrest following immediately upon the administration of remedy, could hardly be regarded as a coincidence, and in this I am convinced that the cessation of the œdema was entirely the result of the therapeutic action of the quinine. This practical result, together with the peculiar features of the case, did not fail to impress it in my memory. In the lapse of time it became gradually blended with my malarial recollections.

It was barely passing into the realm of reminiscence,

however, when the details of the case were again roused to vividness by reading abstracts of two interesting communications made at the meetings of June 3 and 25, 1887, of the Imperial Royal Medical Society of Vienna, on the subjects of acute circumscribed œdema, by Dr. Riehl. In the first of these meetings the report says (*Semaine Medicale**) that Mr. Riehl presented two patients afflicted with acute circumscribed œdema of the skin. "This affection, which has been described by Quincke, consists in the sudden appearance and without any appreciable cause of an œdematous tumefaction, which, in the course of two or three hours, becomes very pronounced, and disappears completely at the end of twenty-four or thirty-six hours. This tumefaction is localized ordinarily in the dorsal aspect of the hand and in the face, in the eyelids, about the mouth, the lips, the cheeks, and sometimes even in the pharynx and larynx, where it is liable to produce suffocation." In one of Dr. Riehl's cases the affection has persisted for three years in the zygomatic region; in the other thirteen years in various parts of the body. At the meeting of the same society, held June 25th, Riehl presented further details in regard to these two patients. As to the last instance, that of the patient who became ill with the disease in 1874, he tells us that he is a man aged forty-one years, who had always been healthy prior to 1874, when, shortly after the death of his wife, he was suddenly seized with œdema in the left eyelid, which, appearing suddenly at night, disappeared as quickly the next morning. From this time on and at various intervals he presented œdematous localizations in various regions of the face. At present, the œdematous seizures are repeated every eight or ten days, which, outside of the inconvenience resulting from the altered appearance, cause no trouble.

In the other case he referred to a man thirty-three years of age, who was attacked three years before, eight days after his wedding, by an acute œdema of the left cheek. Since that time he has these limited œdemas every fifteen days.

**Semaine Medicale. Paris*, Nos. 23, 26. 1887.

In these two cases the general condition of the patient is all that could be desired. The urine is normal and there exist no hereditary antecedents. But this is not always the course of this affection. In a case reported by Quincke the appearance of the œdema was always associated with a general *malaise*, somnolence, vomiting, etc.

Strübing mentions three cases which were characterized by intense gastric disturbance, and vomiting as often as twenty or thirty times daily, constipation, psychical disturbances, etc., even when the œdematous areas were insignificant in size. Hereditary influences appear to play a part in this affection, and *apropos* of this Strübing relates the case of an old man of seventy who was affected with acute circumscribed œdema, whose son suffered also with the paternal affliction. Analogous examples have been reported by Quincke, Falcone, etc.

The differential diagnosis, according to Rhiel, is based on the suddenness with which the œdema appears and in the absence of all inflammatory symptoms; the absence of albumen in the urine or any other evidence that would indicate a renal or other lesion that might otherwise reasonably account for it. The differential diagnosis between the acute circumscribed œdema and myxœdema should present no difficulties to the clinician.

The etiology of the disease is still obscure. The influence of traumatisms has been appealed to to explain the condition, and, in fact, Quincke succeeded in producing an acute circumscribed œdema in a predisposed subject, by inflicting slight blows on the face, etc., but this mechanical causation must entirely play a secondary role, acting purely as an exciting agent in already predisposed subjects. Moral disturbances have been regarded, and perhaps with some foundation, as important predisposing factors.

Asto the actual phenomenon itself—*i. e.*, the œdema—it is accounted for by Quincke, for instance, as an angio-neurosis. Strübing attributes it to an exaggerated excitability of the vaso-dilator nerves. Riehl opines that the difficulty lies much more in the central nervous mechanism

and in its peripheral dependencies, and in support of this opinion he appeals to the migratory or metastatic character of these œdemas, and their association with nervous disturbances of a peripheral character and vomiting.

From the preceding synopsis of Riehl's paper, which embraces the leading points presented by Quincke (in his article in *Monatsheft für Practische Dermatologie*, No. 5, 1885) it will be seen that, outside of the leading clinical features of the affection, nothing very definite is known as to its real nature, notwithstanding the fact that three theories have been advanced to explain its main and characteristic phenomenon, the acute circumscribed (painless) œdema.

HOSPITAL REPORTS AND CLINICAL NOTES.

COMPOUND FRACTURE OF THE TIBIA FROM DIRECT VIOLENCE, HEALING LIKE A SIMPLE FRACTURE UNDER ANTISEPTIC DRESSINGS.

Service of DR. CHAS. CHASSAIGNAC. Reported by GEORGE SABATIER, Resident Student.

L. F., æt. 47, colored, was brought to the Charity Hospital on the evening of May 22d with a compound fracture of the left leg, resulting from the kick of a horse. A lacerated wound, about two and a half inches in length, existed at the middle third of the leg, on inner surface, beginning at the crest and extending upward and inward. The tibia was obliquely fractured in this situation, in a direction upward and outward, with about one and a quarter inch of lower end of upper fragment completely denuded.

Dr. Parham was called for the case. Having brought in apposition the broken fragments the periosteum was drawn over the denuded portion of bone, the upper and lower margins of the membrane approximated and sutured with catgut. The wound was well irrigated with a solution of bichloride of mercury (1-2000), and powdered with iodoform. Strings of catgut, soaked in bichloride solution, were placed at the bottom of the wound, the ends being allowed to protrude from both extremities of the rent to establish moderate drainage. The wound was sutured with deep catgut sutures, and a soft sponge, pre-

viously soaked in the antiseptic solution, placed upon it. Over this was placed some antiseptic cotton, and the whole covered with gutta percha tissue, thus hermetically sealing the wound. The leg was then placed in a Bavarian splint and patient sent to ward 11.

On the evening of the 23d temperature went up to 102°; a saline laxative was administered and five grains of cinchonidia sulphate given every three hours through the night. On the morning of May 24th the temperature had fallen to 99 2-5, to rise again to 100° on the evening of the same day. May 25th, temperature 99°, and from that date fluctuated between 99° and 98 3-5 for fifteen days, after which it became normal.

On June 4th a very foul odor was detected emanating from the wound through the bandage. Although the temperature was almost normal and other constitutional symptoms favorable, it was decided to open and remove the bandage. The sponge which had been placed over the wound was found in a complete state of putrefaction, reduced to a pulpy mass and giving off a very offensive smell. The catgut sutures had disappeared, and the wound was reduced to a linear cicatrix, about one inch in length and no longer communicating with the fracture. A small, fleshy and very muscular growth protruded from the centre of the cicatrix. This was cauterized with nitrate of silver, powdered with iodoform, and the leg again placed in the Bavarian splint. June 15th the Bavarian splint was removed; firm union was found to exist, and the leg dressed with a simple bandage. July 25th patient was discharged cured.

GUNSHOT WOUND OF THIGH IN SCARPA'S TRIANGLE; INJURY
OF BOTH ARTERY AND VEIN; LIGATURE OF VESSELS
ON FOUR DIFFERENT OCCASIONS; DEATH
FROM HEMORRHAGE AND
SEPTICÆMIA.

Reported by MR. ROBERT BORDE, Resident Student; with Comments by DR. PARHAM.

A. Z., aet. 33 years, a tall, well-formed white man, was admitted to the Charity Hospital on August 13, 1887, suffering of a gunshot wound of the thigh. He was one of the

proprietors of the *Mascot*, a paper printed on the second floor of a Camp street building. He was standing two or three steps from the top of the stairs, his assailant on the landing below, when the ball was delivered from a forty-four-calibre pistol. Examination showed a wound directly in the line of the femoral vessels, near the apex of Scarpa's triangle. Immediately after the wounding there had been considerable hemorrhage, which was stopped by the application of a compress over the femoral artery. On removing the compress at the hospital the hemorrhage did not recur and pulsation in both tibial arteries was made out. A light dressing was applied and the patient conveyed to the ward.

Aug. 14., A. M.—A large diffuse aneurism was found in Scarpa's triangle. Dr. Miles at once enlarged the wound and made search for the source of the hemorrhage. Both artery and vein were found to be injured. The artery was ligated on both the proximal and distal sides of the wound of the vessel. This completely controlling the hemorrhage, the vein was not disturbed. The skin wound was sutured and dressed.

Aug. 15.—Erysipelas has attacked the wound. He was transferred to the erysipelas ward on the third floor, where the liq. plumbi subac. dil. was applied locally, and quinine and iron given internally.

Aug. 16, P. M.—The erysipelas has spread and his temperature is now 106° F.; pulse, very frequent and weak. Grains sixty of antipyrin and twenty of tincture digitalis administered in two doses..

Aug. 17., A. M.—Patient rested quietly, temperature has fallen to 101° . Wound suppurating freely. Sutures removed and wound washed out with one-half per mill. solution of corrosive sublimate. Wound now to be dressed three times a day.

Aug. 21.—Opening made by Dr. Miles through the skin on inner side of thigh, about three inches above the knee, and a drainage-tube pulled through from the wound above. After this for a while there was some improvement, the pus discharging more freely.

Aug. 23, 6:10 P. M.—Was hurriedly called to the ward. Patient had had a recurrence of hemorrhage and had lost fully a pint of blood when I reached him. The nurse had had compression of femoral applied pending my arrival. Dr. Parham at once, the patient being chloroformed, opened the wound. Following the proximal ligature down through the inflammatory tissue, the femoral artery was found to be the source of the hemorrhage. The ligature was on, but the bleeding seemed to come from above it. Another ligature of silk was slipped on the artery above the previous one and the bleeding at once stopped. The distal ligature, which was of catgut, put on the 14th, could not be seen. The wound was sutured and dressed carefully.

Aug. 24, A. M.—Temperature, $99\frac{1}{2}$; still weak, but gradually recovering from the effects of the hemorrhage.

Aug. 25, A. M.—Signs of erysipelas now disappeared. Local applications for the erysipelas were discontinued, and the leg is enveloped in cotton and a bandage. Tonic treatment was commenced, consisting of iron, quinine and digitalis. The temperature continues low and there appears to be decided amelioration, though the suppuration is profuse.

Aug, 28, 5:30 P. M.—Another hemorrhage. Dr. Parham, being called, put on a ligature one inch above the last one. The hemorrhage continuing, the femoral vein was found and ligated. This diminished, but did not stop completely the bleeding. A vein of good size, lying a little to the outside of the main vein, was found bleeding and tied. The hemorrhage was now completely checked. A large cavity, filled with offensive pus, was found separating the muscles from the inner and posterior surfaces of the femur. The cavity extended upward towards the joint, but the ball could not be felt. A drainage-tube was carried through the accumulation of pus and brought out behind. The wound was well washed out, sutured and dressed. For a few days just preceding this ligation a feeble pulsation had been discovered in the posterior tibial at the ankle, not so plainly in the anterior.

Aug. 31, A. M.—The patient has improved. Notwithstanding the ligation of the femoral vein the circulation has continued good and there has been no swelling at all of the limb.

Aug. 31, P. M.—Patient had a violent spell of coughing, during which a profuse hemorrhage took place. The artery was carefully examined and found all right. The bleeding came from the femoral vein below the previous ligature. A ligature was applied and the bleeding stopped, but he never revived and died several hours later.

The autopsy was made next morning. The last ligature of the femoral artery was found applied immediately below the profunda, which was patulous and had evidently been carrying the blood to the parts below. The parts were all so matted together by inflammation that it was extremely difficult to separate the various tissues. An artery, which seemed to be the continuation of the profunda, was included with the femoral vein, and the obliterated distal part of femoral artery in the last ligature applied *en masse*. The vein seemed considerably damaged, and the origin of the successive hemorrhages was most likely the result of sloughing. The ball was found flattened against the upper part of the acetabulum, but there was no pus in the joint. It will be remembered that the ball was pursuing an upward course when it struck the thigh, and the discovery of the ball above the acetabulum proves its oblique course in the tissues. Consequently, it is easy to understand that a greater length of vessel was injured than was supposed. Each time, when the ligation was finished, the bleeding was completely stopped, but subsequent solution of continuity by sloughing made a rent in the vessel. No single bleeding would have caused his death, and possibly he might have recovered, notwithstanding the total amount of blood lost, if this had been all; but it must be remembered he suffered for some days of a violent septicæmia, the temperature rising once to 106°. This alone would have been a great danger; the severe bleeding added made death the inevitable consequence.

LARGE URIC ACID CALCULUS, DISCOVERED A FEW HOURS BEFORE DEATH AND REMOVED POST MORTEM.

Reported by F. W. PARHAM, M. D.

Andrew Molick, aged 61, a native of France, peddler, was admitted into ward 18, Charity Hospital, the evening of September 1, 1887. His respiration at this time was very frequent and noisy, and he lay continually in a stupor, from which he could be aroused only to semi-consciousness. There was general œdema and ascites; no signs of heart trouble. No reliable history could be obtained. The man was clearly suffering from uræmic intoxication. A silver catheter was with some difficulty introduced, owing to great œdema of the scrotum and prepuce. As the catheter passed into the bladder a stone was struck blocking up the commencement of the urethra. Only a few drops of urine came away. Operative interference was out of the question, as the man was *in extremis*, probably with nephritic trouble. He gradually sank and died September 3.

No autopsy could be obtained, but I was permitted to open the bladder above the pubis. The bladder walls were very thin, and there was only a small quantity of urine. The stone, large and rough, was found at the base of the bladder, lying transversely across the mouth of the urethra. With some trouble it was lifted out. It was in shape that of an irregular oval, about as large as a good-sized hen egg. Its weight was two and three-quarters ounces troy. It was of flinty hardness, and found chemically to consist throughout of uric acid. Its outer surface was granulated and very rough. Sawn through its minor axis it was seen to be beautifully laminated. How long it had been in his bladder I cannot say, as no history could be obtained, but it must have been in process of formation for a long time.

SUCCESSFUL ANÆSTHETIZATION BY CHLOROFORM DURING SLEEP FOR THE ASPIRATION OF A PLEURAL EFFUSION.

Service of Dr. F. W. PARHAM. Reported by Mr. WRAY, Resident Student.

B. D., æt, six years, was admitted to ward 11, Charity Hospital, August 8, 1887, complaining of a pain in the left side, fever and slight cough. The mother said the pain had

begun three weeks previously and had been continuous. The boy had lost flesh and strength, and had shown some difficulty of breathing for some time. On examination we found him with slightly elevated temperature, diminished respiratory movement, and the other typical signs of effusion in the left pleural cavity. Change of position did not alter the percussion. The embarrassment of breathing was well marked, and there was some cyanosis. The pleural cavity seemed quite full. Aspiration was imperatively called for, but as the child was very apprehensive it was determined to wait until we could find him asleep. On the evening of the day following the desired opportunity presented, as he seemed to be in a sound sleep. The gas being turned low in the ward Dr. Parham and Mr. DeGrange commenced very cautiously to exhibit the chloroform. Whenever he made the slightest movement, as was frequently the case, the towel was instantly taken away, and after a few seconds again placed before the nose. Though it seemed several times that the attempt would fail, still with great care the anæsthesia was finally successful, and the canula of a Dieulafoy aspirator was introduced without pain. For some reason the fluid would not flow, so the canula was withdrawn and again thrust in at another point. Just preceding this second puncture the chloroform had been withdrawn, and he was somewhat aroused and uttered a cry, but the application of the towel quickly quieted him and the aspiration was continued without further trouble. Though the pleura was quite full, only twenty-four ounces could be obtained, the canula or tube of the aspirator being plugged with a coagulum. The boy was still sound asleep, and the nurse said next morning that this sleep had been uninterrupted until 4 A. M. The boy, at the morning visit of Dr. Parham, was not aware that anything had been done. His breathing was better, and he was in every respect more comfortable.

The absorption of the remaining fluid was slow, so slow that we thought another aspiration called for. We waited to find him again in slumber, and on two occasions at-

tempted to chloroform him, but failed. On these occasions he did not seem to be so sound asleep as in the first attempt. Though we failed he did not seem to fully realize what we were doing, and never mentioned it afterwards. As his general condition had by this time somewhat improved it was determined to wait a while longer before forcing the anæsthetic. Nature did her work, slowly, it is true, but surely. On September 4 there was still some dullness over the base of the lung, but the respiratory murmur was almost universal and almost purely vesicular in character, except over a small area at the base. The chest movement was nearly normal; the fever had been for some days absent, and there were improved appetite and decided gain in flesh, strength and spirits. Being so well he was discharged to return occasionally for examination.

Sept. 15.—No abnormal signs, save a very slightly impaired percussion-resonance over base of left lung; vesicular murmur indicates efficient expansion of lung.

This case is reported to show that anæsthetization during sleep is possible under favorable circumstances, but, that extreme care is required, the case, we think, demonstrates. The case shows another thing, that the withdrawal of only a small portion of pleural fluid exerts a decided influence upon the absorption of the larger portion remaining.

GUNSHOT WOUND OF LEFT AXILLA, ELEVEN BUCKSHOT PASSING THROUGH AND SHATTERING THE JOINT; EXCISION OF THE HEAD OF HUMERUS; CONSECUTIVE HEMORRHAGE; LIGATION OF FIRST PORTION OF AXILLARY ARTERY; RECOVERY.

Reported by MR. ROBERT BORDE, Resident Student.

Chas. S., æt. 19 years, white; admitted August 14, 1887. Patient accidentally shot while resting on the barrel of his gun; whole load, consisting of eleven buckshot, entered between the folds of the axilla, passing through shoulder joint and made its exit a little to the outer side of the acromion process. Dr. Miles examined the wound and found the joint opened and the head of humerus comminuted. The vessels did not seem to be injured, as there was very

little hemorrhage even during the operation. An incision about three inches in length was made along the outer side of the joint and the head of the humerus, and about one inch of the shaft excised. Patient did very well; drainage good; suppuration full; dressed wound twice daily.

August 25th, 6:30 P. M.—Called to ward about half an hour after having dressed the wound. Found bandage soaked with arterial blood. Patient brought to amphitheatre; bandage removed; hemorrhage found to have ceased. On reintroducing the drainage tube hemorrhage started again. Dr. Miles enlarged the wound in the axilla, but not finding the bleeding vessel he made an incision along the the lower border of the clavicle and continued it down the line of the incision made on the 14th, which had healed by primary intention. Through this opening he removed several spicula of bone and some pieces of paper, the wadding of the gun. The space below the clavicle was filled with cicatricial bands, and it was with much difficulty and only after having cut the attachment of pectoralis minor that the axillary could be found and tied, the bleeding vessel not having been found. Wound sutured with silver wire, drainage tube inserted and patient brought back to ward. Pulse rapid, weak; twenty minims tinct. digitalis administered hypodermically; also one-fourth grain morphine. Digitalis repeated every three hours by the stomach.

May 27.—Bandage removed forty-eight hours after operation; suppurating a little but drainage very good. Union by first intention almost throughout the whole extent of the wound along clavicle and shoulder.

August 29.—Temperature fell to normal and has remained there ever since.

September 4.—Ligature came away; ten days after ligation.

September 6.—Patient allowed to get out of bed.

September 16.—Patient still in hospital. Slight pulsation can be detected in the radial artery. Has improved greatly in flesh and strength, and goes into the city occasionally to see relatives; will leave the hospital in a few days.

It is yet too soon to speak of the result of the excision of the head of the humerus, but the condition of the arm is so good and the discharge from the wound so little, that it is safe to predict that he will soon be well and ultimately have a useful arm. The case is now reported on account of the very serious injury of the parts by a load of buck-shot passing directly through the joint, the removal of the head and a portion of the shaft of the humerus, the consecutive hemorrhage and the ligation of the axillary above the pectoralis minor.

A CASE OF ATRESIA OF VAGINA DUE TO IMPERFORATE HYMEN, WITH RETAINED MENSES.

Reported by L. J. LEBEUF, Houma, La.

On August 22d Dr. F. A. Silvestre and myself saw a young negro girl, about 18 years old, whose case proved of considerable interest to us. She was a well and fully developed woman of medium size, who had reached puberty at least two years previous. Breasts well developed, pubes well supplied with hair, and limbs had assumed the fat, roundish shape of womanhood. Yet she had never menstruated. Every month, at the regular revolving periods, patient felt two or three days of headache, amblyopia and pains in the back, yet saw nothing. Latterly she had felt a weight in the epigastrium and severe pains in lumbar regions, and her urine had gradually diminished in volume until at last she passed only half an ounce at a time and that frequently. On questioning closely she admitted that attempted coition had repeatedly proved unsuccessful.

Having decided on an examination, pressure and palpation of the abdomen evinced very little pain; only a decided sensation of fluctuation was plainly felt in lower portion of the abdomen. Examining parts carefully we found *mons veneris* covered densely, labia majora well developed, but no vestige of labia minora and a complete obliteration of vulva or vaginal opening. Instead of an opening a red rugged tumor protruded between the lips, soft, fluctuating and presenting decidedly the appearance of a displaced, distended bladder. This diagnosis was excluded

by the urethral sound withdrawing an ounce or so of urine, without causing any diminution in the volume of tumor.

Only two things were left us to choose between—a sacculated bladder or retained menses from imperforate hymen. A small pocket case trocar being introduced we were pleased to see a thick, heavy, black, syrupy-looking blood ooze out drop by drop. Concluding to wait till morning for further proceedings, patient was advised to remain in bed and keep perfectly quiet. Next day, when we saw her, sensation of tightness was greatly relieved by the continual oozing which had taken place during the night. Patient having been placed on her back, and legs having been drawn up on abdomen, we kept the protrusion tense by holding finger in the rectum. Blade of a curved bistoury was introduced at the most dependent portion, and a rapid incision was made longitudinally, taking care to stop about three-fourths of an inch below point at which sound is kept in urethra. Hymen was very thick and almost fibrous.

Immediately after incision an immense amount of thick, offensive mucous blood gushed out, more than three pints altogether. Pressure on uterus and vagina still gave a larger amount. For about a week afterwards discharge continued, always increased by uterine pressure.

Patient was kept in bed four days, but there being no pyrexia, and pain being entirely arrested, she was allowed to get up.

Commentary.—Cases of atresia of the vagina, due to imperforate hymen, with retained menses, though not so rare, are generally not so extensive. In this case, though this condition of things was borne so long (two years at least), with such an accumulation of menstrual fluid, pain and discomfort were not very great; no rise of temperature preceding operation, none following, nor any sign of septic absorption. How rupture was not produced by quantity of blood, and how no fluid was dammed back through fallopian tubes into peritoneal cavity is a mystery. No examination could be made with a speculum, but the finger revealed womb to be of about normal size.

NOTES FROM THE PRIVATE PRACTICE OF DR. MORELL
MACKENZIE, LONDON.

By DR. ROBERT C. MYLES, M. D., La.; Member of the Mississippi State Medical Association; Private Assistant to Dr. Mackenzie, and Clinical Assistant to the Hospital for Diseases of the Throat.

A CASE OF EPITHELIOMA OF THE EPIGLOTTIS REMOVED WITH AN EPIGLOTOME.—Mr. D., aged about 54, consulted Dr. Mackenzie in the summer of 1886, suffering from a greatly relaxed uvula and general congestion of the throat. The larynx was perfectly healthy. Dr. Mackenzie amputated a portion of the uvula, and after a few weeks the throat became perfectly healthy.

In the middle of November, 1886, he began to suffer again and consulted his ordinary medical attendant. His attendant used a laryngoscope and found general congestion. In the spring of 1887, as he was still suffering with his throat and great dysphagia, he consulted several specialists, and a growth was discovered on the epiglottis. At the end of May Mr. D. returned to Dr. Mackenzie, who found the epiglottis invaded in every part, both surfaces and edges, by papillary formations. These growths did not merely project from the mucous membrane, but the epiglottis had entirely lost its contour, and appeared to have undergone papillomatous degeneration. A small piece of the epiglottis was removed, and microscopic examination failed to show any distinct cancerous element. The patient had become very much emaciated, and was decidedly weak; of course the question arose whether constitutional debility was due to cancerous cachexia, or whether it resulted from diminished supply of food, caused from constant pain in swallowing.

Having seen many cases in which the epiglottis had been entirely destroyed without any inconvenience to the patient—after cicatrization had taken place—Dr. Mackenzie determined to remove the entire epiglottis. Accordingly, on June 22, after making several applications of cocaine, Dr. Mackenzie operated with his epiglotome. This instrument resembles a tonsillotome.

The epiglotome is eight and one-fourth inches in length;

the curved portion passing downward being about three and a half inches in length. Near the proximate end is a strong wooden handle, fixed at an angle of about sixty degrees to the horizontal portion. The instrument in other respects is exactly like Dr. Mackenzie's ordinary tonsillotome, and, as in that instrument, the cutting blade is pushed forward by the thumb being forced through a metal ring.

The patient being placed in the ordinary laryngoscopic position, Dr. Mackenzie, guided by the laryngeal mirror, placed the loop of the instrument over the epiglottis, then laying aside the laryngeal mirror he seized the tongue himself and pressed the instrument home. From experiments which the doctor had previously made with a blunt instrument he had found, that if he allowed the patient to hold his tongue himself the instrument always slipped off. In fact it is necessary for the operator to press the instrument very firmly against the base of the tongue, whilst at the same time the tongue itself, in order to get a sufficient resistance to effect clean section, is dragged forward by the left hand of the operator and securely held. No pain was felt in the operation, but cocaine was again liberally applied to the base of the wound, and an hour after the operation, when the bleeding, which was very trivial, had ceased, one-fourth grain of morphia was applied to the cut surface.

The patient passed a good night, and the next day was able to swallow solids easily. Liquids passed into the larynx and gave rise to coughing. After the third day the patient was able to swallow as well as he did before the operation, and writing on the 29th of June, seven days after the operation, said:

“Dear Dr. Mackenzie: I believe my throat has been going on all right, and I swallow without pain and with much less trouble than I did before the operation. The cough is still troublesome, especially at night, but I think there are signs of improvement even in this.”

Since that time the patient has steadily improved, and in the latter part of July was able to swallow without any difficulty.

CORRESPONDENCE.

LETTER FROM LONDON.

[From our Special Correspondent.]

LONDON, September 1, 1887.

Fifty-fifth Annual Meeting of the British Medical Association—Prevention of Rabies in Hydrophobia—Treatment of Tinitus Aurium—Strophanthus—Binioidide of Mercury in Scarlet Fever.

The fifty-fifth annual meeting of the British Medical Association in Dublin was very successful. All the business was transacted within the beautiful building of Trinity College, and the President of the year was Dr. John T. Banks, Regius Professor of Physic in the University of Dublin. His address was mainly historical, giving a sketch of a history of medicine in Dublin. Professor Gairdner, who will be President next year, when the Association meets at Glasgow, also gave a very learned and interesting address, taking for his text the scornful question which Sir William Hamilton put half a century ago; "Has the *practice* of medicine (that is, the art as distinguished from the science) made a single step since Hippocrates?" The orator had not much difficulty in giving a satisfactory affirmative answer. His great point was the greater stability of medical science, and as proofs of this he adduced the progress of preventive medicine, the disappearance of "orthodoxy" and the cessation of the abuse of alcoholic stimulation in disease. The work of the session was diligently pursued for the three days, and much good material was accumulated, the full value of which will only be perceived when the original papers have been published in full.

Rabies and hydrophobia have recently been attracting a great deal of notice in this country. It so happened that an epizootic of the one and entailing an epidemic of the other occurred almost simultaneously with the announcement of Monsieur Pasteur's method of preventing the

development of hydrophobia in a person bitten by a rabid dog. A large number of persons have been sent from this country to be inoculated in the Institute Pasteur, and two official committees have been reporting upon rabies. One committee, appointed by the local government board, and consisting of scientists of the highest eminence, has reported in a most favorable sense upon Pasteur's treatment. In his address delivered on August 31st, as President of the British Association for the Advancement of Science, Sir Henry Roscoe, the well-known professor of chemistry, said that the results of the labors of this commission, of which he was a member, "confirm in every respect Pasteur's assertions, and prove beyond a doubt that the adoption of his method has prevented the occurrence of hydrophobia in a large proportion of persons bitten by rabid animals, who, if they had not been subjected to this treatment, would have died of that disease." The fact, however, becomes unfortunately daily more evident that the remedy is by no means infallible. Quite recently three cases have died after treatment by Monsieur Pasteur. One was a young farmer bitten by a fox hound, another was a boy bitten by a stray dog, and the third was an elderly nobleman, Viscount Donneraile, who last January, while in his seventieth year, was bitten by a pet fox, which two days afterwards died of rabies. Lord Donneraile's case was specially remarkable, owing to the long interval of immunity, nearly seven months, and the species of animal by which the bite was inflicted. It is well known that, as is also the case with several other infectious diseases, the virulence of the rabic poison varies with the animal through which it is transmitted. Thus the bite of a rabid wolf is more dangerous than that of a rabid dog, and the inoculation of the spinal cord of a rabbit infected with rabies more fatal probably than either. Of the virulence of a rabid fox nothing I believe is known, and in all probability Monsieur Pasteur will rest his defence upon this unknown factor. A great deal of criticism to which Monsieur Pasteur has been subjected is hardly fair; he has been ex-

pected to do too much. The whole system of his method is practically novel. He attempts to prevent the development of the disease after the introduction of its virus into the body. This is a different and *a priori* a more difficult thing to do than to render an individual insusceptible to catch the disease. The second committee to which I referred above was appointed by the House of Lords to report upon the administrative measures which ought to be taken to prevent rabies in dogs. This committee recommends that the authorities in each district should place restrictions on dogs generally, and especially deal stringently with apparently ownerless dogs in their districts; that the symptoms of rabies should be endorsed on dog licenses, and that the local authorities should have power to order that dogs should wear badges which may identify their owners. It also recommends that when rabies is prevalent owners should be compelled to muzzle their dogs, and that the authorities should have summary jurisdiction to destroy unclaimed dogs.

In the otology sub-section at the Dublin meeting of the British Medical Association an interesting discussion on the treatment of tinnitus aurium was raised by a paper by Dr. Thomas Barr, of Glasgow. Referring to the use of electricity he said that he had seen good results achieved by applying one electrode, in the form of a piece of sponge attached to the conducting wire and placed at the end of a vulcanite speculum, deep into the external auditory canal, even to the outer surface of the tympanic membrane; and the other by means of a metallic wire, at the end of a catheter, to the pharyngeal orifice of the Eustachian tube. He also spoke favorably of the *Tonbehandlung* tone treatment, brought recently before the profession by Prof. Lucas, of Berlin. A striking influence is frequently exerted upon certain subjective sounds in the ear, mainly of a musical character, by bringing to bear upon them objective sounds coming from a tuning fork, if these objective sounds be as far removed as possible in pitch from the subjective one. Thus, for whistling, singing, hissing sounds, a deep toned tuning

fork, such as C or C¹ is employed; on the other hand, if the sound be low pitched, such as rushing, buzzing, humming, or a low toned bell, then a tuning fork of a high pitch, such as C³ or C⁴, is used.

Pilocarpine he considered was only useful in recent and minute hemorrhages in the cavities of the labyrinth, but fails if the hemorrhage is extensive. As to hydrobromic acid, Dr. Woakes, who first used the drug for tinnitus, said that it was only of use in the pulsating form. Several speakers referred to Dr. Dundas Grant's method of diagnosing whether the tinnitus was due to disease of the middle or internal ear; if the noises diminished on carotid pressure the locality affected was the middle ear.

Dr. Quinlan, of Dublin, who had been using tincture of strophanthus, considers it a valuable cardiac tonic and strengthener of the heart muscles in cases of typhoid fever, with enfeebled first sound and tendency to cardiac failure. He does not think that it will do much for us in heart disease, as its action is too transient.

A year or two ago Dr. Theodore Cash, now Professor of Therapeutics in the University of Aberdeen, made some very curious observations on the use and the value of perchloride of mercury as an internal antiseptic. He found that by giving the drug to guinea pigs for a considerable time he could render them refractory to anthrax; that is to say they could be inoculated with the active virus of anthrax, and yet not suffer from the disease. Dr. Illingworth has recently reported laudable results from the use of a solution of the drug in iodide of potassium. He had, of course, a solution of biniodide of mercury. He states that with this solution he can abort or very favorably influence scarlet fever. One prescription he gives is:

℞. Sol. hydrarg. bichlor.....ʒijj.
 Potass iodid.....gr. x.
 Ferri. ammon. citr.....gr. xx.
 Syrupi.....ʒ ss.
 Aquam.....ad. ʒjj.

Fiat. mist. signa: one teaspoonful every two hours, for

a child from two to four years. More recently he has recommended the same drug as a local application. He recommended two fluid ounces of the bichloride of mercury, a few drops of a 1 in 4 solution of the iodide of sodium or potassium, shaking the mixture after the addition of each drop until a cloudy red liquid, indicative of the precipitation of the biniodide, is obtained. To this is added half an ounce of glycerine for the purpose of keeping the particles of biniodide in suspension. This mixture, applied twice a day with a straight brush, in severe cases of scarlatina anginosa, has the effect, he says, of arresting the inflammation and ulcerative action in a very short space of time.

VIENNA LETTER.

[Our Special Correspondent.]

VIENNA, August 28, 1887.

REMOVAL OF A HIGH SITUATED CARCINOMA OF THE RECTUM AFTER THE METHOD OF KRASKE.—At a recent meeting of the Imperial Royal Society of Physicians of this city Dr. Hochenegg, Assistant to Prof. Albert, at the surgical clinic in the general hospital, showed a woman, thirty-two years old, on whom he had performed the operation for carcinoma of the rectum after the method of Kraske. The history of the case is as follows: Patient fell ill five months ago with symptoms of profuse diarrhœa. At the beginning of the attack she discharged only feculent matter, but later on she had also bloody and purulent stools. She suffered also from permanent pains in the inferior abdominal parts, which increased very much on work. Under these symptoms the patient rapidly lost flesh and became very weak. On examination Dr. Hochenegg detected the presence of a carcinoma of the rectum, which was situated at about six centimetres above the opening of the anus and occupied the posterior wall and the greater part of the lateral walls of the rectum. Only a small piece of sound mucous membrane could be felt on the anterior wall. The superior margin of the neoplasma could not be reached with the finger.

On the 12th of May Dr. Hochenegg performed the operation, according to the method of Kraske, in the following way: After having cut through the skin, the muscles and the periosteum, he resected the coccyx and the inferior part of the os sacrum, so that the rectum was laid free and could be well surveyed. He now endeavored to isolate the neoplasma upwards and downwards completely by applying a ligature between the growth and the intact portion of the anus. The inferior part of the rectum was thus tied off by means of the ligature, and a transverse section of the intestine was then made with scissors. The hemorrhage which came from the dissected portion of the anus was not considerable and was easily stopped by the applications of ligatures.

The advantages of this method of operation were, as summarized by Dr. Hochenegg, the following:

1. Carcinomata, which would be quite inaccessible by other operations, owing to their situation in the upper part of the rectum, could be removed by the operation in question.
2. The upper part of the rectum could more easily be united with the inferior part.
3. The hemorrhage was in this operation much less than in other operations, and the bleeding vessels could be readily seen.
4. The drainage of the cavities, which resulted in each case of rectal operation, could be well controlled.

Dr. Kolischer, one of the operatives at the clinic of Prof. Albert, recently made an interesting communication on the treatment of localized tuberculosis by means of parenchymatous injections of the solutions of the biphosphate of lime. He wished to produce calcification of the fungous masses by supplying the tubercular foci with a sufficient quantity of the salts of lime; and the second point of view from which he started was to produce an irritation of the tubercular granulations, and thus give origin to a cicatricial sprinkling of the nodules. Following the method under consideration he obtained healing of the fungous masses

in an interval of from four to six weeks. Dr. Kolischer brought forward some cases which he had treated by this method before a recent meeting of the Imperial Royal Society of Physicians of Vienna to show the striking and rapid improvement which had been obtained by the procedure in question. He showed two cases of fungous granulations of the elbow-joints in children, in which recovery had been obtained after the treatment with the injections of the solutions of lime for six weeks. These patients had formerly suffered from ankylosis and extensive swelling of the elbow-joints, with severe pains and fever. At the time of the demonstration, however, the joints were quite normal and perfect mobility was obtained. He, besides this, brought forward a case of calcified caries of the hand in an adult; one of cured fungosity of the tibio-tarsal joint, and a case of fungous granulation of the knee-joint, in which severe symptoms, such as ankylosis, lateral immobility, swelling, etc., had been present before the treatment, and which had also been successfully treated in five weeks.

As to the composition of the solutions of the phosphate of lime, which had been used in the cases now mentioned, Dr. Freund, who worked together with Dr. Kolischer on this subject, gives the following formulæ:

1. Acid solution of phosphate of lime of about 6.5 per cent., containing 1 in 100 of free phosphoric acid, which should be sterilized for injection.

Formula:

R. Calc. phosphor. neutr..... 5.0

Aq. destill..... 50.0

Dein sensim adde acid. phosphor. quantum sufficit ad solutionem perfectam; filtra et adde acid. phosphor. diluti 0.6; aq. destill q. s. ad 100.0. S. For injection into the parenchyma.

2. Acid solution of phosphate of lime of about 6.5 per cent., containing 1 per cent., or 2 per cent. (this when the ulcerative process is particularly indolent), of free phosphoric acid for impregnation of the gauze.

Formula :

R. Calc. phosphor. neutr..... 50.0

. Aq. destill.....500.0

Dein sensim adde acid. phosphor. quantum sufficit ad solutionem perfectam; filtra et adde acid. phosphor. diluti, 60 (vel 120.0); aq. destill quantum sufficit ad 1,000.0. S. For impregnation of the gauze.

ON THE PHYSIOLOGICAL AND THERAPEUTIC EFFECT OF THE SULPHATE OF SPARTEIN, BY DR. A. GLUZINSKI, OF CRACOW.—The favorable results which had been obtained with the sulphate of spartein in France, led Dr. Gluzinski to perform a number of experiments on animals with this drug in the laboratory of Prof. Cybulski, and to try its therapeutic influence in the clinic of Prof. Korczynski. The results which he obtained in his various experiments are summarized in the following conclusions :

1. The spartein exerts an intense influence on the circulatory system, and a greater one on amphibious animals than on mammals.

2. The effects consist particularly in the retardation of the activity of the heart, and in a lesser degree in the augmentation of the arterial blood pressure.

3. When the dose of the drug is successively augmented one may distinguish three stages of the effect produced, which find their explanation in the behavior of the vagi (nerves) and the muscles.

4. Spartein seems to exert almost no effect at all on the peripheral motory nerves.

5. The effect on the spinal cord is characterized first by augmentation, and later on by lowering of the reflexes.

6. Death occurs by asphyxia, which, besides the effect on the spinal cord, is also produced by the paralysis of the respiratory muscles. From the clinical standpoint a positive favorable influence on disturbances of compensation of the heart can be expected to be obtained only in the first stage of the effect of the drug, viz: the stage in which the action of the heart becomes retarded and the blood pressure augmented owing to the irritation of the peripheral ends of the vagus.

Basing himself on these results and considerations, Dr. Gluzinski tried to carry out clinical experiments on selected cases, which led him to the following conclusions:

1. Spartein, undoubtedly exerts a positive influence in non-compensated failures of the heart.
2. This influence is observed a short time, about an hour, after the administration of the drug, and is characterized by amelioration of the quality of the pulse and by improvement in the general condition of the patient.
3. The quickness of action of spartein is its most important feature, for, as to intensity, it is much inferior in its influence to digitalis.
4. The arhythmia could not be completely removed in the observed cases.

The drug was administered in powders, each of which contained 0.10 (one decigramme) pro dosi. Considering the experiments which he made with the drug Dr. Gluzinski fixes the following indications for its use:

1. Taking into consideration the quickness of the effect of spartein it is to be especially used in those cases where disturbances of the general condition to a high degree, as a result of the insufficiency of the muscles of the heart, do not permit waiting for the slow effect of digitalis.
2. It is to be used in cases in which the effect of digitalis is not obtained, or where this drug is contra-indicated for any reasons whatever.
3. It is to be recommended in cases of "angina pectoris," owing to the rapidity of its action.

Dr. Gluzinski has not up to this time observed any such case.

PROF. V. DITTEL ON A CASE OF PERINEAL SECTION, IN WHICH TWENTY-SIX URINARY CALCULI WERE REMOVED FROM THE BLADDER.—At a recent meeting of the Imperial Royal Medical Society of Vienna, Prof. v. Dittel made a communication on a rare and interesting case of perineal section. The patient, 64 years old, was a drinker and suffered for the first time from difficulty in micturating four

years ago. For the last few months he has suffered from severe pains when micturating and, therefore, came into the clinic of Prof. v. Dittel to obtain relief. On examination, by means of the sound, Prof. v. Dittel detected the presence of several calculi. He did not, however, perform the operation immediately, as the patient was very weak at the time of his admission into the hospital, and as, moreover, the urine which was discharged had a very bad and foetid smell. Injections of solutions of salicylic and carbolic acids and of chlorate of zinc could not remove the bad smell of the urine.

Blood, pus and mucus were to be found in the secretions. Prof. v. Dittel finally determined on performing the perineal section, and removed twenty-six calculi of a middle size, two of which had, according to the chemical examination of Prof. Mauthner, a special interest, owing to the presence of organic substance. Being treated with the necessary antiseptic agents the patient made a speedy recovery after operation.

SIXTH INTERNATIONAL CONGRESS FOR HYGIENE AND DEMOGRAPHY, AT VIENNA.—The preparations for the forthcoming International Health Congress, to be held in our metropolis at the end of next month, are carried on with great energy and are already in full swing. The place of president of the organization committee of the congress, which had become vacant owing to the resignation of Hofrath v. Schneider (on account of weak health), has been filled by the election of Prof. Ludwig, Dean of the Medical Faculty of Vienna. A part of the communications on the subjects to be discussed has already been printed and sent to the members of the congress. I may mention, among the communications already published, those of Dr. Gärtner, Professor at the University of Jena; Dr. Florian Kratschmer, Docent at the University of Vienna; Dr. Ferdinandus Hueppe, Docent in Hygiene, at Wiesbaden; Prof. Hermann Cohn, of Breslau; Prof. Fodor, of Budapest; Dr. Gauster, Director of the Vienna "Landes-Irrenanstalt." Docens Dr. Buckner, of Munich; Prof. Brouar-

del and Prof. Pouchet, of Paris; Docens Dr. Löffler, of Berlin; Prof. Richard, of Paris; Prof. Csokor, of Vienna; Prof. Pütz, of Halle; Dr. Frederick Hayes Whymper, of London; Dr. Flood, of Christiania; Dr. Borgesius, of the Hague; Dr. Frankland, of Yew-Reijate, etc. Seven hundred persons have already announced their intention to take part in this congress, a number greatly surpassing that of all the other international health congresses. Your correspondent will be present at the discussions of the different subjects of the congress and will give you an early report of the most interesting features.

Prof. Billroth, who is now convalescing at the country residence of his wife, at St. Gilgen, has announced his regular course of lectures in the official catalogue for the next winter semester. It may, however, happen that he will be substituted in the next semester by his first assistant, Dr. v. Hacker.

Prof. Ludwig, Professor of Medical Chemistry, has, at the instance of the Austrian Minister of the Interior, undertaken a tour to Bosnia to examine the mineral springs which have been found in that province of Austria.

LETTER FROM IRELAND.

BUNDORAN, County Donegal, Ireland, Aug. 23, 1887.

Editors New Orleans Medical and Surgical Journal:

Gentlemen—While over here for a few days' recreation I will write you a letter, as fulfilment of a promise made when in New Orleans last spring. After leaving I determined to pursue my study of diseases of the throat in Europe. I was in doubt as to whether I should make my principal stay in London or Vienna, but as I had had the advantage of a great deal of technical instruction in New York I thought London would supply more abundant material for acquiring experience than Vienna.

After prospecting I selected Golden Square Throat Hospital as offering the greatest advantages, and after being appointed clinical assistant to Dr. Norris Wolfenden at the hospital, I became private assistant to Dr. Morrell Mac-

kenzie, who, though consulting physician to the hospital, rarely attends there except when invited by his colleagues. Dr. Mackenzie's private practice is more like a hospital clinic. He seldom sees less than fifty patients per day; his usual number in the summer is from sixty to seventy. On one occasion lately he examined and prescribed for no less than eighty-one patients in his own house, exclusive of those he visited. A large number of the cases that come under Dr. Mackenzie's care are rare and obscure, generally sent to him by other physicians. You will understand, therefore, that with a collection of what might be called specially selected cases, I have had exceptional opportunities. I hope to send you the reports of many cases, but in the meantime I think the illness of the Crown Prince of Germany will interest your readers more than that of any other patient. I recently had the opportunity of making a careful examination of the Crown Prince's throat on the occasion of Dr. Mackenzie applying the electric cautery. With the exception of a slight protuberance on the posterior extremity of left vocal cord, about three millimetres in diameter and about one millimetre raised above the surface, the larynx looked fairly healthy; there was, however, some congestion of the left vocal cord and slightly increased fullness of the interarytenoid fold. When I saw the Crown Prince the voice was good, but a little low in tone; his general health was exceedingly good. I believe, although Dr. Mackenzie takes a favorable view of the case, he considers that there are three possible dangers ahead:

(a.) There, is, first a possibility of the disease proving malignant. It must be remembered that, although Dr. Mackenzie has removed the whole of the projecting portion of the growth, it is not certain that the base of the growth was taken away; it is therefore *possible* that cancerous elements may have remained in the tissues. Second, again, it is not impossible that a benign growth may undergo malignant degeneration. The first is highly improbable, as Prof. Vichow examined the portions of the growth removed on three occasions, but not once did he find any structure that was not, in his opinion, decidedly benign.

The second risk, namely, that of degeneration of the growth, is so rare a phenomenon that I understand that Dr. Mackenzie attaches little importance to such a contingency.

(*b.*) There is a possibility of other growths arising in the larynx; or, in other words, of multiple papilloma developing. When a warty growth forms in the larynx of a person over fifty years of age, I believe that it indicates a disposition to the formation of such neoplasms. At present there is no overt disposition to the development of further papillary growths.

(*c.*) In all cases of growth recurring in the larynx in middle life there is a disposition to chronic inflammation of the mucous membrane. This is the contingency which I believe Dr. Mackenzie fears.

The Crown Prince has shown a great disposition to congestion of the laryngeal mucous membrane from the commencement of his illness. This peculiarity was lately particularly observed at Cowes, where repeated laryngeal catarrhs supervened. Even at Horwood, where the air is comparatively bracing, the Crown Prince took a severe cold. In the event of recurrent attacks of congestion taking place, the risk of thickening of the tissues resulting and of subsequent ulceration, must be taken into consideration.

At present everything appears to be going on well; the only symptom which causes the least anxiety is the catarrhal tendency already referred to. I understand that the Crown Prince has all his life shown a marked tendency to congestion of the throat, and under the present circumstances such a predisposition must be regarded as a somewhat unfavorable feature.

Yours truly,

ROBERT C. MYLES, M. D.

P. S.—Dr. Mackenzie is at present in Scotland on a visit to the Crown Prince. I send you these particulars while separated far from him, but I believe I have given you a faithful representation of the views respecting the Crown Prince's case, which I know will be of interest to the medical profession in America.

MEETING OF THE AMERICAN GYNECOLOGICAL SOCIETY.

NEW YORK, September 16th, 1887.

Editors New Orleans Medical and Surgical Journal:

Gentlemen—The American Gynecological Society convened in the hall of the New York Academy of Medicine, on the morning of the 13th of September, under the presidency of Dr. A. J. C. Skene, of Brooklyn.

Dr. Fordyce Barker welcomed the members and their invited guests in an address full of very courteous and cordial expressions.

Dr. Emmett, of New York, led off in a paper, "A Study of the Causes and Treatment of Uterine Displacements." Among the common causes of displacements he cited the frequency of pelvic inflammation, and illustrated by a diagram the movements of the uterus as it is lifted and thrown down by cicatricial contractions. He spoke very emphatically of the harm inflicted upon women by the injudicious use of pessaries in the hands of the general practitioner, and characterized as *dishonest* the practice of men unskilled in the proper adjustment of these instruments, who yet persist in their use. Until the cause of a uterine displacement has been fully ascertained he urged that a pessary should not be introduced, and then as much with the view of correcting its cause as holding the displaced organ in position.

Dr. Bantock, of London; Dr. Simpson, of Edinburg; and Dr. Graily Hewitt participated in the discussion, and concurred in the opinion that pelvic inflammations are not so common in Great Britain as described in the paper and the previous writings of Dr. Emmett. In concluding the discussion Dr. Emmett reiterated with emphasis his views in regard to the frequency of pelvic inflammation in American women, occurring not alone in the multiparous, but as often in society girls, who abandon themselves at an early age to the dissipations of modern social life.

A paper by Dr. Samuel C. Bussey, of Washington, enti-

tled "Cystocolpocele Complicating Labor and Pregnancy," containing the statistics of thirty cases, drew attention to a very interesting class of complications, but fortunately very rare. The author spoke of the ease with which one may be led into an error in diagnosis, and the disasters that may ensue upon mistaking a protruding distended bladder for the presenting head or bag of waters. Among the cases reported was one of vesico-vaginal fistula, caused by the finger of the accoucher. Dr. Goodell related two cases of cystocolpocele, one of which, for the moment, deceived him completely. The writer of these lines has hastened many a tardy case of labor by introducing the catheter—a very simple procedure, which may obviate a very serious complication.

Dr. Wm. M. Polk, in a very interesting paper, asked the question, "Is Salpingitis to be Treated by Extirpation of the Tubes and Ovaries in all Cases?" The question was answered all around in the negative. There was a disposition very manifest to call a halt in the very common practice to-day of sterilizing women. The announcement was made, in which there was very general concurrence of opinion, that women had a divine right to their ovaries and tubes, to which modern gynecologists had accorded too little respect.

Dr. Goodell spoke of the chaotic state of our knowledge at present in regard to pathological conditions of the ovaries and tubes requiring their extirpation, and confessed himself unfamiliar with the province in pathology which lies between a simple enlargement of the Graafian follicles and a true degeneration which demands removal of the organs. He urged the importance of defining, by researches in the future, the pathology which shall direct the ablation or the preservation of these important organs.

Dr. Sutton, of Pittsburgh, reported cases illustrative of certain neurotic states incident, in his judgment, upon causes referable to ovarian disorders; one case of persistent pelvic neuralgia, the other of violent convulsive seizures. The ovaries were removed; the organs appeared perfectly healthy; in both instances, however, the patients were perfectly relieved *after* the operation.

Dr. Emmett attributes to the anæmia and neurasthenia, which usually go along with such cases, the nervous phenomena which are too frequently ascribed to the ovaries, and explains the marked relief attendant upon removal of the ovaries by the stimulus given to all nutritive processes by the premature menopause. The practice of spaying women in order to cure them of neuralgias and hysterical symptoms, due to simple anæmia, he considered discreditable to the profession. He ventured the prediction that in the years to come the ovaries and appendages would be spared in four-fifths of the cases now deemed suitable for operation.

It was generally agreed that pyo-salpinx demands extirpation of the organs, and especially if the suppuration be of gonorrhœal origin. Cases were related in which the contents of suppurating tubes had been found inspissated and cheesy. The danger of rupture into the peritoneum is too great to warrant waiting in the hope of the happy termination just mentioned. But in cases of simple catarrh of the tubes their removal was condemned.

In the management of cases of salpingitis general measures of treatment are now receiving due attention; such measures as absolute rest, respite from sexual intercourse, which often explains the improvement by travel or residence in a private hospital, massage, electricity, leeches, douches, anodynes, alteratives and general tonics.

The subject of "Drainage after Laparotomy," introduced in a paper by Dr. Munde, excited much interest and a lively debate. Dr. Bantock, of London, whose statistics report three deaths in one hundred and four laparotomies—only one death in the last seventy-eight cases—discussed the paper very interestingly, and stated that it had been his practice to drain "upon the slightest excuse," especially in cases of extensive adhesions, and where it had been impossible to cleanse the cavity of blood or cyst contents. He attributed his success to the use of pure, plain water and to drainage tubes introduced through the

cul de sac, and cleansed at frequent intervals, if needs be every two hours.

Prof. Martin, of Berlin, dissented from this practice. He does not drain save in cases where it is unavoidable. The majority of his remarkable array of cases have been treated without the use of drainage tubes. The diverging experience of such men, about equally successful, simply demonstrates the fact in regard to drainage after laparotomy, which obtains in many of the affairs of life, that there are several ways of accomplishing the same result.

In the discussion the value of drainage as a means of detecting hemorrhage was pointed out by Dr. Wylie, whose remarks were strongly endorsed by Dr. Goodell, of Philadelphia. Dr. G. acknowledged that his mind was unsettled in regard to the efficacy of drainage tubes, and gave as the best reason he could advance for their use in his practice the success with which they are employed in the practice of others. He spoke of the difficulty of draining the whole peritoneal cavity, and the impracticability of draining through an opening in the cul de sac such material as blood or colloid fluid from the upper regions of the abdomen. He reported a case, occurring recently in his hands, in which he was led to believe that a fecal fistula had resulted from the pressure on the bowel of a glass drainage tube inserted into the cul de sac. This distinguished Philadelphian has impressed your correspondent very pleasantly by his readiness in debate, showing complete mastery of his subject, by the courteous attention given to the expressed opinions of others, and by the spirit of fairness, apparently devoid of all selfishness, with which he reports the results of his large experience.

Drainage by the cul de sac was the manner generally approved, and glass tubes those generally employed. Dr. Munde advocated the removal of the tube within forty-eight hours, a practice which met with approval from authentic sources. Others present advised the removal so soon as the flow becomes simply serous in character, or in amount so small as to make the tube unnecessary.

The address of Dr. A. J. C. Skene, the retiring President, was a happy effort, chaste in its composition and replete with suggestions well calculated to set men a-thinking. He spoke of the confidence elicited by American gynecology, and noted the fact that on American soil—in the city of Boston—was organized the first society devoted exclusively to the development of this department of medicine. The speaker alluded to the vast accumulation of gynecological literature, amounting to six or seven thousand volumes, and lamented that there was no supreme tribunal in medicine charged with the duty of sifting the wheat from the chaff. The tendency of modern gynecology was very well portrayed; the neglect of the study of *medical* features of diseases and methods of *medical* relief, and the predilection of most gynecologists for the *surgical* work of their specialty, many of them gloating over operations in which all the female viscera have been removed except those absolutely essential to life. The retiring President predicted that, for many years in the future, the gynecologist's work will consist mainly in perfecting the measures approved at the present day, and in inculcating into the minds of the people the vital importance of gynecological hygiene to the welfare of the race. Such suggestions are certainly very timely in view of the rapidly increasing number of narrow-chested, wasp-wasted, spindle-limbed women at the present day, who are to mother the coming generations.

Dr. George Granville Bantock, President of the British Gynecological Society, introduced the discussion of Treatment of the Pedicle after Supra-Vaginal Hysterectomy, and advised the treatment of the stump of the pedicle externally. His opinions were based on the observation of fifty-seven cases, with twelve deaths, all occurring in his hands. In debate Prof. Martin, of Berlin, referred to the fact that those cases in which the pedicle is long enough to be treated externally are usually more favorable for recovery. He spoke of the varying phases of opinion in regard to the treatment of the pedicle in ovariectomy, until the adoption

of the approved practice to-day of dropping it into the abdomen. This he regarded as the ideal way of treating all abdominal pedicles, and confidently looks to the statistics of the future to sanction this method. He reported eighty-four of his own cases of supra-vaginal amputation of the uterus, of which ten died of sepsis and fifteen of collapse, hemorrhage or embolism. His last thirty cases showed a mortality of only ten per cent. In closing the discussion, Dr. Bantock called attention to the number of deaths by sepsis in Prof. Martin's cases, in which the pedicle was treated in the cavity; while in his own, only three out of twelve deaths were due to this cause. He here insisted on the necessity of carefully suturing the peritoneum about the stump at the time of the operation, and subsequently of keeping the parts clean behind the retaining pins or clamp, whence sepsis frequently begins.

The discussion of Alexander's Operation drew into the debate Dr. Doleris, of Paris; Dr. Reed, of Scotland; Prof. Martin, of Berlin; Dr. Lusk, of New York. Excepting the German Professor, who follows the method of Hegar, by which the uterus is supported by the cicatrix of the posterior wall, the general consensus of opinion was in favor of Alexander's operation in selected cases. Many have been disappointed in this operation because they have expected too much of the shortened ligaments, overlooking the importance of supporting the uterus by restoring the pelvic floor or narrowing the vagina and allowing patients to get out of bed too early. The utility of the operation is established beyond question.

The Intra-Uterine Stem in the Treatment of Flexures was advocated by Dr. A. Reeves Jackson, of Chicago. An India rubber stem is employed by him with the view of exerting very gradually an elastic force. The doctor argued that it was as difficult to straighten a uterus in a state of flexion as to flex one in health, and emphasized the importance of patience and time in treatment.

“Battey's Operation; its Matured Results, Based upon the *Continued* Observation of Fifty-Four Cases,” was the

title of a paper presented by the distinguished Georgian himself—a man of modest manners, to whom the society paid the respect due to a master of his art. Dr. B. defines his operation as the establishment of artificial menopause by any means whatsoever. He repudiates the title of Normal Ovariectomy, Spaying, Castration, etc. For the purpose of producing premature change of life he usually removes the ovaries; the tubes only in cases of suppurating salpingitis. In the fifty-four cases reported the menopause was complete in fifty. In the report of his cases the patients were allowed to tell their own story in their own words, and their accounts of relief obtained, with their expressions of gratitude, would seem to warrant the operation in the cases of pelvic neuroses reacting on the general health, for which, it is proposed.

Dr Parvin, of Philadelphia, put in a plea for antiseptics in obstetrics in private practice, which was sustained by Dr. Lawrence, of Bristol, England; Dr. Reed, of Glasgow, and Dr. Simpson, of Edinburgh; the latter speaker advising the use of the spirits of turpentine as the most efficient agent for cleaning the hands of the obstetrician or surgical operator.

“Extra-Uterine Pregnancy and its Treatment by Electricity” was the subject of a paper by Dr. Van de Warker, of Syracuse. The relative merits of this method of treatment and extirpation by abdominal section were very ably discussed by Dr. Apostoli, of Paris; Dr. Chadwick, of Boston; and Prof. Martin, of Berlin. The *continuous current* was generally approved, Dr. Apostoli stating that he had in several cases of pregnancy unwittingly used the Faradic current without the least harm. The negative is the pole recommended, and its application is best made through the vagina, while the other rests upon the abdomen, over the tumor. Prof. Martin narrated German methods of treatment, by electricity, by injecting morphia into the fœtus and by extirpation. He preferred the treatment by extirpation, basing his opinion upon his experience in sixteen cases. The weight of opinion was on the side

of electricity as a tentative measure, in all cases reserving the operation of extirpation as a last resort.

The "Treatment of Puerperal Eclampsia by Preparations of Veratrum Viride, Administered Hypodermatically," was advocated in a paper read by Dr. Charles Jewett, of Brooklyn. These agents are intended to diminish the heart's action, lower arterial tension, and depress the spinal functions. Dr. King, of Washington, in discussion, described the pressure of the gravid uterus on the aorta and its branches, and to this cause attributed the vascular fulness of the cerebrum, on which, he believes, the convulsions depend. The natural position of the child in utero is oblique. In primiparæ, more frequently than in multiparæ, the child assumes a vertical position, so that the head presses unduly on the aorta and its branches. For this reason it was urged that eclampsia occurs more frequently in first pregnancy, and with extreme rarity, if ever, in cases of transverse presentation. Dr. King warmly advocated the preparations of veratrum viride in the treatment of puerperal eclampsia, claiming to have directed attention to its efficacy in these cases in an article published *twenty* years ago.

Dr. Fordyce Barker then rose to endorse the efficiency of these agents, and claimed priority in their use in eclampsia, as attested by his writings *forty* years ago. The far-reaching memory of some of our seniors in medicine will on occasions embarrass younger men who are laying claims to original measures.

This meeting of the society terminated very happily. The next will be held in Boston. The foreign guests, led by Dr. Graily Hewitt, made their little good-by speeches, and finally the retiring President introduced his successor, Dr. Robert Battey, of Georgia, who accepted his well-deserved honors so modestly and expressed his thanks so well and so gracefully as to captivate completely your special correspondent.

M.

GENERAL SESSIONS OF THE INTERNATIONAL
MEDICAL CONGRESS.

WASHINGTON, September 10, 1887.

Editors New Orleans Medical and Surgical Journal:

Gentlemen—When the Ninth International Medical Congress assembled in Washington, at Albaugh's Opera House, on the morning of the 5th of September, your correspondent beheld the most distinguished looking body of men ever convened on the continent. Most men look their calling in life—doctors in medicine especially—and it was evident that the Congress was composed of members united in a common purpose, though they had come from the ends of the earth. Russians, Syrians, Roumanians, Egyptians, Japanese, Chinese, Spanish, French, German, Italian, Mexican, British, American, all sat together as happy as if they were holding a family reunion, but in conversation a little embarrassed, for the foolishness of their ancestors at Babel.

President Cleveland formally opened the Congress and Secretary Bayard delivered the address of welcome, which certainly was a masterpiece of composition, scholarly and appropriate. Here is one of his happy thoughts, which received a hearty response. He spoke of a better acquaintance among the nations, of the progress of social assimilation, of the federalizing into great empires of small kingdoms and provinces, of the silent influence of literature in forming closer bonds of union, and of that spirit of common brotherhood which breaks down the barriers of mountain and sea, and predicted that in the years to come the word *stranger* would be obliterated from the vocabulary of civilization.

The address of the President of the Congress was well received, and much respect was accorded to this venerable officer, whose reminiscences embrace such a long period of American medical history.

On the second day of the general sessions Professor Austin Flint read in faultless style a very able paper on "Fever; its Cause, Mechanism and Rational Treatment,"

from which we extract the points of most striking interest. One of the purposes of the paper, made very manifest by frequent allusion to it, was to show the production of water in the body as the result of union of oxygen and hydrogen. He made the point that more water is excreted than taken into the body; in one of the experiments on his own person the amount of water discharged exceeding that introduced by 46 ounces; in another experiment the excess of elimination being 2.78 ounces. The excess of water the writer regarded as the product of oxidation in the organism, and suggested the idea of its excrementitious character. In fever the formation of water is diminished and less is excreted, while urea and carbonic acid are increased in quantity. The following are some of the writer's conclusions:

1. It is probable that the original cause of most essential fevers is a micro-organism.

2. Defining fever as an abnormal elevation of the general temperature of the body, the pyrexia is due to the following modifications in the normal heat-production processes: (a) Oxidation of certain constituents is exaggerated independently of increased muscular work, without corresponding increase in the appropriation of nutritive material; (b) the part which the production of water in the body plays in the production of heat is either suppressed or is greatly diminished in prominence, together with the equalizing action of cutaneous transpiration.

3. Fever produces abnormal consumption of fat, with parenchymatous degeneration, for the following reasons: (a) The fat is consumed because it feeds the pyrexia more readily than do the other tissues of the body, and its consumption is the most important source of carbonic acid; (b) parenchymatous degenerations of the muscular tissue and of the solid organs occur chiefly because the abnormal transformations of these parts, which result in an excess of urea, and which probably also contribute to the excess of carbonic acid, are not compensated by the appropriation of nutritive material from the blood; (c) it is well known

that patients with unusual adipose or muscular development are likely to present more intense pyrexia in fevers than those whose adipose and muscular development is smaller.

Finally, an essential fever is an excessive production of heat in the body, induced by a special morbid agent or agents, and due to excessive oxidation, with destruction of the tissue of the body, and either a suppression or a considerable diminution in the production of water.

Under the head of "Rational Treatment of Fevers" Prof. Flint pointed out the therapeutical indications and classed them as follows :

1. Reduction of the general temperature by the external application of cold.
2. Same by the use of anti-pyretics.
3. Promotion of general nutrition by alimentation.
4. Measures to supply to the system matters which can be consumed in the excessive production of heat, thereby retarding destruction of tissue.

The writer explained the disturbances of the nervous system in fevers as secondary to the pyrexia, and varying in intensity in proportion to the height of temperature. A simple reduction of the temperature, however obtained, is nearly always attended with amelioration of the nervous symptoms and a reduction of the pulse-rate. Hence, the inestimable value of antipyrin and antifebrine as simple anti-pyretics. They usually relieve all symptoms dependent upon high temperature.

Under the head of "Alimentation in Fever" Prof. Flint advises the use of so much food as can be readily digested and assimilated, in order to make up the waste and to retard the destruction of tissue. He urged that hydrocarbons and fats introduced must contribute to the formation of heat, and thus retard parenchymatous degenerations. Too little attention, he says, has been given to the administration of food that has a high food value, such as fatty and farinaceous articles.

The writer spoke praisingly of the use of alcohol in

fevers, to an extent always short of intoxication. Alcohol requires no digestion, is quickly absorbed, and is either oxidized or eliminated by emunctory organs. It is oxidized more readily in fevers than in health. Alcohol is tolerated well in fevers and in phthisis pulmonalis. Theoretically, by the author's reasoning, we can see how alcohol may supply heat or supply the waste of tissue in fevers. So much for Prof. Flint's opinion of fevers and their treatment.

All physicians understand the necessity of feeding patients with the view of supplying nutritive material to tissues, which are being wasted by pyrexia; but the idea of feeding the fever, as if it was some hungry thing, rather than allow it to devour the tissues, is a rather startling proposition. Again, the use of alcohol in asthenic forms of fever has long been recognized; but Prof. F.'s laudation of alcohol as an article to which the fever takes very readily is well calculated to lead physicians into error in the treatment of asthenic forms of fever. The paper under discussion attempts a physiological explanation of the processes of pyrexia, and upon the conclusions reached bases what the author terms the rational treatment of fever. When published it surely will command professional attention.

The paper of Prof. Semmola, of Italy, entitled "Bacteriology and its Therapeutical Relations," was a very valuable contribution to this chapter in medicine; not visionary and erratic, but conservative and sensible. He pointed out the modern tendency in the direction of hypothesis and abstract theory, and advised the return to surer and more conservative methods of research by experimentation and exact establishment of facts. He compared the history of medicine in the Middle Ages, when men took inferences for facts, with the progress at the present day, since the adoption of experimental methods of research. Medical progress, he believed, had not been hastened by the modern tendency to bacteriology as an abstract system, and not as a study auxiliary to the practice of medicine. He told us that in the air of the Rue de Rivoli, of Paris, bacteriologists had found bacteria in such abundance that a man

must breathe many millions of them during the course of the day. Most of us live in the midst of these microbic enemies of our lives, yet comparatively few fall victims to their destructive tendencies. Modern research has certainly demonstrated the connection between these microscopic little beings and certain diseases. There is no more important study for the medical man of to-day and of the future than the methods for protecting the human body from their ravages. The discovery of the microbes all about us has not aided us in the treatment of diseases as much as promised. The tenure of the lives of these little beings is somewhat similar to our own, and many remedies in doses fatal to them would be as destructive to ourselves. We are as yet at the very threshold of bacteriology and its therapeutical relations, and any contribution as valuable as that of Prof. Semmola is always welcome.

“Dermatology in Relation to General Medicine” was the title of a paper by Dr. Unna, of Hamburg, in which the writer laid very great stress on the importance of a better knowledge of skin diseases among general practitioners of medicine. Looking to this end, he urged the establishment of laboratories with facilities for studying the phenomena of skin diseases, and lecturer’s chairs from which dermatology should be taught in medical schools.

The last address of the general session was delivered by Dr. G. F. Blanford, of London, on “The Treatment of the Recently Insane in Public Asylums and Private Houses.” The following extracts, expressing some of the more practical opinions of a man of large experience, may be of interest: “We have to consider when called to an acute case of mania whether it is likely to be brief or of long duration — weeks or months, months or years — and how we propose to deal with it in the meantime. It behooves us to place the sufferer under such conditions that the cure may be effected as surely and as completely as it may be possible to accomplish. In most cases a well-ordered asylum offers the best means of treatment, and where this is advisable removal thither ought to be urged in the strong-

est terms.” The suggestion is very good, but there is an aversion on the part of relatives and friends to confining such a sufferer in an asylum which oftentimes the strongest medical reasoning fails to overcome.

The following points, aiding in determining a prognosis, may be interesting: The suddenness of the attack in passing mania—*mania transitoris*—is a characteristic feature. In a few hours the patient may develop symptoms of a very violent and acute character. “There is generally,” says the writer, “an exciting cause of some kind lighting up disorder in a brain characterized by instability and explosiveness. It frequently passes away with the same rapidity, but this is not always the case, the condition sometimes passing into chronic mania. If the case is recent, definite, and not spread over a long period of time, it is to be hoped that, if judiciously treated, the attack may in a brief time pass off.” Such cases as above described may, says Dr. B., be due to a shock, loss of a relative, a surgical operation, religious excitement, spiritualism, protracted exercise, excessive fatigue, exposure to the sun for long periods of time, and similar causes. The writer alluded to the acute maniacal symptoms supervening upon acute diseases, as measles, variola, pneumonia, and also attending gout and rheumatism, and in such cases gave a favorable prognosis. “The history of similar and repeated attacks will be an element of great importance in our prognosis. Some minds are essentially unstable. Just as we see so many persons who are driven into furious gusts of passion by mere trifles, so the equilibrium of some minds is upset by circumstances which, under other conditions, would have no significance. Of course, recovery of the several attacks will not be so speedy as the first time, but it may still be hoped for with a little patience.”

The aid rendered by the pulse in prognosis as to the duration of the attack was noticed by the writer. “Rapid during the continuance of the excitement, when the paroxysm is over it may fall considerably and be not much above the normal. If it does not fall, and on the contrary

remains rapid, even when the patient is at rest, the chances are that the attack will be long and last not days, but weeks. The tongue, too, will help in prognosis. In very violent attacks it will often remain moist and clean, but if it becomes dry, furred and brown with that peculiar color which is characteristic, not of gastric disorder, but of nervous trouble, then we can hardly hope that the attack will pass off in two or three days. There is often a good deal in these attacks of genuine mania of what, for want of a better name, we may call 'hysterical.' These attacks are characterized by noise and violent behavior, rather than by fixed ideas or delusions. If they begin suddenly, and if between the attacks the patient is rational, then we may hope; but if the gloom deepens, and if the intervals are marked by gradually forming delusions, then the lookout is bad.

"If the maniacal attacks do not subside in a few days or a week, and it appears probable that it will be an affair of weeks or months, what course are we to take? The question resolves itself into one of cost in the treatment of many patients who may be noisy and troublesome, but not homicidal, and who can be nursed through an attack of mania if the friends will bear the expense.

"Certain patients ought to be sent to the asylum at once to get the benefit of example, plus what I may call 'judicious neglect.' Such an one will refuse to eat when kept alone, but if put with twenty others, he will eat because they do, especially if there are signs that nobody cares very much whether he eats or not.

"There is no class of patients which are so well suited to residence in an asylum as the general paralytics. * * * There is a special reason for treating a melancholic patient in an asylum. It is to react against that intense egotism which marks the malady to prevent his being the focus of attention. In any asylum he is only one of a crowd."

The writer introduced the question as to how far we are justified in treating patients outside an asylum without certificates. In Scotland this is allowed, but not in England; in America the law varies in different States. This is a

matter which should rest with the judgment of medical men.

It was the purpose of this letter to review the more salient and practical points of the medical addresses of the several sessions. So here ends the task of your special correspondent. M.

SECTION ON GENERAL SURGERY OF THE INTERNATIONAL MEDICAL CONGRESS.

WASHINGTON, D. C., Sept. 10, 1887.

Editors New Orleans Medical and Surgical Journal:

Gentlemen—The Section on General Surgery was as usual largely attended and proved to be one of the most interesting of the Congress. Dr. W. T. Briggs, of Nashville, presided, and won good opinions for his efficiency as a presiding officer. His address was devoted largely to a review of the progress of surgery in these latter days of antiseptis, and impressed the Section very favorably. Dr. B. has won his spurs in the fields of operative surgery—more especially as a lithotomist. He is a man of medium stature, past the meridian of life, with a bush of hair about his lips and chin, a little bald, of gentle manners, and not a noisy President. He wore his honors gracefully and acceptably to the Section.

Your correspondent does not propose to write fully and exhaustively of the proceedings of this Section, but simply to give an account of the impressions made by what he heard. Any omission or imperfect report, therefore, is not intended as a disparagement of any of the contributions.

In the judgment of your correspondent *the* paper of the Section was presented by Dr. N. Senn, of Milwaukee, and entitled “An Experimental Contribution to Intestinal Surgery, with Special Reference to the Treatment of Intestinal Obstruction.” The following are some of the more important of the author’s observations, which are based, for the most part, on the results of his experiments on one

hundred and fifty dogs. He was led to these experiments by a desire to avoid the disadvantages and dangers of the ordinary methods of suturing intestinal wounds, viz.: length of time consumed in suturing, which increases the shock; the danger of gangrene by the introduction of so many sutures, and the danger of fæcal extravasation through punctures of the bowel, which, by the usual methods of suturing, are so apt to occur. For the purpose of constricting the bowel during experiments, as well as during operations on the human subject, Dr. Senn recommends the elastic ligature or band, passed with hæmostatic forceps, as being far preferable to Treeves' compressors and others, which usually are in the operator's way. Now follow some extracts from a synopsis of Dr. Senn's paper:

Partial enterectomy and longitudinal suturing of a wound become sources of danger from obstruction or perforation in all cases where the lumen of the bowel is reduced to more than one-half its size. Longitudinal suturing of wounds on the mesenteric side of the intestine should never be practiced, as such a procedure is invariably followed by gangrene, because of the interruption to the vascular supply.

In circular constriction of the intestine the immediate cause of gangrene is due to obstruction of the venous circulation, and takes place first at a point most remote from the cause of obstruction.

Flexion produced by partial enterectomy and transverse suturing of a wound is subsequently corrected by a compensating bulging or dilatation of the mesenteric side of the bowel, provided the wound be on the convex surface of the bowel and only entailing the defect of about one inch. Closing a wound of such dimensions of the mesenteric side of the bowel by transverse suturing may give rise to intestinal obstruction by flexion, and to gangrene and perforation by impairing the arterial supply to, and preventing the venous return from, the part of the bowel corresponding with the mesenteric defect.

In invagination the accumulation of intestinal contents

above the seat of invagination is one of the most important factors which prevents spontaneous disinvagination, and which determines gangrene of the intussusciens. The immediate cause of gangrene of the intussusciens is obstruction to the return of venous blood by constriction at the neck of the intussusciens.

Spontaneous reduction is not more frequent in ascending than descending invagination.

Ileo-cæcal invagination, when recent, can frequently be reduced by distension of the colon and rectum with water, but this method of reduction must be practiced with great care and gentleness, as over-distension of the large bowel causes multiple longitudinal lacerations of the peritoneal coat and its consequences.

The competency of the ileo-cæcal valve can only be overcome by over-distension of the cæcum, the separation of the margin of the valves being produced mechanically, and consequently it is imprudent to attempt treatment of intestinal obstruction beyond the ileo-cæcal valve by rectal injections.

Resection of more than six feet of the small intestine in dogs is uniformly fatal, because of the effects of trauma. The resection of more than four feet is incompatible with normal digestion, absorption and nutrition, and often results in death from marasmus.

In cases of extensive intestinal resection the remaining portion of the intestinal tract undergoes compensatory hypertrophy, which is shown microscopically by thickening of the intestinal coats and by increased vascularization.

Physiological exclusion of an extensive portion of the intestinal tract does not impair digestion, absorption and nutrition as seriously as the removal of a similar portion by resection. Fæcal accumulation does not take place in the excluded portion of the intestinal canal. The excluded portion of bowel undergoes progressive atrophy.

Dr. Senn recommends a modification of Jobert's invagination suture by lining the intussusceptum with a th

flexible rubber ring, and the substitution of catgut for silk as preferable to Czerny-Lembert sutures.

The line of suturing or neck of the intussusciens should, he says, be covered by a flap or graft of omentum in all cases of circular resection, as this procedure furnishes an additional protection against perforation. In your correspondent's mind the question to be determined in this connection is whether the advantage of the support given to the sutured bowel, in diminishing the risk of perforation, is not overbalanced by the subsequent danger of constriction.

In circular enteorrhaphy continuity of the peritoneal surface should be secured where the mesentery is detached by uniting the peritoneum by a fine catgut suture before the bowel is united, as this modification of the ordinary method furnishes better security against perforation on the mesenteric side.

The formation of a fistulous communication between the bowel above and below the seat of obstruction should take the place of resection and enteorrhaphy in all cases where it is impossible or impracticable to remove the cause of obstruction, or where the pathological conditions which have given rise to the obstruction do not constitute an intrinsic source of danger. In all those cases of intestinal anastomosis, whether gastro-enterostomy, jejuno-ileostomy, etc., Dr. Senn advises the approximation of serous surfaces by partially or completely decalcified bone plates introduced into the lumen of the gut. In cases of lateral implantation, whether for ileo-colostomy or ileo-rectostomy, a similar procedure is advocated. One of the above operations or lateral implantation should be done in all cases of ileo-cæcal invagination where the local signs do not indicate gangrene or perforation. In all cases of threatened gangrene and perforation the invaginated portion should be excised, both ends of the bowel closed, and the continuity of the intestinal canal restored by making an ileo-colostomy by approximation with perforated decalcified bone plates, or by lateral implantation. The restor-

ation of the continuity of the intestinal canal by perforation (approximation) plates, or by lateral implantation, should be resorted to in all cases where circular enterorrhaphy is impossible on account of the difference in size of the lumina of the two ends of the bowel.

The writer of the paper in review made numerous experiments to determine the manner and time of adhesion of serous surfaces, and reached the following conclusions:

Healing of an intestinal wound is only completed after the formation of a network of new vessels in the product of tissue proliferation from the approximated serous surfaces. Under favorable circumstances quite firm adhesions are formed between the peritoneal surfaces within six to twelve hours, which effectually resist the pressure from within outward. Scarification of the peritoneum at the seat of approximation hastens the formation of adhesions and the healing of intestinal wounds.

Omental grafts, from one to two inches in width, and sufficiently long to completely encircle the bowel, retain their vitality, become firmly adherent in from twelve to eighteen hours, and are freely supplied with blood vessels in from twenty-four to forty-eight hours. Omental transplantation or omental grafting should be done in every circular resection or suturing of large intestinal wounds, as this procedure favors the healing of the visceral wound and furnishes an additional protection against perforation. If we have quoted extensively from Dr. Senn's paper we have only attached to it an importance which it well deserves, and if we have often used his words it was because we could find none better of our own. If Dr. Senn's observations be true, and certainly the painstaking method of his experiments inclines one to believe what he announces, then he has made an advance in abdominal surgery which will ever secure for his name an honorable mention in surgical literature. The paper when published will comprise about two hundred printed pages, detailing the results of experiments, the summary of which merely we have outlined in these pages.

If surgical experience confirms Dr. Senn's observation on the lower animals, then, by the operation of intestinal anastomosis or by lateral implantation, he has substituted a procedure far more preferable and but little, if any, more critical in its execution than that most deplorable of all misfortunes in surgery, an artificial anus.

Dr. C. I. Parkes, of Chicago, presented a paper entitled "A Contribution to the Study of Gunshot Wounds of the Intestines," in which he reports the statistics of 38 cases of gunshot wounds of the intestines in which the surgeon deliberately searched for the wounded points and treated them surgically, with 9 deaths. These cases were unselected. He anticipated the time when cases could and would be intelligently selected, when the results of operation would be more favorable. He spoke of (*a*) the characters of wounds, and (*b*) the evidences of internal injury which may aid in more correct diagnosis. In (*a*) the size and shape of the missile, the range at which it is delivered and the character of the weapon are all to be considered. A line drawn between the wound of entrance and exit will usually convey an approximatively correct idea of the organs injured. Among the evidences of internal injury (*b*) were mentioned blood in the stools, rapidly forming tympanites, absence of abdominal respiration and shock. He emphasized the importance, as a diagnostic sign, of persistent nausea and vomiting. Dr. P. favored incisions for exploration in the median line, because of the accessibility of the organs through the median opening, as well as the convenience afterward in completing the toilet of the peritoneum. The reader advocated the interrupted suture in closing intestinal wounds, and advised the use of silk instead of catgut.

Most of those who spoke in debate had cases to relate in which the wounds of the intestines had been treated surgically, and this method of treatment received the endorsement of most of the speakers. However, the members of the Section seemed unprepared, with the light before them, to formulate rules for the guidance of general

practitioners in the treatment of gunshot wounds of the abdomen. We must await the teachings of statistics.

On the morning of the second day, Dr. John Homans, of Boston, read a paper entitled, "Three Hundred and Eighty-four Laparotomies for Various Diseases," concluding with a resume of his experience. Dr. H. long since impressed your correspondent as a practical, progressive surgeon. The excellence of his work in the Massachusetts General Hospital is well known. The following summarizes briefly his method of preparing for a laparotomy:

New sponges are cleansed of their sand and put to soak in a 1-1000 bichloride solution and allowed to remain two or more days; they are then wrung out in a drying machine, such as is used in a laundry. After soaking in the mercuric solution, the sponges are then cast into a jar containing a 1-20 solution of carbolic acid. When wanted for the operation they are again put through the wringer. The writer says: "I have always used carbolic acid spray and continue to do so; though I think it unnecessary, yet I hate to give it up. * * * * Of my first five unantiseptic ovariectomies all died. Of my antiseptic ovariectomies 248 have recovered and 34 have died. About one-quarter, probably, of all the fatal cases are to be attributed to some error or carelessness of mine, to some want of cleanliness, or perhaps to a slightly suppurating hangnail, or to something that might have been avoided." This is an honest way of writing and instructive. The author expresses himself so happily, a few quotations from his paper may be of interest. In speaking of his method in ovariectomy he says; "I use an electric light when necessary. * * * * I am rather skeptical about deaths from intestinal obstruction of a mechanical nature of laparotomy, except as the intestines are paralyzed by peritonitis. There is often a sort of atony of the bowels, which is almost equivalent to mechanical obstruction, and which gives rise to great distension and to vomiting; but there is no real strangulation such as you see in hernia; at least, I have never seen a

case. * * * Two cases in which I wounded the bladder during ovariectomy recovered. In both cases the bladder was sewn up with silk, and the sutures were left shut up in the abdominal cavity. * * * Of the two hundred and forty-eight recoveries, two hundred have been heard from, and of this number eleven women have borne in all fifteen children. The sexes do not correspond to the ovaries. The patients' ages have varied from twelve to seventy-three years; the weight of the sac and its contents from one pound to one hundred and eleven and a half pounds. Twisted pedicle occurred six times. The usual length of my incision is about six inches, except in fat people or where some difficulty in the operation requires more room. I never leave a clamp on the ovarian pedicle, but always tie and burn the stump and drop it back. I have always used silk sutures, and am careful to include all the abdominal parieties in the suture, particularly the transversalis fascia. Drainage was used in fifteen cases of ovariectomy. I have gradually reduced the size of my drainage tubes. My greatest number of consecutive recoveries after ovariectomy has been thirty-eight.

“My cases of removal of uterine fibroid tumors by hysterectomy number twenty-seven, with seventeen recoveries and ten deaths. Out of the last seventeen, fourteen recovered. I never do the operation unless the patient seems in danger of her life from hemorrhage, mechanical pressure or exhaustion, or else suffers such pain that life is not worth living. I do not know which is the better way of managing the stump, whether intra or extra-peritoneally. I am pretty sure, however, that with me the extra-peritoneal is safer. I use a wire ecraseur. I have used drainage several times after removal of fibroid tumors, but it is usually unnecessary. When the clamp and pin come away there is usually some fluid in the cavity where the stump was, and this has often a very offensive odor, like that of a sewer, but it seems of no consequence, as the patient's temperature and pulse are nearly normal. I suppose there is a septic putrescence and a non-septic putrescence.

“Of removal of large intra-abdominal fatty tumors, subperitoneal, I have had two. They each weighed over fifty pounds, and were many-lobed; both fatal. These tumors joggled and seemed to fluctuate. Aspiration was unavailing.”

Under the head of “Ovariectomy,” with illustrative cases, Dr. Homans mentions some facts of curious interest; one case remarkable as having no pedicle. It was a cyst of the broad ligament, and as the woman coughed after the peritoneum was opened and the cyst tapped, the cyst was expelled and dropped on the floor, without a vessel being tied or any force, except the gentlest assistance, being used. The cyst measured thirty-six inches in circumference. One case of ovarian tumor is reported, the solid and fluid contents of which weighed one hundred and five pounds. Five years afterward the patient was in robust health. In another case of recovery the tumor and contents weighed one hundred and eleven and a half pounds.

The author does not regard removal of the ovaries and tubes for the purpose of stopping menorrhagia as a reliable measure, preferring the removal of uterus and all in cases of urgency. Tait's operation for subjective nervous symptoms, without very definite evidences of pelvic neuroses demanding, he regards as inadvisable. His experience, however, is based only on five cases.

An interesting observation made by Dr. Homans is that ten per cent. of his cases of laparotomy suffered of ventral hernia. The fault very probably lies in his method of suturing the abdominal parietes. In passing, let me say, that in the next volume of transactions of the American Gynecological Society will appear a paper by Dr. Chadwick, of Boston, advocating a new method of operating in cases of ventral hernia.

A paper by Dr. J. M. Mathews, of Kentucky, entitled “When is Colotomy Justifiable,” argued against the operation, save in cases where the large bowel is occluded at a point more than three and a half inches above the anus. The writer advocated linear rectotomy in cases of stricture

within three and a half inches of the anus, in cancer of the rectum, and some other causes of rectal occlusion, preferring this operation to gradual or forcible dilatation of rectal strictures. In the discussion it was evident that the drift of opinion was in favor of colotomy as a surgical procedure, however disgusting and dangerous as described by the author of the paper.

Mr. Samuel Benton, of England, spoke in the debate and favored excision of the rectum in cases of cancer, if the disease were circumscribable; if not, then colotomy. Simple stricture of the rectum he usually treats by dilatation, with the aid of electrolysis.

The discussion of rectal diseases turning upon the use of carbolic acid by sub-mucous injection in hemorrhoids and other conditions here, a number of speakers denounced in most emphatic terms the use of carbolic acid in hemorrhoids by what is known as the Brinkerhoff method. One speaker, hailing from the West, spoke with as much emotion as some preachers denounce the machinations of the devil, and cited the case of a railroad magnate of his section, who had evaded all the reputable physicians of his vicinity to place himself under the care of a traveling fakir, at whose hands he perished of an ischio-rectal abscess, caused by a sub-mucous injection of carbolic acid. To some men one swallow is enough to make a summer, and one unfortunate instance in practice sufficient reason for an unalterable adverse opinion.

In the afternoon of the second day Dr. Donald McLain read a paper entitled "Clinical Notes of Three Cases of Laparo-Nephrotomy with Complications; Two Successful, One Fatal." The article was interestingly discussed by Dr. Hingston, of Montreal, Dr. Lange, of New York, and Mr. Edmund Owen, of London, who, by the way, was one of the clearest-headed men in the Section and a very entertaining talker. The point in controversy was the best method of removal of kidneys in disease. The opinions expressed which impressed your correspondent most favorably were that small renal tumors and suppurating kidneys

should be removed posteriorly; large tumors by the median incision anteriorly.

Dr. M. H. Richardson, of Boston, read a very good paper on "Gastrotomy for Foreign Bodies in the Œsophagus." After experimenting on the cadaver he concluded that foreign bodies lodged within six inches of the cricoid could be best removed from above, while gastrotomy was necessary in the event of permanent lodgment below that point. He exhibited a patient presenting a curvilinear cicatrix, corresponding with the costal arch on the left side, which was the result of an operation for the removal of the denture of four teeth, lodged for eleven months just above the cardiac orifice. The incision above mentioned is the one advocated in cases of gastrotomy for the removal of foreign bodies in the stomach or within reach in the œsophagus.

In the discussion of a paper by Dr. Gormany, on "The Surgical Treatment of Epilepsy and Insanity by Trephining," Sir James Grant, every inch an Englishman, reported an experience of many cases of head injuries, occurring in the milling districts of England, in which he had the opportunity of studying the different effects upon people of different mental endowments. He was firm in his conviction that cases of cerebral injury, occurring in the uneducated, do better, as a rule, than in those whose nerve centres have been cultivated by education, and thus made more susceptible to inflammatory impressions.

At the afternoon session of the third day Mr. Samuel Benton, of London, read an instructive paper on "Fistula in Ano of Horseshoe Shape," the fistula communicating with the gut on one side and appearing externally on the other. This kind of fistula, in the author's experience, had occurred in five of seven hundred and fifty cases. These cases were treated by incision and packing. The author directed special attention to a form of blind fistula opening into the rectum, just within the anus, and complicating anal fissures. These fistulas have their beginning at the upper end of an old fissure usually, and not in an abscess, and

often frustrate the treatment of anal fissure. Mr. B. attributes many of the failures in the treatment of anal fistula to too sparing use of the knife. Whenever section of the sphincter is advisable he urges its complete division.

Dr. Grant (Bey), of Alexandria, Egypt, read a paper, entitled "The Surgical Treatment of Hepatic Abscess." The paper described the method of Dr. James Mackie, of Alexandria, a man whose name is said to be well known in eastern countries, and was prepared by Dr. Mackie's Clinical Assistant at the Deaconess' Hospital. The object of treatment, as stated, is to evacuate the pus as soon as discovered. Aspiration, through a small trocar, was advocated as the simplest and safest of all methods as a primary effort. Aspiration failing, as it often does, to evacuate shreds of tissues and flakes and clots of cheesy pus, operation by incision was next advised. Excision of a section of a rib was advocated in those cases in which it was impracticable to properly evacuate and drain through a simple incision between the ribs. In all instances strict antisepsis was observed.

Dr. F. Pascal, of Mexico, reported nine recoveries in thirty-five cases of hepatic abscess, treated by drainage, through a rubber tube, the distal end of the tube being kept constantly under water. One case was reported, in which eight pounds of hepatic pus was evacuated in this way and with ultimate success.

The "Treatment of Psoas Abscess," the subject of a paper, by Dr. Lewis Hall Sayre, of New York, elicited an interesting discussion, and the expression of a great variety of opinions. Dr. S. took the ground that the abscess is not always tuberculous and scrofulous, advocated treatment by an anterior and posterior incision, the use of large drainage tubes and antiseptic dressings. Mr. Owen, of London, concurred, and strongly advised free openings and the establishment of waterways for antiseptic irrigation. This line of treatment, at the same time following the nearest sinus to any diseased bone that may exist, struck your correspondent as the most rational advanced. Mr. Owen, a

very practical man, urged the opening of these abscesses as soon as discovered; recommended, for purposes of irrigation the iodine solution so frequently lauded in the writings of Mr. Thomas Bryant. He had adopted this solution because of the danger of poisoning by the carbolic acid, and because he had once destroyed the life of a child by injecting a psoas abscess with a mercuric chloride solution. He spoke of the cases occurring in his hands of double psoas abscess, a condition always to be suspected when proper treatment of the first abscess fails to give the relief rationally to be expected.

A paper reporting a case of "Amputation at the Hip-Joint for Sarcoma of the Diaphysis of the Femur," read by Dr. Dennis, of New York, introduced a discussion of the methods of controlling hemorrhage in hip amputations. Dr. D. had used satisfactorily in his case a rubber tube, passed over the groin above the anterior superior spine, and about the buttocks, between the ischium and rectum. This method was endorsed by most of the speakers, and certainly, with the aid of properly adjusted pads, will answer very well in most cases of lean subjects. Liston's Aortic Compressor was advocated by one of the speakers. Dr. Reyher, of Russia, preferred Valkman's method, and related a case, occurring in his military service, in which he had employed, successfully, two sticks, one over the groin, the other under the buttocks, with ends retained by rubber bands. The device is certainly ingenious and will probably prove effectual.

Mr. Owen reported an exceedingly interesting case of a lad presenting hip symptoms—pain in hip and knee, impaired motion, the femur and pelvis moving together, aching of the loins on extension, inability to walk, etc.,—in which he had tapped the hip-joint posteriorly and withdrawn a teaspoonful of sero-purulent fluid. The distressing symptoms were quickly relieved, and the lad was absolutely well in a fortnight. The writer spoke of the advantage of tapping acutely inflamed joints, as the knee, when disturbed with sero-synovial effusion, and advised the same

treatment in the management of similar conditions in the hip-joint. In those cases of capsular distension in hip-joint inflammations, there is usually bulging anteriorly, which lifts the vessels about the middle of Poupert's ligament, as well as bulging posteriorly. The writer recommended exploratory aspiration of the hip-joint posteriorly in all cases of incipient hip disease and in others where there are evidences of capsular distension.

Toward the conclusion of the proceedings Dr. Senn read a paper entitled "Elastic Constriction of the Neck, with Exclusion of the Trachea, as a Means of Controlling Hemorrhage in Operations on the Head." His views were based upon the results of operations on dogs. He exposed the trachea so as to pass an elastic ligature beneath it and around the rest of the structures of the neck. Thus, the respiration was not interrupted and the circulation went on through the vertebral arteries. He had found that compression applied for two hours did not interrupt the function of the phrenic and pneumogastric nerves, while circulation through the superficial vessels of the neck was completely controlled. His animals carried through the method just narrated, suffered no permanent harm. This procedure the writer proposes in those bloody operations about the maxillary regions and in certain cases of intra-cranial surgery. The method proposed is certainly a bold one. It is impossible to divorce from it the dangers that must necessarily ensue upon such sudden disturbance of the cerebral circulation incident to the interruption of one-half its arterial supply, and to the venous engorgement that must follow the obstruction to the jugular circulation. In your correspondent's opinion, but few cases if any, justifying a surgical operation, will ever occur in which constriction of the neck, as above described, will be regarded as a warrantable surgical procedure.

Many other papers were presented to the Section, some of such excellence as to deserve mention here if space permitted; there were many more made up of commonplace material. Despite the tact and efficiency of the

presiding officer, much time was consumed and the work of the section impaired by a number of speakers, whose narrow views, contracted experience and ill preparation to appear before a body of learned and scientific men, no amount of brass-plating could possibly conceal.

The following are the names of some of those present who impressed your correspondent as being thoroughly well-informed surgeons, whose utterances commanded much respect: Dr. E. M. Moore, Rochester, N. Y.; Dr. Hingston, of Montreal; Mr. Edmund Owen, London; Dr. N. Senn, Milwaukee; Dr. Reyher, Russia; Dr. Post, Syria; Dr. Grant (Bey), Egypt. Some of the most familiar names in American surgery were missing—a fact very much to be regretted. All of which is respectfully submitted as the impressions of your special correspondent.

M. M. T.

LEADING ARTICLES.

THE INTERNATIONAL MEDICAL CONGRESS.

The International Medical Congress met nevertheless, remained in session five days and adjourned to meet in Berlin in 1890. About 3000 medical men, representing all the States and territories and many foreign nations, were in attendance. In a body so democratic in its organization and management, necessarily there were present many men who felt their sovereign importance and exercised their right to waste the time of others in fruitless talking. The volume of transactions will, therefore, contain much that is useless and trashy. We regret the absence from the congress of many men of international prominence, foreign as well as American, whose names have been published in connection with the Washington meeting, and whose presence and participation would certainly have contributed greatly to its success and the medical value of its proceedings. However, the register contained many names very familiar in the annals of medicine the world over,

whose authentic utterances can but command respect everywhere.

Attention is directed to the letters of our special correspondents, which appear in this issue, and to abstracts of papers presented, which, from time to time, in advance of the published transactions, will appear in these pages.

The published proceedings of the congress will represent but a small part of the medical work accomplished during its meeting. The relations between the members were very cordial; they gathered in informal groups here and there, swapped ideas, compared the results of experience in various and far-distant parts of the earth, and all were mutually benefitted.

The social arrangements, made by the local committee, of which Dr. A. Y. P. Garnett was the chairman, were eminently successful. The badge of membership secured for every man who wore it a warm welcome everywhere, at the President's mansion, in the public buildings and in the homes of Washington. The reception by the President and Mrs. Cleveland was marked by unusual cordiality, and doubtless the members of the congress carried with them to their respective homes, scattered over the earth, very pleasant impressions.

Our foreign guests were treated with courteous attentions, and so far as we have heard left our shores fulsome in their praises of America and American hospitality.

By the time they come again we trust our little domestic difficulties will have been settled and our medical household once more united in peace.

EDITORIAL COMMENT.

The *Satellite*, the forerunner of the *Annual of the Universal Medical Sciences*, of which Dr. Chas E. Sajous is the editor-in-chief, has made its appearance. It contains very fair abstracts of many useful papers from foreign and domestic journals, but a book even twenty times as large as the *Satellite* would only partially cover the vast field of medical and scientific journalism. In other words, our

conception of the *Annual* does not contemplate simply an enlarged *Satellite*, and yet we look forward to the appearance of the original undertaking with anticipations of the liveliest interest.

The "Transactions of the La. State Medical Society" have just been issued. We spoke at length at the time of the character of the proceedings, and most of the papers appeared in our pages shortly after the meeting. We, however, cannot refrain from noting the marked contrast between the work of our society and that of our neighbors, Texas, Mississippi and Alabama. There is life and vigor in every act of the other bodies, while the most prominent characteristics of ours are listlessness and a weighty dullness. An evident sign of interesting and valuable proceedings in a society is discussion of papers; it was almost entirely absent at the last meeting, indeed, it was actually discouraged. We do hope that one of these days the society will get into the hands of energetic men, who will build it up and make it what it should be, the leading medical body of the South. The JOURNAL looks to the country members to accomplish this end, especially since the city has so signally and consistently failed.

The Index-Catalogue of the Library of the Surgeon-General's Office, United States Army; Authors and Subjects; volume VIII, from Legier to Medicine inclusive, has reached us. This useful government work is now too widely known to call for any extended notice.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

CREASOTE IN PHTHISIS.

For many years Dr. J. Solis Cohen has been using creasote in phthisis, not as a specific, but for the purpose of preventing or retarding decomposition of undigested nutriment in stomach and bowels, on the same principle on which he has been using it in chronic diarrhœa for more

than twenty-five years. He always prescribes the beechwood creasote and is usually supplied from Dupont's gunpowder mills. The dose is half a minim three times daily, and the formula usually ordered is: powdered iodoform, thirty grains; pure creasote, fifteen minims; powdered extract of licorice, sufficient to make a mass, which is divided into thirty capsules. Any other drug, such as digitalis, quinine, iron, may easily be combined with creasote. Dr. Cohen seldom uses cod-liver oil or the hypophosphites, since he has found creasote so beneficial to nutrition.—*The Polyclinic*.

[In his work on the Curability and Treatment of Phthisis, Dr. Jaccoud, of Paris, has long recommended creasote in phthisis. He also distinctly specifies that which is derived from beechwood as preferable to all others. Dr. J. does not, however, undervalue cod-liver oil; on the contrary, he insists upon the combined use of the two agents as in the following: Cod-liver oil, two ounces; creasote made from beechwood, three minims; essence of peppermint, one minim; to be taken during the course of a day. Where the patient is unable to take the oil he gives this formula until the distaste for the oil is overcome: glycerine, twelve drachms; cognac or rum, three drachms; creasote, three to six minims; essence of peppermint, one minim; to be taken during a day.—EDS.]

PILOCARPINE IN DIPHTHERIA.

The *Satellite* contains the following: Dr. Lax has successfully treated a number of cases of diphtheria with pilocarpine. Under the influence of this drug the mucus and salivary secretions are greatly increased, large quantities of diphtheritic membrane are expelled from the throat and nose, respiration becomes freer, fever disappears, appetite returns, and convalescence is established in from three to five days. At the close of the attack every case manifested a characteristic attack of herpes labialis.

The following formula was employed:

R̄. Pilocarpin hydrochlorat, gr $\frac{1}{3}$ —gr. 3-5.
 Pepsinæ, gr. x — gr. xii.
 Acid. muriatic, mm. ij. — mm. iij.
 Aquæ distil., ℥xviiss. M.

Of this mixture from one to four teaspoonfuls were administered in wine, and warm fomentations were applied to the throat.

Guttman has treated in a year and a half eighty-one cases of diphtheria by pilocarpine without the loss of a single case. Gelsner and Dilewsky have also had good results from this treatment. The prescription given above may be varied as each case indicates, as also the dose.—*Journal de Médecine.*

VINEGAR IN DIPHTHERIA.

Dr Engelman in the *L'Union Médicale* details his experiments with vinegar in diphtheria. In a severe case he used this agent as an application to the interior of the throat, employing it pure as a wash, one part to two for atomization, and one to four as a gargle. The results were very favorable.

CYANIDE OF MERCURY IN DIPHTHERIA.

Bree announces the highly gratifying result of having cured three hundred and fourteen cases of diphtheria out of three hundred and eighteen with cyanide of mercury. His treatment consists in giving a solution of this agent (1-5 grain to 2½ drachms of diluted alcohol); at first two to three drops every fifteen minutes, decreasing the dose gradually. The drug decreases the deposits and the difficulties of deglutition, raises the force but diminishes the frequency of the pulse, and causes a general improvement of the system. In one instance a very grave case was changed into a very light one from morning to night. Three to four days usually suffice to obviate all morbid symptoms. This medication prevents the implication of the larynx and other intercurrent affections, and materially shortens the time of convalescence.—*Allg. Med. Centralzeitung.*

[In connection with this subject we would also refer the reader to the JOURNAL for January, 1887, page 545, where is an abstract of Dr. Carter's treatment of diphtheria by bichloride of mercury, and Dr. Porcher's internal remedy for the same affection; and to page 55 of the JOURNAL for July, 1887, where is a notice of Brondel's treatment with benzoate of soda and calcium sulphide.—EDS.]

THE TREATMENT OF ASTHMA.

Lazarus offers the following conclusions in the *Berlin Klin. Woch.*:

1. The prophylaxis of asthma must be based upon care-

ful investigations of hereditary and constitutional conditions, especially those affecting the nose, throat and chest.

2. The asthmatic attack, as such, should be relieved as quickly as possible.

3. Potassium iodide with chloral, in large doses, once or twice repeated, is most effectual.

4. In certain cases operative treatment of the nose and throat is recommended or required.

5. The treatment of the sequelæ of the attack (bronchitis, emphysema) is very important, since these conditions predispose to the recurrence of asthma.

6. In general the pneumatic cabinet constitutes the most efficient means of treatment; for the chronic catarrh, potassium iodide, with the occasional substitute of terpinhydrate as indicated.

THE TREATMENT OF COLDS.

Dr. J. H. Whelan, in the *London Practitioner* for March, gives the following sure cure for colds. The formula used is as follows:

Ry Quininæ sulphatis.....grs xviii
 Liquoris arsenicalis.....m xii
 Liquoris atropinæ.....m i
 Extracti gentianæ.....grs xx
 Pulveris gummi acaciæ..q. s.
 Ft. pilulæ.....xxii. sig.

Pulveris gummi acaciæ, q. s., ut fiant pilulæ xii. Sig. One every three, four or six hours, according to circumstances.

If these pills be commenced in the early stage of a common cold—*i. e.*, when the affection is as yet confined to the nose and pharynx—the affection will be nipped in the bud. At starting one pill should be taken every three or four hours, and later on every six. If a catarrhal subject has a box of these pills always at hand he has a weapon wherewith to meet and defeat his enemy. The longest time the author has seen a cold last whilst the patient was fairly taking these pills was three days. How the remedy acts he does not know, except it be as a powerful nervine and general tonic, bracing the patient's tissues up to resist the attacks of the exciting cause of the affection.

SURGERY.

INCISION OF GALL-BLADDER, REMOVAL OF STONES, SUTURE AND REINTRODUCTION OF THE VISCUS.

Küster (*Beilage zum Centralbl. f. Chir.*) speaks about a method of operation for removal of gall-stones, which, so far, has been rarely practiced, viz., incision of the gall-bladder, with subsequent suture and reintroduction into the abdominal cavity. He does not think that this method will completely supersede Langenbeck's operation of total removal of the gall-bladder, which is indicated when the viscus is distended with pus. In many other cases total removal is considered superfluous, especially as it has not been conclusively proved that no harm results to digestion from its loss. Küster recommends his method in distention of the gall-bladder and formation of stones, but without any other complication.—*The Medical Chronicle*, September.

A CASE OF CRYPTORCHIDISM, WITH MALIGNANT DISEASE OF ONE TESTICLE.

R. A. Jamieson, M. A., Consulting Surgeon to the Imperial Maritime Customs in China, reports in the *China Medical Missionary Journal*, for June, 1887, a case of the rather rare complication of undescended testicle affected with carcinomatous disease. Ho, æt. 51, native of China, was first seen July 16, 1886. He was unmarried, lead a very laborious life, involving much travelling, alternating with sitting in a constrained position for several hours at a time. He had always been subject to epistaxis and frequently spat blood at the same time. His health had been rather delicate, but he continued reasonably well up to April, 1886. At this time the abdomen began to swell and become hard. There were never any chills or fits of sweating and he never suffered of malarial fever. When Mr. Jamieson saw him in July, 1886, he discovered an absolutely smooth, ovoid tumor, hard, dull on percussion, without fluctuation, symmetrical, very slightly sensitive to pressure, almost fixed, and occupying the cavity from the umbilicus to the pubes. It curiously resembled a six months' pregnant uterus. For the two weeks past he had suffered constant, agonizing pain. On deep exploration a prolongation from the tumor could be felt on the left, to the side of the pelvis, just below the anterior inferior spine.

The general symptoms were those of great exhaustion. There was no calculus, rectal examination was negative, base of bladder and prostate normal. The urine was acid, deep yellow, no blood or casts, slight deposit of mucus with bladder epithelium, no sugar, s. g. 1029. Examination of other organs negative.

The penis was well developed, but the scrotum was absent, being represented by a mere roughening of the anterior portion of the perineum. There was no trace of testicles. There was no scar. He confessed to sensual feelings and had occasional pollutions, but the doctor had special reasons for knowing that the man was chaste. He soon tired of the foreign doctor's treatment and sought advice of the native doctors. He suffered horribly. There was little change until December, when the tumor enlarged with great rapidity, so that within three weeks it filled the entire abdomen and encroached largely on the thorax. The pain diminished, but dyspnoea became urgent and sleep impossible. He died exhausted on December 28. No autopsy was allowed.

EXTROVERSION OF THE BLADDER.

Trendelenburg reports (*Beilage zum Centr. f. Chir.*) several cases of extroversion of the bladder treated according to his method, already published in the *Medical Chronicle*, May, 1887. In a boy 1½ years of age, who is still under treatment, the conditions were very unfavorable, as only a small portion of the posterior wall of the bladder existed, and the mucus membrane was thickly studded with papillary vegetations, which had to be destroyed by repeated cauterizations. The urethral slit was easily closed by bringing together the sides, but for the purpose of making a bladder, skin-flaps had to be made use of. Trendelenburg's method was very successful in a girl of five, whose bladder was well developed. After four operations the opening from the umbilicus to the external orifice of the urethra was completely closed. A fifth operation, by which it was attempted to induce continence of urine by narrowing the urethra, was ineffectual, as the tendency of the *ossa innominata* to resume their original positions was too great. Trendelenburg concludes with the important practical observation that his operation should only be performed in the fourth to the seventh year.—*Medical Chronicle*, September.

PARCHMENT AS A NEW SURGICAL DRESSING.

This dressing, especially in orthopedic surgery, has been introduced and recommended by Professor Molliere, of Lyons. The advantages claimed by him are moderate price, being half the price of moulded leather, perfect malleability, extreme lightness in weight and a great variety in consistency, which may equal that of a metallic sheet. — *La Province Medical.* — *Miss. Valley Med. Monthly.*

OBSTETRICS, GYNÆCOLOGY, ETC.

TREATMENT OF RETAINED PLACENTA.

1. The treatment of retained placenta is to be determined by the conditions present, as regards presence or absence of hemorrhage and the period of gestation.

2. Before the third month: Uterine contraction being always present, with slight hemorrhage, ergot, hot vaginal antiseptic douche, rest, good food; with pronounced hemorrhage or evidence of decomposition, curette, ergot, hot intra-uterine at first, vaginal afterward, douche, rest, good food.

3. After third month, to and at term: (*a*) Inertia and no hemorrhage; manipulations tending to excite uterine contractions, as kneading of body and fundus by hand on abdomen, insertion of two fingers in vagina, supporting and elevating the uterus if necessary, fl. ext. ergot, hot douche, electricity, in the order named. These failing, delay with work is proper for a reasonable time, the limit being an hour. Then insertion of the hand into uterus and deliver as in inertia with hemorrhage or adherent placenta. (*b*) Inertia with hemorrhage, where hemorrhage is slight and relaxation is of moderate degree, ergot, kneading, hot douche, electricity. No delay is proper save for the execution of the above means; these failing, the rules for the next condition are imperative. When relaxation and hemorrhage are pronounced, ergot, kneading of uterine body, insertion of hand into uterine cavity and complete, clean and effectual delivery of secundines, followed by hot intra-uterine antiseptic douche, and if necessary use electricity, hot vinegar; then stronger but less desirable styptics, should they be demanded.

4. When the retention is due to irregular contractions, ergot, mechanical stimulation by hand to the part demand-

ing it. This not availing, insertion of hand and complete delivery, as in inertia with hemorrhage.

5. When adherent placenta is found, immediate separation by the fingers and delivery of entire contents of uterine cavity before withdrawal of hand, followed by hot intra-uterine antiseptic douche.—*Geo. F. Hulbert, M. D., in the Weekly Medical Review*, Sept. 3, 1887.

BORACIC ACID TREATMENT OF LEUCORRHEA.

Led by its use in chronic suppurative otitis to believe that boracic acid would answer a good purpose in leucorrhœa, Dr. Schwarz, of St. Louis, gave it quite a thorough trial in that affection, and reports in a manner which should lead all to give it a trial. Little success frequently attends the treatment of this affection, and the results reported by Dr. Schwarz are exceedingly flattering.

The powder is pushed up to and around the cervix, held in that place by means of a cotton tampon, and not withdrawn for three or four days.—*Weekly Medical Review*, August 13, 1887.

FARAGO: ACUTE NASAL CATARRH IN NEW-BORN INFANTS.

Rev. Mens. des Mal de l'enf. (abstracted), May, 1887.—This morbid condition usually begins suddenly and with a marked rise in the temperature. For two or three days the temperature may continue to 39° to 40° C. Dyspnœa may also be present, with frequent and superficial respiration, the inspirations sometimes numbering sixty per minute. The mucous membrane of the nose becomes injected and swollen, especially in the region of the middle turbinated bone. On the third or fourth day the secretion becomes very viscid, the respiration more natural, and frequently the temperature drops with the characteristics of a crisis. Acute catarrh is distinguishable from syphilitic coryza by the temperature phenomena, no febrile symptoms being present in the latter. The swelling of the mucous membrane, with its attendant dyspnœa, may be treated with local applications of a two per cent. solution of muriate of cocaine, and injections of a one-half or one per cent. solution of common salt, made with great care, may be used to remove the accumulations of mucus in the nostrils. The use of the more active astringents, such as nitrate of silver, of tannic acid, might be followed by intense inflammation of the middle ear.—*Archives of Pediatrics*, August, 1887.

PRACTICAL SURGICAL AND MEDICAL HINTS.

TO STOP HEMORRHAGE.

Have at hand a good stiff tooth-brush, when the oozing becomes troublesome, rub the part briskly with the brush. This tears and twists the ends of the vessels, causing them to retract and curl up.—Dr. Hal C. Wyman in *N. Eng. Med. Monthly*.

MEDICAL NEWS AND MISCELLANY.

ON Sept. 14th Dr. Alonzo Clark died at his home in New York. He was in his eighty-first year, and had practised his profession for over fifty years.

DR. T. C. S. Whitsett, of Jonesboro, Ark., died August 13, 1887. Dr. Whitsett was a graduate of the Louisville Medical College, and at the time of his death was sixty-four years old.

N. A. Randolph, M. D., of Philadelphia, one of the editors of the *Medical and Surgical Reporter*, is dead.

THE death of Giraud-Teulon is announced—a very great loss.

DR. David McCaa, of Baton Rouge, La., died during the week ending September 17th, at his home in that city.

THE profession of Georgia, says our Atlanta correspondent, is very much elated over the passage of the "Bill for the Protection of Cemeteries," presented by C. M. Candler, Esq., of DeKalb County.

RICHARD Quain is dead! He died in London, September 17th, at the age of 71 years.

DR. L. G. Lebeuf, of Houma, La., writes to us under the date of September 17th: "In my coroner's work last week I met with quite an interesting case. A negro was killed by a night-watchman here. He was shot at a distance of eight feet, and ran eighty-four feet before falling. The *post mortem* examination made next morning showed that the ball had entered half an inch to the left of the vertebral column, between the ninth and tenth ribs, penetrating the pleura and pericardium, had passed through the very centre of the left ventricle of the heart, escaping

between the fourth and fifth ribs. Ball, 42 calibre. Drs. C. A. Duval, F. A. Sylvestre and myself carefully measured the distances and noted the facts of the case. Before dying the man had turned two corners."

MR. Clebe Jowers, a medical student from Georgia, informs us that he saw an interesting case near his home in Preston, Ga. The subject is a strong negro, a farm laborer, aged 55, who has not passed any fæces by his bowels for the last five years. All fæcal matter seems to be eliminated by the skin, for he gives off an extremely offensive odor. The negro said that all the purgatives he had ever taken failed to open his bowels.

THE new local anæsthetic, stenocarpine, the alkaloid from the leaves of the tear-blanket tree, supposed to be the *acacia stenocarpa*, is creating some excitement in the therapeutic world. A few drops of a two per cent. solution *dropped* upon the skin caused absolute insensibility. In the eye anæsthesia is accompanied by dilatation of the pupil, which lasted over thirty-six hours. "Le roi est mort, vive le roi."

It is said that the pope was a constant observer of the ophthalmological section of the congress.

LADIES favored the section of general medicine over all others

DR. A. WETMORE, of St. Louis, who was so seriously injured by falling from the train while in motion, is recovering.

YELLOW fever seems almost to have disappeared from Key West. Up to August 26th there had been two hundred and fifty-seven cases, with fifty-three deaths. We hope the stricken city will soon be free from the scourge.

DIPHtheria is epidemic in St. Louis and in many western and northern cities. It has become more frequent in New Orleans than we had any reason to expect at this time of the year. The Board of Health and newspaper reports have alarmed people, and many are hesitating to bring their families home. We hardly think the disease prevalent enough to come so near causing a panic, and yet it is difficult to speak positively without some extended investigation and report from authorized quarters. It is well to state that an unusual amount of follicular sore throat has been around for the last five or six weeks.

MORTUARY REPORT OF NEW ORLEANS

FOR AUGUST, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	10	7	11	6	13	4	17
“ Typhoid.....	4		1	3	4		4
“ Congestive.....	12	4	9	7	8	8	16
“ Continued.....							
“ Intermittent.....							
“ Remittent.....	4	1	2	3	2	3	5
“ Catarrhal.....							
“ Puerperal.....	1			1	1		1
“ Typhc-Malarial.....	4	3	3	4	5	2	7
Scarlatina.....							
Small-pox.....							
Measles.....							
Diphtheria.....	18	3	9	12		21	21
Whooping Cough.....	1	1	1	1		2	2
Meningitis.....	5		4	1		5	5
Pneumonia.....	9	3	9	3	7	5	12
Bronchitis.....	6	1	5	2	5	2	7
Consumption.....	39	27	33	33	64	2	66
Congestion of Brain.....	5	3	5	3	4	4	8
Diarrhœa.....	6	1	5	2	6	1	7
Cholera Infantum.....	1			1		1	1
Dysentery.....	9	5	10	4	13	1	14
Debility, General.....	4	3	3	4	7		7
“ Senile.....	15	11	14	12	26		26
“ Infantile.....	6	4	7	3		10	10
All other Causes.....	196	92	152	109	157	104	261
TOTAL.....	328	169	283	214	322	175	497

Still Born Children—White, 33; Colored, 23; Total, 56.

Population of City.—White, 176,500

“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 22.30.

“ “ “ “ “ “ Colored, 30.61.

“ “ “ “ “ “ Total, 24.56.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—AUGUST.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Prec'p. in in. & Hund.	GENERAL ITEMS.
		Mean	Max.	Min.		
1	29.84	79.0	89.2	72.0	1.24	Mean Barometer, 29.910.
2	29.94	82.0	89.7	74.4	...	Highest Barometer, 30.03, 3d, 4th, 10th.
3	30.00	83.0	91.8	78.0	.04	Lowest Barometer, 29.69, 23d.
4	30.01	83.7	92.2	77.0	...	Monthly Range of Barometer, 0.34.
5	29.98	80.0	88.2	72.0	2.06	Mean Temperature, 81.0.
6	29.90	80.7	89.2	73.6	.21	Highest Temperature, 94.3, 23d.
7	29.89	82.7	92.5	71.0	1.20	Lowest Temperature, 71.0, 7th.
8	29.97	83.7	91.8	78.3	...	Monthly Range of Temperature, 23.3.
9	30.01	79.7	88.0	73.0	1.36	Greatest daily range of Temp., 21.5.
10	30.02	79.0	85.5	73.0	.30	Least daily range of Temp., 8.8.
11	29.99	80.3	89.0	74.0	...	Mean daily range of Temperature, 15.7.
12	29.96	82.7	90.0	75.6	...	Mean Daily Dew-point, 73.6.
13	29.96	81.3	91.2	76.0	...	Mean Daily Relative Humidity, 80.0.
14	29.95	82.3	91.2	76.0	...	Prevailing Direction of Wind, S. E.
15	29.91	82.3	92.0	75.8	...	Highest Velocity of wind and direction,
16	29.87	78.3	88.8	76.3	.01	28, N. W., 5th.
17	29.90	79.0	90.0	76.3	.01	Total Movement of Wind, 4134 miles.
18	29.92	81.0	88.1	75.3	.16	Total precipitation, 7.42 inches.
19	29.88	80.3	91.0	75.5	...	Number of days on which .01 inch or
20	29.85	83.3	93.5	75.1	...	more of precipitation fell, 13.
21	29.83	79.7	90.8	77.0	...	No. of clear days, 14.
22	29.78	82.7	92.0	76.0	...	No. of fair days, 14.
23	29.73	84.0	94.3	77.2	...	No. of cloudy days, 3.
24	29.78	82.7	91.2	77.8	...	MEAN TEMPERATURE FOR THIS MONTH IN
25	29.84	82.0	91.8	76.8	.12	1873.....84.2 | 1881.....82.8
26	29.88	80.7	90.0	73.3	.48	1874.....83.9 | 1882.....80.0
27	29.93	80.0	84.2	75.3	...	1875.....79.3 | 1883.....83.3
28	29.93	80.3	88.0	73.3	...	1876.....82.2 | 1884.....82.3
29	29.90	80.0	88.7	72.8	...	1877.....83.1 | 1885.....80.4
30	29.91	76.7	85.0	73.7	.23	1878.....83.5 | 1886.....81.4
31	29.95	77.3	82.8	74.0	...	1879.....81.0 | 1887.....81.0
						1880.....81.3
Sums	.....	.....	.....	.....	7.42	TOTAL PRECIPITATION (IN INCHES AND
Means	29.910	81.0	.....	.....	.....	HUNDREDTHS) FOR THIS MONTH IN
						1873.....8.30 | 1881.....4.21
						1874.....4.82 | 1882.....9.47
						1875.....8.61 | 1883.....4.12
						1876.....4.44 | 1884.....0.87
						1877.....2.54 | 1885.....4.25
						1878.....3.31 | 1886.....2.40
						1879.....10.44 | 1887.....7.42
						1880.....4.60
						Dates of Frosts { Light, 0.
						{ Killing, 0.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

NOVEMBER, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

*Treatment of Hepatic Abscess by Aspiration, with Cases.

By EDMOND SOUCHON, M. D., Professor of Anatomy and Clinical Surgery,
Tulane University of Louisiana.

1. In this paper I am compelled to be rather minute. It is one of the many instances where attention to details is most important.

2. At the very start we must know well and never forget that the rate of mortality in abscess of the liver is 80 per cent., as calculated by Rouis from 203 cases, and 77 per cent., as calculated by De Castro from 200 cases.

This shows what a terrible disease it is, and why we should be thoroughly posted and determined in dealing with it, especially in certain cases.

3. The point of all others, upon which depends success, is the *very earliest* interference to remove the pus from the liver. The longer it is allowed to remain the greater the destruction of the hepatic tissue. This rule is imperative and is in accordance with the laws of general surgery, for it is a recognized fact that whenever pus is even suspected to be forming in a part—the hand or forearm for instance—we would be guilty of bad surgery if we were not con-

*Read before the Orleans Parish Medical Society.

stantly on the lookout to locate the pus and liberate it as soon as possible.

It is a question whether, in extensive abscesses of the liver, the patient dies really so much from the amount of pus secreted as from the lack of sufficient hepatic tissue to perform properly the functions of the organ. We all agree to this in talking of the matter, and yet how few of us actually do it in practice. Especially, physicians who do not operate themselves and are not provided with the proper appliances should be watchful and call in a surgeon as soon as there is the least suspicion.

4. It is therefore of the utmost importance to be constantly on the lookout for an abscess of the liver when a patient has more or less fever, and is or has been affected with dysentery or diarrhœa, or has a fissure or fistula, or piles, especially if they have been operated on, or the patient has undergone any operation of any kind on the digestive tract, or if he has received a blow in the region of the liver. We should not wait for the patient to complain of pain himself, because, by proper and careful palpation and percussion, we will often detect serious symptoms before the patient himself complains of pain. It is not rare to see patients go about with fever and general abdominal uneasiness for many days, and when compelled to lie up and call in a physician they will say to him that the hepatic pain is only two or three days old, and yet upon examination an abscess is detected, which surely was more than two or three days forming. The signs for which we should be constantly on the alert are the following: Firstly, points of *maximum pain*, located in the epigastrium or the right six lower inter-costal spaces, from behind forwards, determined by both palpation and percussion. I say percussion, because the pain in the epigastrium may be due to peritonitis, giving rise to clear sound. Secondly, a slight *prominence* in the epigastrium. Thirdly, a *spreading or filling* of the inter-costal spaces as compared with the other side. This is determined often by the sight on a lean subject, or by palpation with the whole pulp of one of the first three fingers

laid into and parallel with the intercostal space. Fourthly, a slight *puffiness* of the parts, which is often only detectable by pinching a broad fold of skin on the suspected and on the sound side. Fifthly, a *slight œdema*, which is characterized by the retention of the print of the finger. When this sign is present the most timid should hesitate no more; indeed valuable time has already been lost. Sixthly, I do not mention *fluctuation*, because things should never be allowed to reach such a period. All the other signs mentioned above are here, as in other parts, almost sure signs of forming deep seated pus, when accompanied by fever, especially. But I am of the opinion that as soon as one or two decided spots of maximum pain have been detected we *must not wait* for any other symptoms, and must *explore at once with the aspirator*.

We must never lose sight of the fact that the *smaller the abscess the greater the chance of curing it by aspiration*, thus rendering useless the employment of other more dangerous operative procedures. The rate of mortality in operations with the knife or trocar is eighty-one per cent. of all cases. Waring gives these figures, but justly remarks that in most cases the operation was performed late. We may say also that antiseptic surgery reduces this mortality now-a-days, but it is still great.

5. There are three important clinical points to consider in the treatment of hepatic abscess. They are the course of the abscess, its depth and its situation in the epigastrium or in the hypochondrium, under the ribs, where, to reach the liver, we have to go through the thoracic walls, the pleura, the diaphragm and the peritoneum. The depth and the situation are of secondary importance in aspiration.

6. The clinical factor which of all others commands the whole field of the prognosis and treatment of hepatic abscess is the greater or less rapidity of the course. In a general way it may be laid down as a clinical law that the more rapid the course the less favorable are the prognosis and treatment, and the less rapid the more favorable. It is the constant disregard of this important point which is the

greatest cause of conflicting opinions and statements in regard to the treatment of hepatic abscess, which we hear in the discussions of medical societies and which we read in the medical journals; also of the considerable variations of statistics as a whole or applied to one mode of treatment or the other.

Clinically, abscesses of the liver must be divided into five classes: the suracute, the acute, the subacute, the chronic and the mixed abscesses.

Suracute abscesses are accompanied with great pain (spontaneous), high fever, 104° to 106° , and last from ten to twenty days in all, from the beginning to the ending in death. Such abscesses are benefitted by no treatment; they are doomed from the very beginning, and any recovery must be looked upon as most exceptional. They average twenty-eight per cent. of all cases.

Acute abscesses are characterized by much pain, marked fever, 102° to 104° , and last from thirty to forty days. These acute abscesses are those which require the greatest care, solicitude and determination on the part of the surgeon. In these his prompt and early interference may be the saving of a patient's life. It is in these cases that hours count for days and days for weeks; it is here that, if he lets the decisive moment pass he will not find another chance and will be operating against adverse circumstances. Aspiration may succeed with them when they are small. When large (i. e., over three ounces) aspiration rarely succeeds; so that after being aspirated once if there is no marked local and general improvement, it is worse than useless to try it again, since it is a loss of time. More energetic means should be employed *at once*.

Subacute abscesses are accompanied with but little spontaneous pain, little fever, 99° to 101° , and require from sixty to seventy days for their development. In these subacute abscesses time is not so great an element, as their course admits of some delay, but still they should be attended to as early as possible. With them aspiration succeeds well, but in inverse proportion to their size. As a rule a single

aspiration cures them, but *two or three aspirations should be performed* before using other means. The second aspiration should be performed eight or ten days after the first, so as to follow up the advantage gained and not to let the pus accumulate in as great quantity as before and again distend the contracting cavity. The needle should be re-introduced at the same spot, but if it fails to strike pus the *surrounding region should be punctured* in two or three places before pus be pronounced absent. A recent case in the hospital demonstrated this well.

Chronic abscesses present scarcely any spontaneous pain and seldom present any fever after they are once formed. Chronic abscesses allow of more deliberation, but we should not lose much time after their recognition, because they may take on an acute turn, which may alter considerably their prognosis and treatment. They are often cured with *repeated aspirations*, but always also in inverse ratio to their size. They may last for months.

Mixed abscesses are those which change form in their development; thus a chronic may become inflamed and henceforth be an acute abscess, with the prognosis and treatment of such; conversely, an acute abscess may gradually become a subacute or chronic one, and its prognosis and treatment then be those of such abscesses.

7. Since we are so fortunate as to possess such easy and safe means as the aspirator for exploring the liver we should do so upon the least suspicion. I do not know that it has ever done any harm when properly practiced, except in one case, where the patient, upon being punctured, died suddenly, without having taken an anæsthetic, of shock or fright, it is reported. Some even contend that the puncture does good by relieving the tightness of the fibrous capsule and by the abstraction of blood.

Both these results, however, I doubt, and I do not think that anything of that sort will do, less than the actual hepatic phlebotomy with the largest needle of Dieulafoy's aspirator through the abdominal walls, as recommended by Harley, or after previous laparotomy, as done by Kelly.

Recently I was so fortunate as to cure two cases of abscess of the liver by aspiration.

8. I interviewed the surgeons of the city, and though they were men of experience and with many opportunities I found that Dr. Parham and Dr. Michinard were the only ones who had been successful. All the other surgeons had, of course, resorted to aspiration, but had not succeeded, probably because when the patients were seen by them the disease had progressed too far.

9. Statistics, however, give a better showing than is supposed. Thus we are informed that Dr. Hammond has aspirated the liver twenty-six times, with fifteen recoveries; no ill effects attending the puncture of the liver in the other cases. He punctured in the right lobe, between the ninth and tenth intercostal spaces. McConnell operated upon fourteen cases, of which eight recovered and six died; Waring, eight cases, with four deaths and four recoveries; Sack, twenty-one cases, with eight recoveries and thirteen deaths: De Castro, twenty-two large abscesses with thirty-one per cent. recoveries, and ten small abscesses with seventy per cent. recoveries. Bartholow cured by aspiration an abscess which had yielded one quart of pus. Harley reports the case of Drs. Wear and Wicks of a woman who was punctured once with a trocar, yielding thirty ounces of pus, and two days later a second time with Potain's aspirator, yielding six ounces; she recovered. One reason why aspiration does not succeed oftener is because patients, being benefitted by one or two aspirations, leave the hospital or their physicians before being entirely cured, and only return to another when the case is so far gone that there is nothing left to do but to incise. This happened recently in three cases at the hospital.

10. I think it best, instead of using first a small exploring syringe, to make the exploration by using at once the aspirator, so as to remove the pus as soon as struck. Another reason also is that in case a small abscess is struck by the needle, if this is withdrawn to be replaced by the aspirator needle, it is possible to miss the abscess. This

has happened to me several times in deep, small abscesses of the surface of the body. It happened to Dr. Parham in his case.

11. The kind of aspirator used is indifferent. At one time I thought that the original strong Dieulafoy, of the large or small size, with a crank and pinion, was the best on account of the thick pus often found, especially toward the end of the emptying of the abscess, when the thick pus lining the bottom or the walls is being sucked. But by actual experience and experiments I found that the aspirators which make a vacuum in a bottle, such as the old Tiernan or the Potain, were just as good. However, it is very important never to fail to try the instrument first with water before using it on the body, thereby making sure that it is in first-class working condition.

12. The size of the needle used is of the utmost importance. The small needle of the Dieulafoy set, measuring one millimetre (one twenty-fifth of an inch), is too small, for it will not draw out all the thick pus. The large needle, measuring three millimetres, is unnecessarily large, and may, after its withdrawal, be the cause of some pus oozing into the peritoneum and producing peritonitis. A case of the kind is reported in the *London Lancet*. From actual experience on three cases I think that the size No. 2, or intermediate size of Dieulafoy's set, measuring two millimetres, or one-twelfth of an inch, plenty large. I have withdrawn pus that was as thick almost as fluid jelly; so consistent, in fact, as to be emptied from the bottle in lumps, like the white and yellow of an egg when poured from one vessel into another. I have also experimented with it on an egg broken in a teacup, and it sucked all the contents of the cup, white and yellow.

13. When the pus is thick, and when, during the operation, it becomes thicker still, it is important to keep the *pump working briskly*, so as to always have as thorough a vacuum as possible.

14. Before giving the anæsthetic we must carefully de-

termine and mark the points where we intend to make the explorations. We should never forget the *left lobe*, lest an abscess there may escape us. The statistics of Waring, bearing on three hundred cases, locate the abscess in the right lobe alone sixty-seven per cent., in the left lobe alone six per cent., and in both lobes at fourteen per cent.

15. The needle should be introduced *perpendicularly* to the surface at the point to be punctured.

16. As soon as the needle has penetrated the flesh and has buried into it its point and eyes the vacuum should be turned on so as to go through the tissues with, as it were, a *vacuum in the hand*.

17. The needle should be *driven slowly* to give time to the pus, if any, to be sucked and to reach the glass tube inserted in the rubber pipe about one inch from the brass cock.

18. The depth to which the needle may and should be driven into the liver in search of pus varies of course with the region. In the remotest portion of the liver, behind the axillary line, the needle may be driven three and a half inches; in front of the axillary line, to the chondro-costal articulations, two and a half inches, and in the epigastrium and left hypochondrium not more than one inch and a half.

19. The depth at which the needle has struck pus, when it does, should be measured and noted with care.

20. If unsuccessful at one point the next point selected should be tried.

21. If *unsuccessful* at one sitting the patient should not be allowed in acute cases to go more than three or four days before another attempt is made, unless, of course, both the local symptoms and the fever decrease.

22. *When pus has been struck* the abscess should be emptied thoroughly, to the last thick bloody drop.

23. I do not favor the washing of the cavity; I think it best to leave it alone.

24. In a large proportion of cases one single aspiration will cure the abscess, if it be small. Hence the great importance of exploring early and aspirating at once.

25. When aspiration fails the abscess should be dealt

with by other means. These will form the subject of future papers.

26. *Resumé of Points of Primary Importance.*—(a) When a patient is affected with any disease which may produce abscess of the liver we should constantly observe the hepatic region. Vigilance is the price of success. (b) We should explore with the aspirator upon the least suspicion, because the smaller the abscess the greater the chance of success. (c) Acute abscesses when small may be cured by aspiration (once or twice), but large abscesses, which refill rapidly after a first aspiration, should not be re-aspirated, but should be treated by other means *at once*. (d) Subacute and chronic abscesses are often cured by aspiration. Success is in inverse proportion to their size. They should be aspirated *three or four times* before using other measures.

Case No. 1.—J. S. is 37 years of age. He is a native of this city and a mechanic by trade; he is of a naturally good and strong constitution, and has a good past history.

In the latter part of March of this year he began ailing from the effects of a general cold, with dysentery and fever, but not so severe as to compel him to lay up.

On the 1st of June, however, he was compelled to take to his bed, and for the first time felt a decidedly localized pain in the right side; the fever still persisted.

On the 2d of June he called in Dr. Beach, who detected an abscess in the right of the epigastric region, between the middle line and the border of the costal cartilages.

On the 3d of June I was called in, and using a number two needle of the Dieulafoy aspirator I drew *five ounces* of thick pus, which towards the end would come by drops and be as thick as fluid gelatine.

On the 8th of June the abscess seemed *to begin* to fill again, and in order to crush it before it grew it was aspirated again; it yielded but a half ounce of thinner pus than at first.

On the 9th and 10th of June the patient was taken with a high fever and slight delirium, without any pain whatever in the region of the abscess.

On the 11th of June the fever has disappeared; there is no pain; the abscess has not refilled and the patient is convalescent.

On July 22d he called at my office and is altogether well of his abscess.

Case No. 2.—This case being instructive in many respects I will be pardoned for reporting it at length.

Mr. C. F. C. is about 40 years old; is a lawyer by profession. Though seldom sick in bed, he is not of a strong constitution; he has been affected recently with extensive troublesome eczema.

On the 12th of May of this year he began to complain of dry colic.

On the 17th of May he suffered much with griping and straining, and had copious passages every hour, which did not last long, however. Dr. Borde attended him.

On the 23d of May he had to take to his bed, with high fever.

On the 30th of May he took twenty grains of quinine, and as much on the following day; the fever was cut short, but the diarrhœa continued.

On June 1st the fever returns with greater violence, and for the first time he complains of some pain in the right side.

On the 4th of June I was called to assist Dr. Borde. The diarrhœa was better, but the patient had fever every day to 101° in the morning and often as high as 103° in the evening; he complained of a general diffused pain over the subcostal portions of the liver, beginning as high up as the seventh rib, coming to the last rib and extending as far back almost as the angle of the ribs.

By the 12th of June there developed some distinctly localized painful spots and also a very slight œdema all over the region. A No. 2 aspirator needle was introduced in the eighth intercostal space in front of the axillary line, and *seven ounces* of thick pus were removed. This amount was considered discouraging on account of the acuteness of the symptoms. The aspiration was followed by local

relief, by the absence of the morning fever and a diminution of about a degree in the evening fever.

On June 15th it was decided to make another aspiration, as the amount drawn at the first aspiration was large, as the evening fever still persisted and the œdema remained. The needle was accordingly introduced at the same spot and *five ounces* of pus removed. This also served to give relief, but not very readily.

On June 17th the patient spat up about three ounces of chocolate-colored pus.

On June 19th the spitting of pus had stopped during the previous day; the fever returned as high as ever, with pain and distention of the side. An incision of one inch was made in the eighth intercostal space, behind the axillary line; about one and a half pints of somewhat fetid pus were removed. A long probe was then introduced perpendicularly to the surface and did not penetrate more than three inches towards the left side; it was then directed forwards and upwards towards the epigastrium and it penetrated six inches; lastly, it was directed backwards and upwards towards the diaphragm and it penetrated not less than seven inches. The cavity was thoroughly washed with carbolic acid and a large drainage tube of three-eighths of an inch introduced. It penetrated six inches; the edges of the wound were thickly dusted with iodoform and a large pad of bichloride absorbent cotton was placed over it. The cavity was thoroughly washed twice a day, after removing the tube. The cotton dressing had to be changed once during the intervals of the dressings. This was followed by the disappearance of the fever and of the pain, and by an improvement of the appetite.

On June 28th the fever returned in the evening, and the patient complained of a *slight* pain in the *left side*, between the middle line and edge of the ribs. From this day his appetite is not so good; the fever returns every evening to 102°; his face shows marked alteration; his strength is giving way, and we are much discouraged, especially on account of the great heat of the summer.

On July 4th he has rapidly lost so much ground in these last few days that his case is considered hopeless and his death but a matter of a few days.

However, it was advised, as a last resort, to remove him to Bay St. Louis, with the hope that the pure and cool sea air might give him some chance. The family was made acquainted with these facts, and also of the possibility of his dying on the way. All risks were accepted to give him a last chance.

On July 5th the Charity Hospital ambulance called for him at 7½ in the morning; he was lying on a wooden stretcher, six feet long and twenty-two inches wide, to enable him to go through the car doors, as the patient was too weak to stand or be carried in arms. The car selected was an ordinary passenger coach, because, in the Pullman cars, the drawing room at one end and the smoker at the other would not let the stretcher go through. Boards were laid over the back of the seats and a small mattress laid upon these boards. The stretcher was placed upon the mattress. Bay St. Louis was selected because it was the shortest ride. It was reached in two hours, and at 11 o'clock A. M. the patient was safely landed in his bed; his face showed fatigue, but his pulse was fair enough.

On July 6th, the next day, the fatigue of the journey told more terribly; he was extremely weak, much oppressed, with a small and frequent pulse, with sunken eyes, drawn features and sallow complexion; the fever still continued 102½°.

On July 8th the patient was placed on a lounge and taken out on the front gallery which was shaded by a large oak—the sea breeze fanning him all day.

On July 9th a slight reaction began to take place, very gradual and very slow.

On July 11th the pain in the left side is more acute upon pressure and can be located at once. Upon examination there appeared a slight prominence on the left side of the median line; there is evidently a small abscess forming there and I would much like to aspirate it at once, but I

am afraid that the shock will interfere with the slight improvement which has begun to manifest itself.

On July 14th the patient is decidedly and unmistakably a little stronger; the complexion, the eye, the voice, the strength show it; the fever has disappeared for the last two nights. The prominence in the left side is still there and is still painful. It is decided to aspirate it now. Very little chloroform is administered and a No. 2 needle of the Dieulafoy set is used. Two and a half ounces of thick pus, especially thick and bloody towards the end, are removed.

On July 31st the abscess has not refilled and the patient's strength is returning with remarkable rapidity. He sleeps without opiates, eats of anything with good appetite and sits erect in a chair. He soon walks to the table to his meals. The abscess on the right side is still running, but does not discharge more than a teaspoonful at each dressing. The same large drainage tube is kept in, but it has to be cut down to two inches and a little force has to be used to drive it in fully. No straight probe can enter the cavity any more, but upon giving the probe a curve of a third of a circle it then enters, to the depth of five inches, what seems to be a sinus or track directed upwards, forwards and towards the left; the probe cannot be made to move in it, showing that the track must be rather narrow.

On August 5th the large tube cannot be introduced far enough to hold in place and a small one is put in its stead.

On August 10th the small tube itself does not penetrate deep enough to hold in place and it is removed. The wound soon closes and the patient is well, feeling better and weighing more than he has for many months.

Case No. 3.—This case occurred in the practice of Dr. F. W. Parham.

The following is the Doctor's account of it:

A negro man, about 35 years of age, consulted me at my office several years ago. He had suffered with chills and fever for some time, and at this time had a tempera-

ture of 101°, was reduced in flesh and strength, had little or no appetite. Inspection showed distinct bulging of the hepatic region, intercostal spaces obliterated, and there was marked tenderness. The most prominent part of the bulge was about the seventh, eighth and ninth ribs, and the enlarged liver extended below the costal arch and above the sixth rib, main line. A hypodermatic syringe was used, withdrawing easily a syringe full of thick, whitish, laudable pus. I then made an appointment to meet him next day at his house.

I took Dr. Shepard along. We had some difficulty in again finding the pus, having to use the hypodermatic needle some half dozen times to locate it. When we found the place the aspirator (Potain's) was used, and about one ounce of pus drawn out. No more could be obtained, though the liver was searched in various places. The fluid was withdrawn from the eighth intercostal space, in my recollection, just behind the axillary line.

General treatment was resorted to—iron, quinine and ammonium chloride—and he slowly improved, finally recovering.

I saw him some months afterwards. He was then engaged in wheeling coal—pretty good evidence of his returned health and strength.

Case No. 4—Dr. Michinard's.—John Elman, aged 55 years, was admitted in the Charity Hospital on July 2d, 1886. He is a German, but has resided in Louisiana for the last forty years; he is a shoemaker by trade; he drinks moderately.

He states that about two days prior to his entry into the Hospital he was drinking cold beer, when all at once a severe pain in the region of the stomach was felt; the pain since then has caused incessant suffering. There exists in the epigastrium a large tumor, which recalls a distended stomach. The tumor is not very sensitive to the touch and has a compressible feeling. The patient has no elevation of temperature. The pain soon abated and returned occasionally, but not often. The appearance of the patient is pale and anæmic.

On July 10th the tumor was aspirated and four ounces of pus removed.

On July 13th, three days afterwards, the tumor was again aspirated and more pus removed. No further accumulation took place.

On July 28th the patient was discharged apparently well, and never returned to the Hospital since.

Asthenopia ; Local and General Headache, Caused by Muscular Weakness of the Eyes ; and How such Headache is to be Cured.

By WILLIAM C. AYRES, C. E., M. E., M. D., New Orleans, La.

The contents of the following paper are not intended by the writer to be a contribution of any new material to the science of ophthalmology, since most of the facts and explanations therein contained are thoroughly understood by those of us who pay special attention to the physiology and pathology of the eye. They are rather intended to direct the attention of non-oculists to the causes which produce pain around the eyes, and general headache, unaccompanied by symptoms of inflammation; and also to point out to the general practitioner why he is unable to cure such aches and pains with any medicaments at his command; furthermore to indicate how such conditions are to be relieved.

But in order to better understand more completely what will immediately follow, let us again turn our attention to what we all learned years and years ago, namely, what refraction is, and what accommodation is, and wherein they differ.

By refraction we mean that phenomenon of nature which takes place when a ray of light is traveling through any transparent medium and meets an adjoining transparent medium of different density; that is, the direction of the ray of light is changed; the new path into which said ray is turned depending upon the density of the two media and the contour of the limiting surface between them, and if the media be homogeneous upon nothing else.

Therefore we see that in their power of refraction the tissues of the living eye have no advantage over those of an eye made of glass, or any other transparent substance, provided they have the same shape and density. In other words, the power of refraction is one which is inherent in transparency, density and configuration of matter and is therefore entirely independent of whether the objects refracting are animate or inanimate; and the eye would refract just the same, other things being equal, whether it were living or whether it were dead.

Refraction is, therefore, a constant thing, always remaining the same, and acting in precisely the same manner and degree, under all circumstances, so long as the shape of the material refracting is not changed. And, moreover, when the refracting media are once placed into juxtaposition, the *amount* of refraction of a ray of light passing through them is constant. And when the *status quo* of a refracting system is so arranged as to form an image of an object placed in front of it, the size, brilliancy and position of that image are constant, so long as the same conditions of the object are constant.

If the position of the object changes, then the position of the image changes, but always in a fixed, mathematical ratio, according to a certain law, which we know as the law of conjugate foci.

This law demands that there must be a mathematical relation between the distance of the object in front of a refracting system and the distance of the image formed by the refracting media behind the system, and there can be but one position for the formation of that image.

Therefore we see, as far as *refraction* is concerned, we could only have one particular distance of an object in front of the eye that could have its image focused sharply at the plane of the retina; and distinct vision would then be possible only for an object situated at this point.

To introduce to you, therefore, a few technical terms, we call that eye which forms a distinct image on its retina only

of an object at an infinite distance, a natural, normal, or EMMETROPIC EYE.

The length of such an eye is about twenty-three m., or it may be about one inch from the front of the cornea to the plane of the rods and cones. If rays of light which are coming from an infinite distance, or are *parallel* before entering the eye, are brought to a focus *in front of the retina*, the eye ball is too long and we call the eye MYOPIC.

But if on the other hand the refracting media of the eye bring these *parallel* rays to a focus behind the retina, the axis of the eye is too short, and we call the eye HYPEROPIC.

It sometimes happens that for certain reasons the refracting system of the eye is not able to form a point-like image of a luminous point in front of the eye, and we call such eyes astigmatic from *a*, negative and *stigma*, a point, and the condition is called astigmatism. This is an abstruse condition, very difficult to understand without the closest study, and I do not know that a discussion of it would be of any interest to you.

We have seen by the foregoing that the refraction of the eye is constant, and for every possible position of an object in front of the eye there is but one possible position for its image behind the refracting media. Also as far as the refraction of the eye is concerned there is but one distance at which an eye can see clearly, because the distance of the retina or length of the optical axis is fixed and constant. In an emmetropic eye this distance of distinct vision is infinity.

For *hyperopic* eyes this distance is greater than infinity, because the optical axis is too short. In other words, rays of light, in order to be brought to a focus on the retina, must be converging before they enter the eye; the precise angle of which convergence determining the degree of hyperopia.

For *myopia* this distance is close to the eye, so that the rays of light must be divergent before entering the eye;

the amount of divergence determining the degree of myopia.

But we find that an emmetropic, a hyperopic and a myopic eye can all see distinctly at a great many different distances. For instance, if you take an emmetropic eye and place an object at twenty feet from it, the object is seen distinctly. If you move the object up to within one foot of the eye it is still seen distinctly—that is, the image of the object is sharply focused on the bacillary layer of the retina (rods and cones) in both cases. But by our law of conjugate foci the position of these two images is vastly different if the refractory power of the eye remains the same. We are certain, however, that the position of the retina is fixed; therefore, the only thing which could have caused these two images to fall at the same place (that is, on the retina) must have been a change in the refractive power of the dioptric system; and the closer the object is to the eye the greater the power of the refracting media must be in order to place the image always on the retina.

There are but three ways of changing the refracting power of a combined optical system: one is to change the density of the refracting media; but we can thoroughly demonstrate that none of the tissues of the eye are changeable in this way. The second way is to change the position of the component parts of the system, and the third is to change the configuration of those parts—that is, to increase or diminish the radius of curvature of one or more of the refracting media.

In the case of the eye we will see that the change in refractive power is caused by a change in position, and also of curvature of the crystalline lens, and of no other part.

It will readily be seen also that this change must be a very active one indeed, because we are constantly inspecting objects at varying distances, but still all of the images of these different objects must fall on the same plane of the retina.

We know, furthermore, that all active changes of position of any part of the body must be brought about by

muscular contraction; therefore, muscle power must be exerted in the eye to produce this change.

The act of changing the refractive power of the eye, or of causing it to constantly throw a distinct image always in the same place (on the retina), no matter where the object inspected may be, we call *accommodation*.

The difference between refraction and accommodation is, therefore, that the former is a passive property of the eye, dependent solely upon the *transparency*, *density* and *configuration* of its tissue, and is always constant, no matter whether the eye be living or dead; while the latter is an active property, brought about by muscular contraction, and is absolutely dependent upon a great delicacy and high degree of perfection of muscle fibre development within the eyeball.

It is readily to be seen, therefore, that an anomaly of refraction can never cause pain in the eye, and its worse possible infliction will only be the throwing of an imperfectly focused image on the retina, causing objects to seem blurred.

But the eye instinctively abhors a blurred image, and is constantly trying to cause a well-defined one to fall on the retina, because only under these circumstances can it see objects clearly. And in doing this it is working its ciliary muscle, which controls the configuration of the lens, with a marvelous rapidity and accuracy. (The name of this muscle, "*ciliary*," comes from the Greek word *kuklos* meaning a circle, and not from the Latin word *cilium*, which means an eye-lash, as I have often heard stated and even seen written.)

Now, it can readily be understood that when a muscle, which is intended to do only so much work, has a greater amount thrown upon it, and is constantly required to be under great tension, it will give out. When the ciliary muscle gets tired or gives out under this constant strain, the eyes pain, which pain we call "*ciliary asthenopia*;" and the pain is precisely analogous to that which is expe-

rienced when we try to hold the arm in a horizontal position for a long time.

We must remember, however, that there is another set of muscles which are concerned in the act of accommodation, and these are the internal recti muscles; because when the eyes are accommodated by the ciliary muscles inside of the eye for an object close to the eye, there is always a concomitant converging action of the internal recti muscles to direct the axes of vision of the two eyes to the object at the same time. If these internal recti muscles are weak the constant action of directing the eye inward will be too much for them, and they will pain and cause asthenopia, the same as a deficiency of the ciliary muscles does, which we call "convergence asthenopia."

It is true that there is an effort on the part of nature to correct the muscular apparatus of a hyperopic eye, so as to make it strong enough to stand this extra strain, and if this effort has been successful the muscle has a very peculiar shape. This is the case to such an extent that an experienced microscopist can almost tell the degree of hyperopia of an eye which has been enucleated by examining its circular and radiating ciliary muscular systems under the microscope. ["Myo-Dynamics of the Ciliary Muscle," special article, *New York Medical Journal*, etc., 1880. W. C. Ayres.]

Now let us state briefly the conditions which can cause asthenopia. They are muscular strain or accommodative strain to correct, first, *hyperopia*, or far-sightedness; second, hyperopic astigmatism; third, insufficiency of the internal recti muscles, especially when combined with an anomaly of refraction, and, fourth, paresis of the ciliary muscle. (We will not include reflex asthenopia).

Let us also see why these conditions produce pain in the eyes, and how we are to act in order to cure that pain.

We have seen that in emmetropic or natural eyes rays of light which are parallel, or which are coming from a very

great distance, are united on the retina by the refractive media of the eye alone, or when the accommodative apparatus is completely relaxed or is at rest. Objects nearer than this will have their images thrown further back than this plane of the retina by the refractive media alone. Therefore, to bring the image up closer and keep it on the retina the refractive power of the eye must be increased, and this increase is caused by a contraction of the ciliary muscle, which brings about a bulging forward of the anterior surface of the lens, thereby placing the lens closer to the cornea and also making it thicker. All of this is done by a contraction of the ciliary muscle, as we all understand, or by accommodation.

How is it with a hyperopic eye? The axes of such eyes are too short, in the very nature of things, and therefore rays of light which come from a distance are brought to a focus behind the retina by the refractive power of the eye alone, or when the accommodative apparatus is at rest. Therefore, a hyperopic eye can never have a distinct image, under any circumstances, formed by the refractive media alone, but must use ciliary muscles *constantly*, because an increased refractive power is always necessary to see clearly even in the distance.

Moreover, we know that for normal eyes a very slight effort of the ciliary muscle (almost nothing) is all that is required to focus a moderately distant object, say at twenty feet, on the retina ($\therefore \frac{20}{0}$), so that an emmetropic eye can see objects distinctly, situated anywhere between twenty feet and a long ways off, with a minimum of accommodative effort. The strain on the ciliary muscle comes, therefore, between twenty feet and six inches, the latter being the nearest point for which the eye can focus comfortably.

With a hyperopic eye the accommodative power must be brought to bear to see objects even at infinite distance, and therefore when the objects are close the strain is enormous and the eye soon gives out, and the ciliary nerves produce pain, which we call *ciliary asthenopia*. In order to cure

such a pain we must help either the accommodative apparatus by hygienic or orthoptic measures to strengthen itself, or we must increase the refractive power of the eye so as to relieve the ciliary muscle of all that extra work which it has to do in focusing for objects between infinity and twenty feet. How do we do this? Simply by placing lenses in front of the eyes, which lenses are usually called spectacles or eye-glasses.

The choice of these glasses is quite a delicate matter, and I know of no such a diabolical custom as people going to an optician to have glasses chosen for them (as the great majority of the people of this section of the country do), and we can readily see the reason why the custom is diabolic. The glass, to be of the greatest utility, must be exactly that glass which, when combined with the refractive media of the eye, has just enough power to place the image of an object on the retina. If this glass is not strong enough it is easy to see that the eye must still use some of its accommodative power, or, if it is too strong, the ciliary muscle will become weakened, so that in time the nice balance of its power will be destroyed and the glasses will have to be continually changed.

Great care, physiological knowledge and manipulative skill are all required to fit glasses to even a hyperopic eye, and these are the easiest of all to adjust glasses for.

But when it comes to testing an astigmatic eye for glasses, I think any one, except an oculist of experience, who would undertake it should be locked up for malpractice, because, without a thorough knowledge of the nature of astigmatism, the chances are millions to one that the glass selected will not be the proper one for the person to wear, since it is not always advisable by any means to give that particular glass with which the person can see the best. Indeed, sometimes these glasses would be very injurious to the eyes in the long run.

Hyperopic astigmatism induces strain of accommodation, and causes great pain in and around the eyes, from causes which we will not discuss at present, and is to be

cured by cylindrical glasses or a combination of these with spherical glasses.

Insufficiency of the recti interni muscles also produces asthenopia, because they are not strong enough to be constantly pulling the eyes inward, as they must do when close objects are inspected. This condition is to be corrected either by strengthening these muscles, by cutting the external recti muscles, or by placing a prism before the eyes, so as to throw the image of the object further in, so that the eye can be focused towards the displaced image instead of the object itself. We all know how prisms act, and an explanation would probably be superfluous.

If there be paresis of the ciliary muscles, as is liable to occur after diphtheria, scarlet fever, measles, etc., we must relieve this muscle by placing a glass in front of the eye, just strong enough to allow the remaining power possessed by the lame muscle to be effective; but this is also a very delicate affair and should be done with the greatest care. We must also remember that as the eye recovers its accommodative power the glasses must be constantly changed to suit the conditions of the eyes.

When a patient has hyperopia, or indeed any anomaly of refraction, combined with insufficiency of the internal recti muscles, the case is a very perplexing one; but it is just those cases which the greatest care and skill are required to handle.

To show you how careful we must be and how circumspect, let me refer to a case which I have just had under my charge, and have discharged in a satisfactory condition:

A young lady came to my office with her mother, and the latter told me the child had had violent pain in her eyes, her forehead and around the infraorbital margin, and had had the same pain constantly for months, although she had been under the treatment of two different oculists of reputation.

She had hyperopia to a slight degree (1.50 D.), but when the correct glasses had been adjusted to her eyes she ex-

perienced no relief whatever, her astheropia continuing just as intense and just as constant. I tested the child's eyes and found the same degree of hyperopia as the other oculists had found, or a little less, but found also that she had been and was still suffering from insufficiency of the recti interni muscles. The mother told me she had had measles two years before, and that her eyes had bothered her ever since. She was also just about the age of puberty, and I recognized that there was a combination of all three of these troubles against her. She was also pale and anæmic.

Now, the only course of treatment which could have benefitted her eyes was that which I followed, viz: corrected the hyperopia, so as to do away with the extra strain on the ciliary muscle necessary for accommodation, gave her a prismatic glass in connection with this, to relieve the recti interni muscles of as much work as possible, and also put her through a course of what we call authoptic training, so as to strengthen her weak internal recti muscles. The latter consisted in placing weak prisms in front of the eyes in such a position (base outward) as to put an extra strain on these weak muscles, and making her use them for only a few minutes at a time; then increasing the length of time of using the prisms and also increasing the strength of the prisms. In this way her internal recti muscles were put through the same kind of gymnastic training as the biceps are with dumb-bells or Indian clubs in the gymnasium. The natural consequence was that the internal recti muscles got stronger and stronger, so that in a short time they were able to stand much more work than they could possibly have stood had they not been trained as I trained them. Her pain left her and her headache was cured, and with a fair probability of it remaining so. This was a complicated case in some degree, but it was not near so much so as I have seen them, especially when the age of puberty is approaching.

I might cite case after case, but the foregoing will be sufficient to call your attention to the fact that many cases

of pain around the eyes or headache are caused by ocular muscular weakness. In fact, many of those patients who suffer greatly from frequent attacks of what is termed "sick headache" are simply affected with an insufficiency of the internal recti muscles. I know it will surprise you when I state that what is termed bilious headache is very often, if not always cured by restoring the equilibrium between the muscles of the eyes. Vertigo and fainting spells, while they are frequently caused by a diseased condition of the semi-circular canals of the ear (Meniere's disease), are also readily caused by a lack of equilibrium between the muscles of the eyes, and no amount of internal or external medical treatment will be of service unless this nicety of balance of dynamic power be reëstablished, either by spherical, cylindrical or prismatic glasses, or it may be by a combination of all of them.

The treatment is local and special, and fortunately almost always successful. However, absolute correctness of diagnosis and prescription is necessary, because it not unfrequently happens that the authoptic treatment increases the asthenopia in the beginning. The patient and even the doctor himself may be inclined to stop the treatment unless the original examination has been made with such care that mistakes are entirely out of the question. Therefore, in order to succeed in these cases two things are necessary besides absolute correctness of prescription: 1st, the patient must have great confidence in the doctor; and, 2d, the doctor great confidence in himself.

There are many other points to which I might call your attention in this connection, but they would probably be more fitted to a society of specialists, and I will deny myself that pleasure. So we will close by stating that if we have succeeded in directing attention to the fact that the eyes are almost always at fault in cases of long continuous headache, and have explained how such cases are to be cured, the object of our paper will have been attained.

HOSPITAL REPORTS AND CLINICAL NOTES.

A CASE OF CONGENITAL CONSTIPATION.

Reported by CHAS. CHASSAIGNAC, M. D., N. O., L. I.

F. B., a healthy-looking man of about twenty-eight years, has been under treatment for two or three months for syphilis. Having given him large doses of iodide of potassium I inquired about the condition of his bowels, fearing the remedy might be producing diarrhœa. He replied that his bowels were all right; that they had moved a week ago. Upon my showing surprise he stated that he often went much longer than that without a stool. This leading to further inquiry the following facts were developed: As far back as he can remember he has been of a constipated habit; has, however, always been healthy; does not think he has ever been under a doctor's care before. He has been a painter for ten years; has not been more constipated since working in lead, and *never has had lead colic*. The average interval between movements of his bowels is seventeen or eighteen days. They never remain locked less than two weeks. The longest time he was without stool was *one month and three days*. He was then in his usual good health, but became uneasy at the prolonged intermission and proceeded to purge himself. A dose of oil failed, but a large amount of "senna, manna and salts" had the desired effect; afterwards he continued the even tenor of his way. It is too bad I did not then have him under observation. I would have urged him to try and see how long he could remain without an evacuation.

I believe this man is rather to be envied. He is in splendid health; his syphilis has responded beautifully to medication (is it not because none of the medicine has been wasted by passing out too soon?); and think how seldom he is troubled to accomplish a disagreeable duty. In time alone he gains—giving him two operations a month, and allowing a small average of fifteen minutes a day to others for the business—seven hours a month!

For the cause of this condition in the man we can only say that it may be from the fact of an unusually perfect gastric and intestinal digestion and absorption, leaving very little excrementitious matter, for his stools, when they do come, are not larger nor much more consistent than those of other people, and his diet and habits are not such as to lead to constipation.

Many thoughts suggest themselves as to whether the tendency is not for the race to progress (?) in such a direction. As we lead more sedentary lives, or, at least, walk so much less as means of transportation improve, and the rush of business causes these things to be frequently put off, the rule of one stool a day seems to be fast becoming obsolete. However, this is to be a clinical note and it is already too rambling in character. I have not the time to search literature on the subject, but as Ziemssen thinks it sufficiently unusual to quote from Habershon the case of a lady "whose bowels moved every six or eight days and whose health had been perfect," I think the one I report has several points of interest enough to make it worthy of being put on record.

CASE OF PELVIC ABSCESS.

Reported by J. J. WRAY, Interne of Charity Hospital. Service of DR. GEO. B. LAWRASON.

Mrs. W., age twenty-five years, resident of New Orleans, was admitted to the hospital with the following history: Has always enjoyed good health; occupation that of a housemaid. For one month previous to admission suffered from slight pains in pelvic and hypogastric region. One week previous to admission patient contracted a bad cold, followed by chills and fever. The fever continued for three days, when patient was forced to seek rest in the horizontal position; she then had severe throbbing pains in pelvic region, metrorrhagia and nervous prostration. Upon admittance into the hospital, a few days later, the patient had fever ranging from 99° in the morning to 101° in the evening; at times profuse sweatings and chilly sen-

sations, with a weak and rapid pulse. She was nervous, uneasy and anxious; had not taken food or rested several days previous to admission; had considerable nausea; bowels were constipated; had difficult urination and metrorrhagia. Examination over abdomen showed quite a perceptible prominence of abdominal wall in hypogastric region, dullness on percussion and unsatisfactory fluctuations. On examination per vaginam a bulging of posterior vaginal wall, the abscess having pushed the rectum far back into the sacral cavity; the os was dilated sufficiently to admit, for a short distance, the end of index-finger. Fluctuation was quite discernible with and without bimanual manipulation.

On June 14th, 1887, patient was placed on her back upon examination table, a Sims speculum introduced and the posterior vaginal wall depressed; the needle of a Dieulafoy aspirator was passed through the posterior wall of the vagina into the abscess cavity. After removing over a pint of very thick and offensive pus the cavity was irrigated until the carbolized water injected returned clear. After this the patient expressed much relief; slept for three or four hours; fever disappeared, pulse improved and appetite better, and up to the 16th symptoms indicated a recovery.

On the 16th she began to complain of pain as before; slight fever, pulse accelerated.

Evening of June 17th temperature 102° ; patient was restless and uneasy: complained of much pain, with a return of all the above symptoms. An examination showed a refilling of pus cavity with quite as great, if not greater, distention than previous to the aspiration.

On the morning of the 18th patient was again placed upon the examination table, and permanent drainage established by making a free incision through the posterior vaginal wall. This allowed the discharge of over a quart of pus, similar in character to that aspirated. A soft rubber drainage tube was then introduced, and the cavity thoroughly irrigated with strongly carbolized water.

After this the pains and fever subsided; the previous nervousness and restlessness disappeared; sleep returned, appetite improved, patient began a rapid recovery. The cavity was irrigated twice each day with strongly carbolized water, the size of cavity and amount of discharge gradually diminishing.

On June 28th the drainage tube and irrigation were discontinued; the patient had gained much in flesh; fever had disappeared; appetite was good, and nothing abnormal beyond slight constipation and some induration at the site of abscess. Medical treatment throughout the case consisted of the administration of the tinct. ferri chlorid.

This case illustrates the advantages of free incision, good drainage and antiseptic precautions. We believe the patient would have died had the use of the aspirator been continued. The incision was made without chloroform.

A CASE OF CEPHALIC VERSION THREE HOURS AFTER MEMBRANES HAD RUPTURED.

By J. J. WRAY, R. S., Charity Hospital.

On October 3d, 1886, I was called to see Mrs. F., who had been in labor for six hours. She was thirty years of age; had enjoyed good health all her life with the exception of a pelvic abscess after her previous confinement, from which, after free evacuation through the vagina, she had completely recovered. There was great pain in the back; the labor pains were strong, coming on at regular intervals. The vulva was very much swollen, and projecting between the œdematous labia could be seen the left hand and forearm of the child, also swollen. The child was in the dorso-anterior position. The head was easily found in the right iliac region. No foetal heart sound could be heard on auscultation. On vaginal examination the shoulder was found impacted in the superior strait. The history given by the midwife was, that the patient had been in labor for six hours, with strong, regular pains; that three hours before the membranes had ruptured, and that one hour later the hand and arm had projected from the vulva. After some

ineffectual attempts at replacement, with the assistance of Dr. B. D. Watkins, the patient was anæsthetized. With difficulty the projecting arm was reintroduced, flexed and swept backwards over the chest of the child, and the shoulder shoved upwards and to the left, while externally the head was pressed downwards towards the median line and engaged in the superior strait. The patient was then allowed to come from under the anæsthetic. Her pains began again, and at the end of an hour there being no progress, and being in an exhausted condition, the forceps were applied and she was quickly delivered of a stillborn child. The recovery was rapid, without any bad symptoms intervening.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The first signs of re-awakening activity are given by the medical schools, where the winter session of 1887-8 began, either on October the 3d or 5th. In some of them the custom of delivering introductory addresses was continued. At St. George's Hospital Mr. C. P. Dent, who is almost as well-known as a member of the Alpine Club as he is in his more work-a-day character of surgeon, discussed the nature and significance of pain.

PAIN.

Pain, he said, was only an intense or disorderly sensation, or one that interfered with health or comfort. It followed that of a great number of impressions we cannot say positively whether they are painful are not. Pain was the unavailing effort of the consciousness to realize its own disturbance. Most of the painful impressions are transmitted through the ordinary sensory nerves, for these nerves are the most abundant. But parts of the body other than those concerned with the sense of touch, such as the great viscera, are not exempt. The phenomena of living muscle instance well the graduation of impressions

leading up to pain. Of the muscular movements of respiration we are all but unaware; more powerful contraction, as in athletic pursuits, gives pleasure, whilst intensely powerful contractions, independent of the will or control, such as occur in lockjaw, cause agony. Pain may be derived through the special nerves in the same way. Intellectual development renders us susceptible to new pains. Thus, ill-assorted combinations of colors may cause actual pain to the educated eye of the artist. A brain may be functionally as unduly tender as any given part of the body. The world is sorry for the person whose brain is disturbed by the impressions coming from a disorganized joint, and too often only laughs at the patient who has the same disorder brought about by a different condition; yet both are diseased, and indifference or mockery may be to the tender brain as a blow or a jar to the tender joint. Mr. Dent strongly advocated the study of the mental aspect of disease, especially in asylums for the insane.

ADVERTISING DOCTORS

Dr. Radcliffe Crocker, at University College, pilloried the advertising part of the profession and essayed a humorous classification. He described the "advertiser churlish" as the man who wrote works in which he made out every one to be wrong but himself, professing to have made discoveries which the blindness and narrow conservatism of the profession prevented their seeing or adopting, and when patients had been previously treated, depreciated directly or indirectly their former adviser, in order to exalt himself. The "advertiser valiant" was a man who paraded his ability to cure obstinate or incurable diseases, such as consumption, cancer, etc., and ascribed his success to the fact that he was always ready to make the more serious diagnosis even in comparatively mild forms of diseases, and thus he was credited with curing phthisis, or whatever the disease might be, without really deserving it; further, even if he failed, he was always having a succession of new patients through his advertisements. The "advertiser quarrelsome" took the line of writing pamph-

lets against the abuse of various drugs in the treatment of disease, or against operative treatment in various surgical affections, and claiming to show how he avoided all such dangerous methods and yet cured his patients more quickly and safely. The last two were the "advertiser direct" and the "advertiser circumstantial," pointing out that very few went so far as to advertise themselves directly, as they ran too much risk of being expelled from their profession. He described the advertiser "circumstantial," who, while appearing to praise something else, was really putting himself forward. As the most flagrant instances he instanced men who lent their aid in puffing sundry trade articles.

At St. Mary's Hospital Mr. Anderson Critchett chiefly occupied himself with a retrospective glance at the history of ophthalmology.

LAWSON TAIT.

Mr. Lawson Tait exhibited a large series of specimens of diseases of the uterine appendages to the Pathological Section of the British Medical Association, and Dr. St. Clair Boyd described the morbid appearances. Mr. Tait had operated on sixty-three cases during 1886, with only one death. In all the cases the operation verified the diagnoses, but the condition of the tubes varied. In nearly all the cases the infundibular extremity of the tube was closed, and in the great majority the uterine aperture was also closed; the tubes were adherent to the surrounding organs. Dr. Boyd had found it impossible to classify the specimens according to the contents of the tubes, as every gradation was found between simple hydrosalpinx and pyo—or hæmatosalpinx. Mr. Tait presented this large series of fifty-eight specimens to the Museum of the Royal College of Surgeons of Ireland.

TUBERCULOSIS AND COWS.

As is well known, tubercular ulceration of the intestines and tabes mesenterica are extremely common diseases in childhood, or perhaps it would be more correct to say they are the forms in which tubercular disease most commonly

occurs in children. It therefore appears probable that the disease enters the system through the intestine. In later life tubercular ulceration is usually found associated with phthisis pulmonalis, and the plausible explanation is given that the lesion is due to secondary infection by means of the swallowed sputum. Dr. Woodhead and Prof. McFadyean, of Edinburgh, have examined a large number of cows, with the view of ascertaining whether tubercular disease of the udder was to be frequently met with. They found it present in thirty-one out of six hundred and twenty-three cows, but in only six were tubercle bacilli found. Although too much stress must not be laid upon these observations they tend to confirm the theory that tuberculosis may be transmitted to human beings in this way. The evidence that it may be thus transmitted to young pigs has long been accumulating, as the anatomy of the pig, as we know, on the authority of Longfellow, used to be studied at Salerno as "likest the human form divine."

SACCHARIN.

Saccharin is at length to be obtained in the market. It is a coal tar derivative (benzoyl sulphuric amide), and is said to be two hundred and fifty times sweeter than sugar. The sample I have seen was a white crystalline powder, with a faint yellow tinge, sparingly soluble in water, but dissolved by rectified spirits in the proportion of a little less than two grains in a fluid drachm. When a small quantity is placed upon the tongue a strong sweet taste is perceived after a short time; when this has passed away a slight bitter after-flavor remains. It is said to have slight antiseptic properties, but to produce no physiological effect on human beings. It is excreted unchanged chiefly by the urine. There is reason to believe that it will be of use in the dietary of diabetics, as it may be used without fear by them for sweetening beverages and articles of food. It will probably also have some advantages in pharmacy, as it covers the nauseous taste of cascara and perchloride of iron, and masks the bitterness of strychnine.

CONVERGENT SQUINT.

In convergent squint the vision of one eye is always imperfect. This has been variously accounted for. As a rule, to which there are very few exceptions, the patients are hypermetropic, and the strabismus has been attributed to the hypermetropia, the amblyopia being set down as a secondary result arising from disuse of that eye. Schweigger believes that he has shown that this amblyopia is congenital. In a paper read before the British Medical Association Mr. Simeon Snell of Sheffield has discussed the whole subject with much ability. While admitting that the question was as yet unsettled, the author pointed out that better results were attained after early operation, and that in certain cases distinct improvement in vision followed after operation. He observed that if Schweigger's theory be accepted the question becomes merely a cosmetic one. He held that until further proof was afforded the patient rightly claimed the benefit of any doubt. It was admitted that many points were in doubt respecting strabismus, and many were surrounded with difficulty in elucidating them. Investigation was desirable and necessary.

The aims of treatment were considered. Firstly, neutralizing the errors of refraction and ordering spectacles; then the value in certain cases of atropia, and the treatment to be adopted in the very young, was discussed. When an operation was required, and the date, received consideration; and reference was made to the author's plan of operating from above the tendon.

BURNS.

We are often called upon to treat extensive burns upon the spur of the moment, and the approved remedies are not always at hand. It may, therefore, be of use to report a method recommended by Dr. G. Green. He takes equal parts of fresh lard, free from salt, and oat flour, and after beating them together into a paste spreads them on strips of old calico or lint, which are rolled round the affected part and renewed every twenty-four or forty-eight hours. It is recommended as being not only easily procured, but

as being free from odors and possessing soothing and anti-septic properties.

RETENTION OF URINE.

In the treatment of that very troublesome affection, retention of urine, in the male, Dr. Ward Cousins recommends that the urethra should be filled with warm oil, and then an endeavor made to pass a filiform catheter. Supposing this not very simple manœuvre to have been accomplished, the urine dribbles away *gutattim*, and unless something more is done the patient is very slowly, if in fact at all, relieved. Dr. Cousins proposes to connect the catheter by means of an India rubber tube with a bottle, which can be exhausted by means of a hand ball; in this way the bladder is aspirated and quickly emptied; time is thus afforded for urethral spasm to subside, and opportunity is given for further treatment by gradual dilation or electrolysis.

EXETER DISASTER.

The terrible disaster by which so many lives were lost in the Exeter Theatre has given occasion for much discussion, and many suggestions have been made, not all of a practical nature. Professor John Marshall, F. R. S., ex-President of the College of Surgeons, has raised a very important point in a letter recently addressed to the *London Times*. He observes that when the curtain is up the main current of air always sets from the stage into the auditorium, finding a place of exit at the highest point, which is generally behind and above the gallery. Fires in theatres almost invariably originate on or behind the stage, and the smoke, heated air and poisonous fumes sweep forward into the auditorium and are concentrated especially in the upper parts, the occupants of the gallery being literally suffocated. Professor Marshall's suggestion is that the house should be so built that the draught should be in the opposite direction, and that to insure this the stage space should be made the loftiest part of the theatre and surmounted by a sufficient number of cone-shape headed ventilating shafts. It would be necessary also to make the

roof of the auditorium slightly curved and slanting upwards from above the gallery towards the proscenium, which should be pierced close beneath the ceiling by properly constructed tubular conduits, with valved apertures, directed towards the upcast chimney or chimneys.

VIENNA LETTER.

[Our Regular Correspondent.]

The Sixth International Congress for Hygiene and Demography was opened in our metropolis by his Imperial Highness the Crown Prince Rudolphus, on the 26th inst., at 11 o'clock A. M., in the presence of numerous notabilities of the Austro-Hungarian Empire and innumerable distinguished savants, who had gathered from the different countries of the world to assist at the Congress in our beautiful capital. The "Musikvereins Saal" was crowded to the top, and the assemblage was not only imposing from the number, but also by the presence of distinguished scholars, such as Virchow (Berlin), Brouardel (Paris), Pettenkofer (Munich), etc. The beautiful sex had gathered in the galleries and gave the whole meeting a special charm. Exactly at 11 o'clock the Crown Prince Rudolphus, wearing his "general" uniform, appeared in the building and was received by the President of the Congress, Prof. Ludwig, and the General Secretary, Prof. Gruber, as well as by the presidents of the different committees, who conducted him into the room, where he was enthusiastically saluted by all present. The President of the Congress, Prof. Ludwig, addressed the Crown Prince in an eloquent speech, in which he said, among other things, that not more than ten years had elapsed since the first International Health Congress had taken place in Brussels, under the patronage of His Majesty the King of Belgium, and that the International Health Congresses of Paris, Turin, Genoa, the Hague, and at length the sixth Congress in our beautiful imperial capital, had rapidly succeeded each other. Distinguished men had gathered from almost all civilized countries for earnest scientific work;

governments and communities have sent here more representatives than ever before, which was indeed a satisfactory proof that the appreciation of the high importance of hygiene made steady and continual progress. And could it be otherwise? Hygiene and Demography have undertaken to inquire into and to combat, by exact scientific methods, the social evils which our century had particularly produced in so high a degree, and in both directions permanent and important successes had been obtained. These Congresses had a characteristic, important feature of our modern time, viz. : to subject all those questions which have an interest for the whole of mankind to common work. Their aim is to advance science and to spread the interest in hygiene more and more by personally discussing different opinions. The Sixth International Congress for Hygiene and Demography, following the adopted rules, will discuss a number of important questions in these two sciences. These questions have been most carefully prepared for discussion by prominent scientific men; and taking into consideration these preparations, and particularly the high scientific importance of those men who participate in the Congress, we may confidently hope that this assemblage will also contribute to a certain extent to the solution of questions which are of so great importance to mankind. The President, at length, returned his respectful thanks to his imperial highness for his patronage of the Congress, by which act he had conferred a high honor on it. The Crown Prince answered that he considered it an honor and a pleasure to be at the head of the Sixth International Congress for Hygiene and Demography. *The most precious capital stock of States and society was man.* Each single life represented a certain value. It was a duty not only of mankind, but of all communities, in their own interest, to preserve the good health of each living man as long as possible. Each man, however good his position may be for protecting himself against the vicissitudes of life, was nevertheless powerless against the general influences which threatened us all. There common work

must help. Hygiene, assisted by demography, was the means by which this great aim could be reached and by which practical successes for preserving health could be obtained. The participation of such illustrious representatives of all nations and States in to-day's meeting was a proof of the really international importance of hygiene, and it was for him a great satisfaction to greet the representatives and the members of the Congress in this town, which was a centre of earnest scientific work and investigation.

The General Secretary of the Congress, Prof. v. Gruber, now read the report respecting the organization of the Congress, according to which the following persons were nominated honorary presidents [for the four sections of Hygiene and the section of Demography: Billroth, Vienna; Breisky, Vienna; Brouardel, Paris; Flood, Christiania; Frankland, Yew Reigate; Overbeek de Meyer, Utrecht; Pacchiotti, Turin; Tholosa, Teheran; Virchow, Berlin; Bamberger, Vienna; Douglas Galton, London; Jennings, New Sidney; Kuborn, Brussels; Markuschopsky, Budapest; Pettenkofer, Munich; Ruysch, Hague; Corfield, London; Corradi, Pavia; Durand Claye, Paris; Felix, Bukarest; Meynert, Vienna; Pöhl, St. Petersburg; Proust, Paris; Schneider, Vienna; Dunand, Geneva; Peyron, Paris; Rosswell Green, Pascha, Cairo; Smith London; Sonderegger, St. Gallen; Trelat, Paris; Vallin, Paris; Wasserfuhr, Berlin, etc., etc.

The presidents who had been elected for the first section are: Erismann, Moscow; Von Overbeek de Meyer, Utrecht; Frankland, Yew Reigate; Roth, Dresden; Böhm, Vienna; Wolffhügel, Göttingen; Douglas Galton, London, and Scherzen, Genoa. For the second section: Nothnagel, Vienna; Mosso, Turin; Migerka, Vienna; Hoffman Franz, Leipsic; Baer, Berlin, and Vogel, Vienna. For the third section: Virchow, Berlin; Finkelnburg, Bonn; Gross, Budapest; Lydtin, Carlsruhe; Hoffman Edward, Vienna; Albert, Vienna; Sonderegger, St. Gallen. For the fourth section: Ruysch, Hague; Felix, Bukarest; Fodor, Budapest; Wasserfuhr, Berlin;

Chauveau, Flügge; Günther, Dresden, and Corfield, London.

After Prof. v. Gruber had also read the names of the vice-presidents and the secretaries, Dr. Köhler, Director of the German Sanitary Board, addressed the Crown Prince and the assemblage. The Sanitary Board and the united German governments, he said, had shown their interest in the Congress by sending numerous delegates thereto. The Austro-Hungarian monarchy had always considered it as its prerogative to play a leading part in questions which have reference to public hygiene. Thirteen years ago the International Sanitary Conference had taken place at the instance of the Austro-Hungarian government, and though this conference did not result in definite conclusions among the governments, it was nevertheless known that international practice in the sanitary affairs of the day chiefly derived its origin from the deliberations of that period. Prof. Brouardel, of Paris, delivered his address in French, and praised the Crown Prince as the author of several works which were much appreciated in the scientific world. Under the conduction of such a "protector," who was not only a scientific man, but who also possessed a powerful influence, the Congress would, we might expect with confidence, fulfil its task and obtain practical results of high importance. In the name of the members of the Congress Prof. Brouardel returned his thanks to the town of Vienna, which had received the members with a cordiality which was worthy of all praise. The members of the Congress had not, however, been surprised by this cordial reception, as hospitality was a matter of tradition in that beautiful town.

The opening of the Congress was also combined with the first general session, in which Prof. Brouardel delivered a lecture on the "Means of Propagation of Typhoid Fever," and Prof. Pettenkofer, of Munich, on "Instruction in the Hygiene at Universities and Technical High Schools."

Prof. Brouardel, of Paris, in his lecture on the different ways of propagation of typhoid fever, discussed the re

sults which were due in this respect to the investigations of hygienists. In discussing the nature of typhoid fever Prof. Brouardel pointed out at full length that among a hundred cases of abdominal typhoid fever eighty cases were due to bad drinking water. It was therefore the duty of each community to supply its inhabitants with good and perfectly clean water. It would be an unpardonable fault if we were to neglect measures of precaution, owing to the great expense which resulted therefrom, as each amelioration of the drinking water was necessarily followed by a diminution of the cases of typhoid fever.

Prof. Pettenkofer, the distinguished hygienist of Munich, discussed in a most spirited way the importance of hygiene, and especially the necessity of its instruction becoming obligatory at the universities and the high schools for engineers, technicians, etc. To prove the importance of hygiene and the good results which had been derived from science Prof. Pettenkofer quoted the following examples: A sad experience which we had had in almost all wars was the fact that many more soldiers lost their lives owing to diseases than by the arms of the enemy. During the war of the Crimea there died 95,240 French soldiers out of 309,000 who had gone into battle—about the third part of the whole army. Of this large number 20,000 had succumbed in battle from their wounds, whereas 75,000, or about four times as many soldiers as had died of their wounds, perished from diseases with which they became affected.

The English had about as many losses, but the war of the Crimea caused the English hygienist, Parkes, who had taken part as a military physician in the whole campaign, to procure for hygiene an official position in the army. On his proposal the "Army Medical School" at Netly, near Northampton, was founded, in which hygiene forms the chief part of the instruction. Each physician who wishes to have a place in the English army or in the colonies has to frequent this school. It was for this

institution that Parkes wrote his classical book on practical hygiene. It was also in Germany that the cultivation of hygiene soon began to make progress, especially at the instance of Prof. Roth, of Dresden, who had written an excellent work on hygiene. Military hygiene was also attended to in modern times, in Austro-Hungary, France, Italy, Russia and in almost all civilized countries.

The good results of these measures could already be observed in the German-French war. The losses of the German army in that war amounted to 40,881, of whom 28,282 soldiers had perished by the arms of the enemy, 346 by different accidents, and 12,282 owing to diseases; whereas in the war of the Crimea the losses by arms, as compared with those due to disease, were in the proportion of 100 to 375, the corresponding proportion in the German-French war was 100 to 43—332 per cent. more favorable. This striking difference was partly due indeed to one other reason, which had to be taken into account, viz : During the war of the Crimea cholera was prevailing in the armies, whereas in the last mentioned war Europe was free of cholera. But even in times when cholera had not prevailed in Europe diseases and the want of suitable food rendered the armies incapable of fighting; and also in the German-French war, though free of cholera, abdominal typhus and dysentery would have caused innumerable losses in the army but for the hygienic measures which had been taken. It was, continued Prof. Pettenkofer, medical men, engineers, architects, as well as officers of the public administration, who should receive an education in hygiene. The more these men are well instructed in this science the more progress hygiene would make. The opinion that medical men could dispense with special instruction in hygiene was to be heard at different points. It was stated that physicians already knew from their medical studies what rendered a man sick and what rendered him healthy. The lecturer, however, decidedly opposed this view, and

pointed out that medicine derived its first origin not from the art of conserving health, but from the endeavors to cure already existent maladies. It was not until modern times that medicine made it also its task to prevent diseases. The expression, "preventable diseases," speaking with the English, was a modern term; and the means for preventing maladies were not to be found in our stock of therapeutics, but only in the different branches of our technical sciences, and especially in physics and chemistry, subjects to which little attention was paid in our medical schools. It had been stated that special instruction in hygiene was superfluous for the medical student, as there were men such as Virchow, of Berlin, or Böhm, of Vienna, etc., who had become well versed in the matter of hygiene without having received a special education in this branch at the university. This was, indeed, true, but men like Virchow, etc., were to be found only exceptionally in our profession, and most medical men had need to receive special education in this science at the university. It was thought best to render this science obligatory in our high schools. To attain this end we should establish in all our universities special chairs for hygiene, with well equipped institutions. The chairs for hygiene were not only the youngest ones, but also those to which very little attention was paid in our universities. Those who had hitherto encouraged hygiene were chiefly to be met among members of the governments and the officers of public administration, and only rarely among physicians. Prof. Pettenkofer compared the present position of hygiene to that of physiology fifty years ago, when this science was neglected in the same way as hygiene in our time. The chairs of physiology had previously been entrusted either to anatomists or to other specialists, and Prof. Pettenkofer himself had attended lectures in physiology, thirty years ago, from a homœopath, who during the whole course of his lectures had performed a single experiment, viz: an experiment referring to embryology, in which the fœtus was represented by his fist and the membranes of

the foetus by a handkerchief with which he enveloped the fist. Speaking of bacteriology Prof. Pettenkofer remarked that the knowledge of this science was no doubt of great importance for the hygienist, and that Pasteur and Koch had indeed contributed very much towards the advancement of hygiene, but that its importance had been exaggerated. Hygiene and bacteriology were used almost in the same sense in many parts, which, however, was not correct, as we could not require from the hygienist that he should at the same time possess a profound knowledge of bacteriology.

As to bacteriology the hygienist was in the same position as the clinician. He had only to take into account the results obtained in bacteriological investigations and to profit by them for his own science, but no more. If the contrary were true, added the lecturer, he would be compelled to ask his being put on the retired list by the Bavarian government, as he had never studied bacteriology, and was already too old to begin with it at the end of his life. After having repeatedly insisted on the necessity of making the study of hygiene an obligatory subject at the universities, the high schools for engineers, etc., the famous hygienist concluded his interesting paper with the following words: "Hygiene and therefore also the Sixth International Congress for Hygiene and Demography, under the patronage of His Imperial and Royal Highness the Crown Prince Rudolphus, and as prepared for by the organization committee, presented a high aim in scientific and practical interest. May we succeed in coming nearer and nearer this noble aim."

The lecture of Prof. Pettenkofer, as well as that of Prof. Brouardel, was received with much applause. With this the opening ceremony and the first general meeting was finished, and the sessions of the different sections began on the next day. The programme of the Congress was the following:

Monday, the 26th September, 11 o'clock A. M.—Opening ceremony and first general meeting.

Tuesday, 29th, from 9 to 12 A. M., and from 2 to 4:30 P. M.—Sessions of the sections.

Wednesday, 28th, from 9 to 12 A. M., and 2 to 5 P. M.—Meeting of the sections, and 5:30 o'clock, demonstration of Prof. Stricker's electric microscope by Prof. Stricker himself.

Friday, 30th, 9 to 12 and 2 to 4.—Sections.

Saturday, 1st October, 8 to 1 o'clock.—Sections.

Sunday, 2d October.—Second general and concluding session.

There were altogether four sections in hygiene and one in demography. Besides the proceedings of the sections—of which I shall speak in my next letter—the different diversions which were prepared for the members in our beautiful capitol are worth being mentioned. There were numerous banquets, of which those given by the community of Vienna in the Town Hall, the court, in the presence of the Crown Prince and the Vienna "Medical Doctoren Collegium," deserve to be specially mentioned. Moreover, excursions had been undertaken into the charming surrounding regions of Vienna, such as the Semmering and the Kahlenberg, and also to Abbaria, Budapesth, etc.

The course of the whole Congress was splendid and exceeded all the expectations of each delegate as to the number of the members. It was greater than that in any of the preceding health congresses, as it had attained, on the day of the opening, the figures of 2,346. The committee which had been appointed to make the propositions as to the place and the year of the meeting of the next international congress for hygiene and demography resolved on choosing London and the year 1891, which proposition was accepted by the Congress.

In my next letter I shall communicate to you the proceedings and the results of the sections of hygiene and demography.

PARIS LETTER.

Our Regular Correspondent.

The Congress of the French Society for the Advancement of Science.—At the Congress of the French Association for the Advancement of Science, held at Toulouse, M. Bergeon's communication on a method of injecting gases, was read. The author has administered to pigeons, without producing intoxication, the same amount of medicated gas he employs for human injections. M. Bergeon employs a simple apparatus, made according to his directions by M. Vlasto. In order to obtain comparable results M. Bergeon's method must be employed strictly in accordance with his indications. MM. Arnozan and Féré (Bordeaux) stated that they had submitted rabbits to rectal injections. At the necropsy the glycogenic function of these animals was found to be arrested. MM. Arnozan and Féré had employed pure sulphuretted hydrogen, instead of a mixture of sulphuretted hydrogen and carbonic acid employed by M. Bergeon.

Dr. André (Toulouse) described a case of aneurism of the aorta, rapidly cured by a treatment of iodide of sodium, and an instance of aneurismal diathesis greatly benefitted by the same treatment.

Dr. Burot (Rochefort) described a case of convulsive twitchings. The patient was a girl of 19. There were convulsive movements in the face and upper limbs; she uttered inarticulate cries and used obscene language. She was incapable of controlling her will. Dr. Burot found that persuasive means greatly improved her condition. Hydrotherapy and isolation have been successfully employed in certain instances of this affection. M. Duploux described the case of a naval officer, affected with convulsive twitchings, characterized by involuntary projection of an arm, with convulsive movements of the muscles of the pharynx, accompanied by a guttural cry, like a bark. This affection decreased and almost disappeared with age. M. Duploux considered that it was a manifestation of hysteria.

Dr. Grasset, of the *Faculté de Médecine* of Montpellier,

made a communication concerning jerking inspiration as rhythmic with the heart, or synchronous with cardiac contractions. The symptom consists of three jerks at inspiration, which are felt along the left edge of the sternum, at the level of the second and third intercostal spaces. In some cases the symptom consists of two slight systolic *souffles* after expiration. Dr. Grasset concludes from his observations that the symptom of jerky inspiration is a sign of pulmonary, rather than of cardiac predisposition, and of respiratory weakness. It is not necessarily a sign of tuberculosis or cardiopathia.

M. Gross (Nancy) gave the following indications for the antiseptic incision of the vaginal tunic, and iodine injections in the treatment of hydrocele: Antiseptic incision is indicated in congenital hydrocele. In simple hydrocele, where there is no apparent lesion of the vaginal serous membrane, puncture should be effected at the same time as an irritating injection. When the membrane has lost its consistence an antiseptic incision should be made. In cases of typical vaginalitis and pachy-vaginalitis, of multilocular, voluminous, recurrent, symptomatic hydrocele, this method should be employed.

M. Thiriart stated that in simple injections he prefers cauterization of the sac with nitrate of silver. He mentioned a case of gangrene of the bursæ caused by an injection of solution of iodine, but had never met with a similar accident.

M. Jeannel stated that he had also observed one such instance in a diabetic patient.

M. L. H. Petit considered that this complication was due to a particular cause, which aggravated the local phenomena consecutive to the injection. He had observed a case in which sphaelus appeared on the third day after the injection. The patient had syphilis, which had lasted thirty years, and [varicocele of ancient date. The sphaelus destroyed half the scrotum and laid bare the testicle; the wound presented the typical aspect of a gumma. The treatment was potassium iodide and dressings with a solu-

tion of mercurous chloride. The sphacelus and hydrocele were both cured.

M. Régis described a case of Dupuytren's affection, which appeared in the course of progressive general paralysis. M. Régis considers this affection (retraction of the palmar aponeurosis) to be the manifestation of a general condition of arthritis.

M. Moure (Bordeaux) stated his opinion that vocal disturbance in acute laryngitis was the consequence of mere muscular disturbance. The thyro-arytenoid and arytenoid muscles are most frequently affected. Paresis and paralysis of the transverse arytenoid muscle are the principal causes of hoarseness, cough and aphonia.

M. Gillet de Grandmont described two new forms of keratitis as follows: Keratitis in *dotted furrows* (sillons étoilés) is formed by diminutive, sub-epithelial, star-shaped ulcerations. The rays of these ulcerations gradually develop into rectilinear furrows, forming racemous ulcerations (Hansen Grut, Emmert.) These ulcerations occasionally produce sphacelus. An antiseptic treatment is indicated. *Trabecular keratitis* is caused by the infiltration of the lymphatic cellules into the corneal tubes, which present the appearance of small needles. This keratitis appears whenever the lymphatic circulation of the eye is obstructed. The treatment consists in inducing circulation by syndecotomy, or by the evacuation of the aqueous humour. Trabecular keratitis may be either primary or secondary. It always follows kerectomy. In this case the trabecules are parallel with each other and perpendicular with the curve of the fragment. They disappear with the cicatrization of the wound.

Dr. Stæber (Nancy) made the following communication on the binocular convergent function and the metric angle: Binocular vision is only possible where the different retinal images are perceived simultaneously. For this the two lines of vision must be parallel (in case of emmetropia and absence of accommodation), and the distance between the centres of the pupils at its maximum. When the object

approaches the observer, each eye should possess the optic adaptation according to the distance of the object; the two lines of vision must be directed on the object in order to fuse the images produced in each eye into one perception. This direction of the lines of vision, which varies according to the distance between the eye and object, is termed convergence; the relation between the two extreme points (infinity and the nearest point of distinct binocular vision) is termed the power of convergence. Every line of vision directed to a near point makes a convergent or metric angle with the line of infinity. This angle is measured by Landolt's ophthalmodynamometer. Emmetropic, myopic or hypermetropic eyes, placed in normal visual conditions, and directing their visual rays to a distance of one metre, have a metric angle which is equal to one; but the distance which separates the two rotatory centres of the eyes, which is the basis line, must be measured. The convergent capacity is proportionate to the degree of accommodation, excepting in the case of extreme limits. It is greater in a myopic than in an emmetropic eye; it is weaker in a hypermetropic than in a normal eye.

M. Mossé stated that he had treated several cases of cholera in the algid period successfully with cold applications, frictions with ice, doses of iced rum and subcutaneous injections of ether.

M. Cunéo (Toulon) stated that he had observed cases of cholera in which transfusion of blood produced transitory resurrection in patients who were nearly dying.

M. Henri Henrot (Rheims) reported several cases of cancer of the stomach in which the tumor disappeared and the patients recovered.

M. Cunéo stated that he had met with cases of simple ulcer followed by a tumor caused by the cicatricial retraction of the walls.

M. Thiriart recalled his method for distinguishing a benign from a malignant tumor of the abdomen. If the quantity of urea in the urine passed in twenty-four hours

be less than twelve grammes, the tumor is a malignant one. This method may be applied to tumors of the stomach. M. Serres remarked that cervical ganglionic congestion was a symptom of cancer of the stomach, which was but little known. MM. Mossé and Bernheim considered that the diminution of urea might be attributed to faulty nutrition, resulting from the cancerous lesion, or its reaction on the liver.

M. Duploux described a case of contagious cancer. The patient had cancer of the penis, which appeared seven or eight months after his wife had been treated for cancer of the uterus.

Dr. D'Ardennes described the results of his experiments with extract of coca in painful affections of the stomach. Dr. D'Ardennes employs doses of ten grains in twenty-four hours. In cases where there is no anatomic lesion sedation is rapid and complete.

M. Cunéo stated that he had employed hydrochlorate of cocaine, in doses of thirty to fifty centigrammes, in painful affections of the stomach and in irrepressible vomiting in pregnancy, with excellent results.

RICHMOND LETTER.

Our Special Correspondent.

Messrs. Editors—The annual meeting of the Virginia State Medical Society opened in this city Oct. 18th, and adjourned on the 21st, after one of the fullest and pleasantest sessions on record. The honored president, Dr. Bedford Brown, of Alexandria, presided until the newly elected president for the ensuing year, Dr. Benjamin Blackford, of Lynchburg, took the chair. The reports on advances in the various branches of medicine were instructive and formed an interesting part of the programme. Among the guests present were Drs. Hammond and Roberts, of New York; Battey, of Georgia; Rohé, of Baltimore; Conrad, of Maryland; and Thos. Evans, of West Virginia. The subject for general discussion, "The

Choice of Anæsthetics," was opened by Dr. Hunter McGuire with a short, but forcible and pointed paper, which led to an interesting general discussion. Dr. McGuire subsequently operated for stone by the supra-pubic method before the society. Dr. Hammond opened a discussion on Cocaine with a valuable article, which gave the results of his personal and professional experience in the use of the drug. The learned gentleman states that cocaine is not a hypnotic, and doubts whether a *cocaine habit*, similar to the morphine habit, is ever produced. Dr. Roberts read a paper, describing with great interest his procedures in bone surgery, and exhibited his electro-osteotome, the instrument with which his brilliant and rapid results are accomplished. Dr. Battey spoke to an attentive audience upon the celebrated operation which bears his name. The modesty and ability of this distinguished man require no comment of mine. Dr. Hammond spoke warmly of him as one of the greatest medical geniuses of the age. The paper by Dr. Conrad, on "Moral Insanity," was excellent, and Dr. Rohé spoke in a pleasing and instructive manner of the use of arsenic in skin diseases. All of these papers, with the general discussions evoked, added largely to the enjoyment as well as profit of the meeting. The social element was not wanting. Private receptions were tendered to the society by Drs. McGuire, J. A. White and Chas. M. Shields.

On the second night of the meeting the Faculty of the Virginia Medical College entertained the Fellows at the theatre and afterwards at a supper. The banquet given by the profession of Richmond took place at Mozart Academy, Friday night. It was a bright occasion, and toasts were responded to by Governor Lee, Drs. Hammond and Roberts, and other speakers. The next meeting will be in Norfolk, and the subject for general discussion, "Atypical Forms of Typhoid Fever," will be led by Dr. Dabney, of the University of Virginia.

The State Board of Medical Examiners met during the session of the State Society. A resolution was offered

before the society petitioning the legislature to forbid the examination of physicians before several or individual members of the board outside of the stated sessions. The resolution was adopted.

The State Board of Pharmacy adjourned October 13th, after giving certificates to eight out of ten applicants.

The Medical College of Virginia opened October 3d, and the University School is once more in full blast. At the latter seat a practical course in microscopy has been established, and a free dispensary opened in connection with the Charlottesville Cottage Hospital. The Medical Hall was soon rebuilt after its destruction by fire. It is known, perhaps, that Dr. Wm. B. Towles, who was Demonstrator of Anatomy for fourteen years, succeeded the lamented Dr. John Staige Davis as Professor of Anatomy, and that Dr. Wm. C. Dabney, formerly president of the State Board of Examiners, now fills the chair of Practice and Obstetrics.

With the last session Dr. J. L. Cabell completed his fiftieth year of service as Professor of Physiology. Such a long term of earnest and faithful work is unusual, and it is a pleasure to state that Dr. Cabell still continues his honored labors.

The health of this city and of the State has been good, as a rule, although an epidemic of malignant typhoid fever has recently prevailed on the seaside of Accomac county.

Dr. Abadie, of Paris, who attended the International Congress, spent a day in this city before his return home.

Dr. Henry T. Goodwin, of Brooklyn, has been assigned to duty at Norfolk as Assistant Surgeon in the United States Marine Hospital Service.

The late Dr. D. H. Gregg, of this State, left a legacy of \$10,000 to the Magdalen Asylum in this city.

The training school for nurses in connection with St. Luke's Hospital (Dr. McGuire's) is doing a good work here. The nurses are instructed theoretically and practically by Dr. McGuire and his assistants, and serve a term

of service in the hospital. Not only are these nurses enabled to make a good support, but the advantages accruing to both patient and physician are invaluable.

W. S. G.

LEADING ARTICLES.

THE TENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF MICROSCOPISTS.

The Tenth Annual Session of the American Society of Microscopists, held at Pittsburgh, Pa., August 30, 31, September 1 and 2, was a success—and as nothing succeeds like success—it was, we repeat, a success. Not in point of numbers, scarcely seventy out of a membership of five hundred were in attendance. But those present were so full of interest and determination, so penetrated with the spirit and love of work, with the desire to teach and learn, and all the arrangements had been made with such care and completeness, that not a moment was wasted and nothing occurred to prevent the full measure of profit being extracted from the proceedings by every member present.

Arrangements had been made for the reception of all visiting members at the Monongahela House, a large and well-kept hotel, at a reduced rate of two and a half dollars a day, and this arrangement, by bringing and keeping the members constantly in contact, added much to the pleasure and profit of the session. The hotel, too, was but a short distance from the Chapel of the First Presbyterian Church, in which the general sessions of the society were held, and being situated in the very centre of the business portion of the city gave an excellent opportunity for becoming acquainted with the prominent features of one of the handsomest and most thriving cities of the Union. Many members who came in on August 29 eagerly availed themselves of this opportunity, and were to be met at every turn, in groups of two or three, engaged in lively chat or eager discussion over — we suppose — the identity

of the latest rotifer or genuineness and virulence of the modish micrococcus. We were among these early birds, for we came across from Wheeling, in company with Dr. James E. Reeves, vice-president of the society, at whose hospitable home we had passed a few pleasant and profitable days in studying his admirable method of preparing histological and pathological sections, and we shall never regret the worm that we caught in the way of a long day's look at the Iron City. The weather was all that could be desired, the temperature delightful; but the smoke, the smoke! The Pittsburghers say: It used to be dreadfully smoky before we had "natural gas." Well, one can distinguish the face of his friend at ten feet or thereabouts, now-a-days; before the days of natural gas we are led to believe that this was an impossibility.

Of course all of our readers know of the wonderful illuminator and fuel that comes rushing through long iron pipes driven into the bowels of the earth, like water from an artesian well. It is a marvellously beautiful sight to see even the smallest towns as one rushes by them in the night on the Pan Handle branch of the Pennsylvania railroad, lit up by great streamers of flame six or eight feet long, flaring from the tops of iron posts driven here and there at the corners of the streets. But to return to our muttons. The first morning's session was called to order about an hour after the time set by the programme—9:30 A. M.—by the President of the society, Prof. W. A. Rogers, of Waterville, Maine. Most of the members came in from the small side room of the chapel, where they had been occupied from an early hour in inspecting the microscopes, accessories and "mounts" displayed by Beck, Queen, Bausch and Lomb and other well-known dealers. Organization was promptly effected and the hour up to noon consumed in the dispatch of the routine business that always occupies a society upon first assembling. There were remarks by C. C. Mellor, the President of the Iron City Microscopical Society, to whose untiring and well-directed efforts the success of the meeting was large-

ly due; an address of welcome by B. C. Jillson, Ph. D.; a reply by the President; an invocation by the Rev. John Fox; recommendations by the executive committee, and election of officers, etc., etc. The addresses were not up to the average of those to be heard at a session of any Southern Society. Our Northern brethren seem hardly as fluent and happy at these little impromptu speeches as we dwellers in warmer latitudes.

After a 1 o'clock dinner—according to the Pittsburghian custom—the society reconvened at about 2 P. M. Some little general business was transacted, and then Dr. Frank L. James, our confrère of the *St. Louis M. and S. Journal*, told of some of the difficulties experienced in obtaining uniformly good results in the production of crystals by cold. The method employed by Dr. James consists in placing a few drops of the salt-containing solution in a watch glass, dropping upon it another watch glass holding a little ether, the interposed fluid being thus reduced to a thin layer, and rapidly evaporating the ether by blowing upon it. As soon as the crystals form the superfluous fluid is absorbed by a bit of blotting paper. Prof. Simon H. Gage, of Cornell, defined “tube length” as given by the principal opticians of the world, and gave the thickness of cover glass for which unadjustable objectives are corrected. Prof. D. S. Kellicott spoke of some rare and new species of *infusoria* and of certain *rotatoria*, one of which he demonstrated. A paper by Ernest Grundlach was read on Apochromatic Objectives made from the new German glass. Dr. Geo. E. Fell made some remarks on the effects of deadly electric currents on the tissues of animals; some new devices, etc., were shown and adjournment took place. Most of the members accepted the invitation of Prof. Brashear to visit his laboratory and observatory, situated upon a hill in the immediate vicinity of the city; here they learned something of the art of lens grinding, and certain late stayers had a glimpse of the moon through the big instrument. According to the custom of the society the evening session

was devoted to hearing the address of the President, a rather abstruse paper entitled "A Demonstration of the Fact that Metals may be Safely Employed to Measure Temperature by Means of Their Expansion Under an Increase of Temperature."

The morning session of the second day was opened by the transaction of some business, and then Prof. W. H. Seaman, of Washington, read a very suggestive paper on cements and waxes, in the course of which he strongly recommended the "Japan Wax" of the drug trade as a most excellent imbedding material. It melts at a low temperature and penetrates the tissue readily. He also called attention to the advantages of "hard finish" as a substitute for white zinc cement in preparing cells and "ringing up." In a paper entitled "Disease Germs," Prof. Thos. J. Burrill, of Champaign, Ill., demonstrated that the disease characterized by the appearance of red spots and streaks upon the stems and leaves, annually destroying large numbers of broom-corn and sorghum plants, is due to a bacterium, which penetrates the leaves at their stomata. This was followed by the Bacillus of Foot-Rot in Sheep, by Mark Francis, and the Fallacies of Popular Bacteriological Research, by Geo. W. Lewis. Prof. Gage then explained a very simple method of estimating the number of trichinæ in meat. The numbers in several small square portions of the surface are counted, and a simple calculation gives the number in a cubic centimeter of water at 60°. The correction for differences of density between the meat and water being made, a close approximation to the number of the parasites in a cubic centimeter of the meat is obtained. A paper by Susanna S. Phelps Gage on the Ending and Relation of the Muscular Fibres in the Muscles of Minute Animals, and one by Boardman L. Oviatt on the Cardiac Muscle Cells of Man and Certain Other Mammals, were read; C. C. Mellor showed a microscope presented by Linnæus to a friend in 1743, and now the property of Jacob Henrici; a committee was elected to nominate officers for the next year and the session came to a close.

The afternoon was delightfully passed in an excursion up the Monongahela to Braddock's Field, the scene of the memorable defeat, where the great iron works of Carnegie, Phipps & Co. are situated. At 2 o'clock the steamer *Mayflower*, chartered for the occasion by the Iron City Microscopical Society, left her wharf in the neighbourhood of the Monongahela House, and bore us swiftly up the beautiful stream, lined on either hand with great iron furnaces, glassworks and rolling mills. Just before reaching our destination, Col. Thomas Roberts, of Pittsburgh, called our attention to the points of interest on the Braddock battlefield, now being rapidly covered by the houses of a thriving little town. Arrived, we found a special train of flat-cars waiting to transport us to the works. These are the largest of their kind in the world. In these enormous smelting furnaces the iron is gotten from the ore, and in the same number of huge "converters," through which a powerful blast is driven by six gigantic Corliss engines, is immediately converted into Bessemer steel and cast into "blooms," and these in turn run in the rolling mill into rails. Natural gas is everywhere the fuel employed, and the great masses of metal are handled by hydraulic power. The works occupy many acres, and are traversed by miles of railroad connecting with the great Pennsylvania system. Our hurried tour occupied the whole afternoon, and we came out of the terrible glare and heat and roar, feeling like a party of nineteenth century Dantes who had walked through a new and more terrible hell. Back again on the boat, we were regaled by our kind hosts with a delicious and bountiful lunch, and as we smoked our Havanas on the upper deck and enjoyed the fresh coolness of the evening air, the excursion was voted upon every hand an unmarred and unqualified success.

In the evening the Society held a reception at the Monongahela House. Dressed in their best, scattered through the rooms and the parlours of the hotel, the members, with their microscopes showed to their guests or to one

another their favourite slides and pet objectives, and amicably discussed their faults and merits. In one of the parlours many of Dr. Reeves' exquisite histological and pathological preparations were displayed by means of the oxygen-hydrogen microscope—a severe test which only served to bring out their thinness, evenness and beauty of staining. And so our second day was brought to a close.

On Thursday, the third morning, after the transaction of some routine business, the following interesting papers were read:

(a) A contribution to the Life History of the Diatomacæ. By Hamilton L. Smith.

(b) Some easy methods of testing Photographic Lenses. By Henry H. Turner.

(c) The comparative size of Blood Corpuscles of Man and Domestic Animals, with twelve Photomicrographs of Blood. By Freda Detmers.

(d) On a Microscopical Slide Catalogue. By R. H. Ward.

(e) The Tape Worm—Methods of Preparation for the Museum and the Microscope. By J. M. Stedman.

(f) A Description of *Ergasilus Chautauquaensis*, and list of other Entomostraca found at Chautauqua lake in August, 1886. By Chas. S. Fellows.

(g) Are Lupus and Tuberculosis identical? By Jas. E. Reeves. (Read by title.)

(h) Note of a New Rotifer, *Gomphogaster Areolatus*. By D. S. Kellicott.

By 2 o'clock in the afternoon the chapel of the First Presbyterian Church had been converted into a large microscopical laboratory. Around the walls were arranged fifteen tables, each designated by a letter of the alphabet for convenient reference in the programme of the day, each surmounted by microscopes and apparatus, and each occupied by one or more earnest workers. Here one might see and learn every method of preparing and mounting animal and vegetable tissues, living and fossil organisms;

the art of preparing crystals, of permanently marking slides, of detecting adulterants in food, and many other processes connected with microscopic work. In one small room Drs. W. P. Manton and C. G. Jennings, the accomplished young editors of our excellent exchange *The Microscope*, had on exhibition a large and very perfect incubator, and all other apparatus for opening the egg, hardening, staining *in toto*, and cutting with the Thoma microtome the embryo, which they demonstrated and explained with never failing courtesy and patience. It would be hard to imagine a more admirable plan of mutual improvement than this working session, and one's opportunities for learning were only limited by the waning hours.

The evening following this busy day was marked by the grand event of the annual session—the great public reception and display—what the society is pleased to call its Annual Soirée. Every member was all agog. In the brilliantly lighted Old City Hall the tireless executive committee of the Iron City Microscopical Society had caused to be arranged four lines of stout tables extending the entire length of the hall, and upon these were arranged 123 microscopes of various makes and sizes. Up and down through the long aisles, peering into the instruments, more than 3000 of the scientifically inclined good people of Pittsburgh passed. Of course it would be vain to attempt a description of this colossal microscopical exhibition, but there was everything to be seen; everything from the old familiar “scale from a butterfly's wing” to the somewhat less hackneyed “Statoblast of *Cristatilla Ophidioidia*.”

On Friday the wearied members met to conclude the business of the session. A few papers were read and the nominating committee presented its report. The officers recommended were all unanimously elected, the vote of the society being cast by Vice President C. M. Vorce. The officers elected are: President, Prof. D. S. Kellicott, of the Buffalo School of Pharmacy; vice presidents, Prof. T. B. Stowell, of the State Normal School at Buffalo, and H. J. Detmers, Professor of Veterinary

Surgery in the Ohio State University at Columbus; secretary, Prof. T. J. Burrill, of the Illinois State University at Champaign; treasurer, Dr. S. M. Mosgrove, of Urbana, O.; executive committee, C. C. Mellor, of Pittsburgh, Dr. H. D. Kendall, of Grand Rapids, and Dr. R. J. Nunn, of Savannah.

Thus ended the most smoothly and admirably conducted meeting of any like body at which we have ever been present. It is associated in our mind with but a single regret that a large number of the member of the Louisiana State Medical Society could not have been present to see how these things might, should and can be done.

FEVER IN FLORIDA.

Our readers will remember that there was presented to the last Florida legislature a bill providing for the establishing of a State Board of Health and County Boards of Health. From a consideration of the text of the act, which is printed in full in our June number, 1887, pp. 967-974, it will be seen that the State board was in effect mainly a repository of records and statistics, while the county boards were entrusted with all matters directly affecting the public health. That is, it was provided that the State board, consisting of five members appointed by the Governor, should arrange a system of vital statistics for the State, collect such statistics and preserve them, and act as a State board of medical examiners. The county boards were entrusted with the vital statistics of the counties, which statistics were to be forwarded to the State board. They were to have supervision over hospitals, asylums, etc.; were to abate nuisances and were to establish quarantine when necessary. If an epidemic occurred then the board of the county wherein the disease appeared could in writing request the assistance of the State board, and it was the duty of this latter body to respond. The members of the county board then became *pro tempore* members of the State board, and the new or compound board took charge of the affairs of the county. We infer from the wording

of the proposed act that if a county board for any reason refused or neglected to call upon the State board, the latter body would be powerless to act, and it is very likely that the instances in which county boards would decline or fail to seek aid from the State board would be many. The result would be that matters would be left just were they are now, in the hands of county boards, and Florida would continue year after year to suffer as she has this, and would become a menace to the whole country.

On the 23d of May a man by the name of Baker and his wife died of yellow fever in Key West, and why? Because there was no competent authority to prevent the importation of some bedding which had been infected with the disease in Havana. Over three scores of people lost their lives because what was everybody's business was nobody's business. Suppose Key West had had a quarantine, it is not likely that every other county in which there was a port of entry would have had one, and so the infected bedding could easily have entered the State somewhere.

What Florida wants, and what other States should insist that she have too, is a board of health with absolute jurisdiction over all matters of other than purely local value, and with sufficient resources properly to equip quarantine stations at such points as must be kept open in seasons of danger. It is useless to expect twenty or thirty county boards to work in unison with each other or to adopt a uniform policy for mutual protection. Be the plan adopted good or bad, it must be in the hands of one body. If it be bad it can readily be changed; if the board be bad it can as readily be changed, for both the men and their work can be watched.

In sad confirmation of our remarks witness the outbreak of yellow fever at Tampa, and the occurrence of refugee cases at Palatka, Iterlachen and several other points. It does not appear in the telegraphic reports whence the disease entered Tampa—whether from Key West or direct from Havana, or whether through an imported case or in the form of fomites. But this in no wise affects the justice of our position; on the contrary, it strengthens it.

The first knowledge of the existence of fever at Tampa was conveyed in a special to the press of October 7; but as there were then thirty cases under treatment and four deaths had already occurred, it is very probable that the first case had appeared at least two weeks before—say between the 15th and 20th of September. Either a systematic and remarkably successful endeavor had been made to conceal the nature of the disease, or else the local physicians were sadly in error in their diagnosis. Let us hope that the latter is the true reason of the late announcement. The day has gone by when attempts should be made to conceal contagious affections; such attempts, though they do result in injury to other communities, in the long run do much more damage to the falsifiers. A reputable *State* Board of Health, with the good of the whole State in mind, would never think of exposing the whole population by trying to suppress the truth. By isolation and disinfection they would seek to confine the disease in the locality where it first appeared. An endeavor was made by some physicians, as well as non-professional men, to call the fever at Tampa dengue, but Dr. Porter telegraphs, affirming most positively that it is yellow fever, though of a mild type.

An estimate carefully made from the press reports places the total number of cases up to and including the 26th of October at 216 and the deaths 38. This represents a mortality of about 17 per cent. During the twenty-four hours ending the morning of the 25th there were 23 cases and 3 deaths, which evinces a tendency of the disease to rapid spread.

The most unfortunate feature about the matter is the fact that Tampa is said to be below the frost line, and it is possible that yellow fever may thus gain a permanent footing on the mainland. Palatka is much further north, but the reports are that the disease has already been checked at that point. Florida's winter tourist trade, so profitable to any country, will undoubtedly be somewhat injured this season; but it will be almost destroyed if the people of that State fail promptly and successfully to stamp out the scourge.

CHOLERA IN NEW YORK.

Cholera made a desperate and nearly successful attempt to enter New York a few weeks ago. If it had succeeded nothing human could have prevented it from sweeping throughout the country.

The steamship "Alesia," sailed from Marseilles August 29th and Naples September 3d. Three cabin passengers were taken aboard at Marseilles. The cargo at Naples was received by lighters and the hatches sealed and covered with tarpaulins before the passengers came aboard. The bill of health of the Consul at Naples said: "There had been many cases of cholera at Naples and vicinity for the last five weeks. The exact number could not be ascertained. The mortality of those attacked is 70 per cent." The first case on the steamer occurred on the ninth day after leaving Naples, and when the vessel reached New York, September 23d, there were eight cases on board and eight deaths had occurred at sea. From that time until October 19th twenty-seven cases developed while in quarantine, with eighteen deaths. The steamer was sent down to quarantine, the well passengers being removed to Hoffman Island and the sick to Swineburne Island Hospital. The vessel has been repeatedly subjected to the fumes of sulphur and then thoroughly washed with a solution of bichloride of mercury, after which it was washed down with boiling water and all exposed parts repainted. The baggage of the passengers, after being exposed to sulphur fumes, was subjected to moist heat in the form of steam. In short, the officers in charge seem to be energetic as well as efficient in their endeavors, and unless they discharge the passengers too soon, it seems probable that they will succeed in checking the disease where it began.

A CURIOUS CASE.

A member of our staff published in 1886 a translation of a clever *brochure* of Francisque Sarcey, *Gare à vos Yeux*, under the equally quaint and idiomatic title of MIND YOUR EYES. By the most singular coincidence the Society for

the Prevention of Blindness, of London, has published a translation of the same little work by Dr. R. E. Dudgeon, under the very same peculiar title, *Mind Your Eyes*. All through the two translations the most curious resemblance in phrase and idiom, even the most unusual and characteristic, may be remarked, almost justifying the belief that one of the translators was indebted to the other for many happy hits of expression and turns of thought. To those who know Dr. Bruns it is entirely unnecessary to say that the translation which he claimed was entirely his own work, but to the outer world of readers, into whose hands the clever little book may fall, we would state that while Dr. Bruns' translation was published here in January, Dr. Dudgeon's did not appear until the following February. It was impossible, therefore, that Dr. Bruns should have seen the translation published by the society, while the English physician might easily have made use of the well-turned phrases and felicities of expression of the American translator. A copy of *Mind Your Eyes*, translated by Dr. Bruns, was sent to the *British Medical Journal*, but it was treated with its usual lofty neglect of any literary work done south of Mason and Dixon's line.

We considered it only justice to our fellow-editor to state here, most emphatically, his prior right to translation and title.

A TRAINING SCHOOL FOR NURSES.

We have received a circular of the Louisville Training School for Nurses, which we publish in full below. The profession of sick nurse is beyond doubt one of the most, if not the most, admirable and honourable that latter-day enlightenment has thrown open to women, and in our southern country the field has been all too sparsely occupied. This applies especially to New Orleans, the metropolis of a vast country whither each winter throng many invalids and sick, seeking a mild climate or the superior medical attention and skill only to be found in a great city. Herself often visited by terrible epidemics,

she has always been and must of necessity continue to be the centre from which supplies, nurses and physicians are sent to the relief of smaller and feebler plague-stricken neighbours.

Here there are hundreds of refined, well educated, intelligent *ladies* obliged to depend upon their own labours for a living. and the same is true of every southern city and State. Is it not strange that they should prefer to seek a scanty subsistence in overcrowded, under-paid callings, as teachers, dancing-mistresses, type-writers, book-keepers, saleswomen, than a comfortable living in the practice of an elevating profession? And yet we venture to say that there are not three thoroughly educated professional nurses in all Louisiana.

A few years ago an effort to establish a training-school in conjunction with our great Charity Hospital was made by some of our most enlightened physicians, but the institution was quickly destroyed (“alas for the rarity of Christian charity under the sun!”) by the deadly influence of sectarian jealousy. The attempt however is clear proof that the need of well educated nurses is felt and recognized by the medical profession of our city, and a guarantee that such a class can find support in our community. Louisville is almost at our doors, and we are informed that the excellent school there is actually in need of scholars; its terms, too, are so liberal—instruction, board, lodging and five dollars a month—that the pupil-nurse at once becomes self-sustaining.

We have written these lines in the hope that the members of our profession who know well qualified women in need of a career, will suggest to them the wisdom of communicating with Miss Moss, before energies and abilities that might be made of signal service to the world are turned and wasted in the channels of a commoner and lower course.

APPENDIX.

REGULATIONS OF THE LOUISVILLE TRAINING SCHOOL FOR NURSES.—The committee of the Training School for Nurses has made arrangements with the authorities of City

Hospital for giving two years' training to women desirous of becoming professional nurses.

Those wishing to obtain this course of instruction must themselves apply to the Superintendent of Training School, Miss Moss, Louisville, either in person or by letter, upon whose approval they will be received into the school for one month on probation. The applicant should send, with answers to the paper of questions, a letter from a clergyman testifying to her good moral character, and from a physician stating that she is in sound health. Applicants are received at any time during the year when there is a vacancy, except in July and August. During the month of trial, and previous to obtaining a position in the school, the applicant must be prepared for an examination in reading, penmanship, simple arithmetic and English diction. The examination is to test the applicant's ability to read aloud well, to write legibly and accurately, to keep simple accounts, and to take notes of lectures. This amount of education is *indispensable* for a member of the school, but applicants are reminded that women of superior education and cultivation, when equally qualified as nurses, will be preferred to those who do not possess these advantages.

The superintendent has full power to decide as to their fitness for the work, and the propriety of retaining or dismissing them. She can also, with the approval of the committee, discharge them at any time in case of misconduct or inefficiency. During the month of probation the pupils are boarded and lodged at the expense of the school, but receive no other compensation, unless they continue as pupil-nurses. They are not expected to wear the uniform of the school, but must come provided with dresses of washing material for use in the hospital. All clothing must be plainly marked.

Those who prove satisfactory will be accepted as pupil-nurses after signing the following agreement:

"I, the undersigned, hereby agree to remain two years in the Training School for Nurses as a pupil-nurse, and to obey the rules of the school and hospital."

They will reside in the home, and serve for the first year as assistants in the wards of the City Hospital; the second year they will be expected to perform any duty assigned them by the Superintendent, either to act as nurses in the hospital, or to be sent to private cases among the rich or poor.

The pay for the first year is \$5 a month ; for the second year \$7 a month. This sum is allowed for the dress, text books and other expenses of the nurse in connection with her work, and is in nowise intended as wages, it being considered that the education, board and lodging given is a full equivalent for their services. They are required after the month of probation, when on duty, to wear the dress prescribed by the institution which is of blue and white seersucker, simply made, white apron and cap, and linen collar.

The day-nurses are on duty from 8 A. M. to 8 P. M., with an hour off for dinner, and additional time for exercise or rest. They are also often given an afternoon during the week, and have a right to the half of Sunday. A vacation of two weeks is allowed each year.

As the institution is unsectarian there are no religious services connected with it, except evening prayer, and all nurses are expected to attend the place of worship they prefer once on Sunday.

Address Miss Moss, Superintendent Louisville Training School for Nurses, City Hospital, Louisville, Ky.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

THE CARDIAC RELATIONS OF CHOREA.

Prof. Osler, in the *American Journal of the Medical Sciences* for October has a paper on the heart in chorea, which is very likely to create a revolution in all former conceptions of the cardiac phenomena in St. Vitus' dance. Hitherto, though no one could satisfactorily explain the murmurs which so frequently attend chorea, all, or nearly all were agreed that they were largely functional, as from irregular action of the muscular elements of the heart. It was further held that "none of the injurious after consequences which attend endocarditis in its other relations * * * are found to ensue here." (Sturges.)

In the first place, then, Prof. Osler was able to hold autopsies on three cases. First case, a girl of eleven, who had had rheumatism, died during an acute attack of chorea from intercurrent pneumonia. Autopsy showed slight hypertrophy of heart, thickened mitral curtains, with numerous warty vegetations just inside the auricular curtains.

Two of the aortic segments showed bead-like vegetations below the corpora Arantii. The second case, a boy of eleven, came to hospital during third attack; never had rheumatism; seventh day became feverish; right arm and leg twitching; left arm became powerless. Fever rose to 105° , and boy died comatose on thirteenth day. Autopsy—extensive mitral valvulitis; the vegetations large, soft, grayish white in color. No chronic affection of valves. Infarcts in spleen and kidneys. Brain and membranes healthy except grayish-red softening size of cherry in right corpus striatum. The third case, a girl eighteen years old, died of exhaustion five days after admission and tenth after inception of attack, which had been induced by a fright. No rheumatism. Autopsy—a row of soft warty vegetations on auricular face of mitral valve just within free margin. Of eighty cases collected by Sturges from the London hospitals in only five were the heart and pericardium reported healthy. In 115 fatal cases, in which the heart was examined, in only 10 was the heart reported healthy. In 35 cases out of 120 fatal cases, articular trouble may have existed in an acute or subacute form, or there was pain which may have been rheumatic.

Having established this condition of the heart in the large majority of fatal cases, Professor Osler then examined the hearts of 110 cases—none of them less than two years subsequent to an attack. In 43 the heart was normal, in 54 there was organic trouble and in 13 functional. Of the 43 cases with normal heart, 12 had had three or more attacks, 8 had had two, and 23 a single attack; 8 had had rheumatism, of which 6 were acute attacks. In only 2 was there a note of a murmur during original attack. Of the 54 organic cases, 21 had had three or more attacks, 22 had had rheumatism, but of these six occurred from one to five years after the attack. Of the whole number 59.3 per cent. had never had rheumatism. Of 21 cases which had three or more attacks only 7 had had rheumatism.

In 44 cases the mitral alone was diseased; in 4 both mitral and aortic. In 25 cases there was a mitral systolic murmur; in 17 a distinct presystolic, usually with a soft systolic murmur. As to subjective symptoms, 14 had shortness of breath, 16 had palpitation and 6 cardiac pain.

He concludes:

1. That in a considerable proportion of cases of chorea, much larger than has hitherto been supposed, the complicating *endocarditis* (italics ours) lays the foundation of organic heart disease.

2. In a majority of cases the cardiac affection is independent of rheumatism, and cannot be regarded as in any way associated with it, unless, indeed, we hold with Bouillaud that in the disease "chez les jeunes sujets le cœur se comporte comme une articulation."

3. As the presence of an apex systolic murmur in chorea is usually an indication of the existence of mitral valvulitis, as much care should be exercised in this condition as in the acute endocarditis of rheumatism. Rest, avoidance of excitement and care in convalescence may do much to limit a valvulitis, and obviate, possibly, the liability to those chronic nutritional changes in the valves wherein lies after all the main danger.

Prof. Osler had elsewhere said: "I am strongly of the opinion that the apex systolic bruit of chorea is, in at least nine out of ten cases, associated with endocarditis."

HEPATIC CIRRHOSIS IN CHILDREN.

Dr. R. Palmer Howard, Professor of Medicine in the McGill University, Montreal, gives, in the *American Journal of Medical Sciences*, the following excellent summary of a most valuable paper on the above subject.

In conclusion, it results from this analysis of these sixty-three cases of hepatic cirrhosis in children:

1. That most of the established causes of the disease in adults obtain also in children, more especially the use of alcohol, present in 15.8 per cent. of the whole number; syphilis, present in 11 per cent.; tuberculous disease of other organs than the liver, in 11 per cent.; also, but much less frequently than these, venous congestion of the liver, peritonitis and a general tendency to connective tissue formation in the system.

2. That syphilis occasionally tends to a diffuse interstitial hepatitis or cirrhosis by first inducing an adhesive inflammation of the portal vein.

3. That a general arterio-capillary fibrosis is not proved by these cases to be the usual and probably not even a frequent cause of hepatic cirrhosis in childhood.

4. That more than half of the cases of hepatic cirrhosis in children do not appear to be produced by the above mentioned well-established causes of that affection.

5. That there is some evidence that cirrhosis of the liver may be very exceptionally induced by the acute in-

fectious diseases, cholera, typhoid fever, measles, scarlatina, but that proof of this is wanting.

6. That the habitual use of a stimulating diet, or the absorption of the products of faulty digestion are probably fruitful sources of hepatic cirrhosis in children.

7. That it is in harmony with what is known of the causes of hepatic cirrhosis to believe that the bodies, known as ptomaines, may be capable of exciting a cirrhotic condition, and that investigation of this subject deserves attention.

8. That the period of childhood most liable to cirrhosis of the liver is from the ninth to the fifteenth year inclusive, but that it may be congenital, and may occur at any age after birth.

9. That it is twice as frequent in male children as in female.

10. That its symptoms are essentially the same in childhood as in adult life.

11. That it is frequently accompanied by pyrexia.

12. That ascites or icterus, and frequently both together, are of common occurrence in the atrophic and the hypertrophic forms.

13. That the group of symptoms which have been referred to cholæmia or to cholesteræmia or to acholia, and even sometimes to uræmia, frequently ushers in the fatal issue of hepatic cirrhosis in children.

Of the cases analyzed only two were under the charge of Dr. Howard. They were brother and sister; the latter was affected first, and died about five months after her condition became evident. Her age was nine years. The boy was ten years old when taken, and died three and a half months later. No history of syphilis, scrofula or gout was present in the family, and tuberculosis had occurred only once in the mother's family—a maternal aunt. Both children had had the usual affections of childhood, except scarlatina. In each case fever was persistent. Autopsies confirmatory of the diagnosis were held on both.

BISULPHIDE OF CARBON FOR PULMONARY AFFECTIONS.

Dr. Guerra Estape (*Revista de Ciencia Med.*) claims to have cured several cases of chronic bronchitis and one of consumption with this remedy. Experiments made upon himself showed that the remedy was eliminated by the lungs. It gave rise to no unpleasant symptoms, and was given in doses of 15 grm. once daily, of the following mixture:

R	Sulphide of carbon.....	gram.	25.
	Water.....	gram.	500.
	Ess. menth.....	drops	30.
M. S. as above.			

Patients were forbidden to use alcohol, as it was liable, according to the author, by acting upon the bisulphide in the blood, to form sulphuretted hydrogen.—*American Journal of Pharmacy.*

SURGERY.

ICHTHYOL IN SURGERY.

M Lorenz in the *Deutsche Medizinal-Zeitung.*

In Sprains and Bruises.—Lorenz begins by stating that he is decidedly opposed to the ice treatment, and it is to the too long continued use of the ice-bag that he attributes the troubles that always persist after sprains and bruises of the joints. Our main endeavor, when we meet with such cases, should be to promote absorption of the exudate and the repair of the injured tissues. Both these ends are retarded by prolonged cold, yet he has seen cases of slowly healing sprains on which the ice-bag lay uninterruptedly for six days. He is in favor, however, of cold compresses in the beginning; at first renewed every ten minutes, but on the next day every two hours or so. Under circumstances where cold compresses are impracticable (travelling, battlefields, etc.) ichthyol acts much more quickly and surely. Pain and swelling rapidly subside (after one to three inunctions), and the patient can, when the sprain or bruise is not very considerable and does not affect the lower extremities, continue his journey without delay. An advantage in this treatment not to be underestimated is the almost complete rest which the injured part enjoys, and which is impossible when compresses are employed. The inunctions must be made in the following manner: The limb should be washed with hot water and soap, as hot as can be borne; then the soap should be rinsed off with a gentle stream of water, and the part gently dried—i. e., quickly and only enough to leave no water standing on the skin; then the skin will be soft and warm. The ichthyol salve or solution is then quickly rubbed in by a series of circular movements, which should be very gentle and not long continued. Afterwards the whole part should be

covered with wadding, which should be secured by means of a *loose* bandage. The inunctions should be repeated two or three times, and always in the same manner. It is necessary also to repeat the washing with warm water at each application. Attention to this last point will prevent the occurrence of ichthyol-eczema. The ichthyol was sometimes used in alcoholic solution, sometimes mixed with vaseline (10 to 50 per cent.); in rare cases it was used pure, but a salve containing 50 per cent. is strong enough for the worst cases.

Case 1.—J. L., in springing from a wagon, sprained his left ankle; he could neither walk or move his foot. The joint was swollen and extremely painful. After two inunctions (the first being made ten hours after the accident) the pain was much diminished; after four inunctions the swelling was scarcely noticeable, and after eight it entirely disappeared. A slight weakness upon standing left on the third day.

Case 2.—E. S. received a severe sprain in his left wrist, resulting in frightful pain and great swelling. Passive motion made the patient cry out. The pain was relieved by one inunction of pure ichthyol; and the swelling disappeared after six inunctions. In eleven days the patient was discharged cured and able to work. This case, unfortunately, was not seen until twenty-four hours after the accident.

Case 3.—W. U. fell from his horse, which afterwards rolled on him, and sustained a severe bruise of the left knee. For twenty-four hours he was kept quiet, and an ice-bag applied to the knee; at the end of that time the swelling had increased. In three days the left knee, thigh and calf were enormously swollen, red and painful upon the slightest pressure. When at rest the limb was not very painful, but was extremely sensitive to every movement, especially of the knee. Passive motion of the knee was impossible. There was no crepitation. Inunctions of ichthyol were made three times daily, in the manner previously described. The effect of the treatment was seen in the reduction of the swelling. Above the patella, on October 24, the circumference of the limb was 40 centimeters; opposite the patella, 39.25 centimeters; below, 35 centimeters. On November 2, following, the measurements were, respectively, 34, 33.75 and 30.5 centimeters. From the 29th to the 30th of October there was no diminution in the swelling; this was due to *wet-packs, which had been used*

during that time. (The corresponding dimensions of the other limb were 31, 32 and 28.5 centimeters.) The pain also grew less with the swelling. Notwithstanding the enormous ecchymosis, no discoloration of the skin took place, except on the inner side of the knee, where the skin was yellowish. On November 2, in spite of Dr. Lorenz's wish, the treatment was stopped and a plaster-bandage applied. On November 16 the bandage was removed and the leg was found in about the same condition as on November 2. The knee could hardly be bent. On November 18 the circumference above the left knee was 33 cm., and 33.75 cm. at the middle of the joint. Another plaster-bandage was applied, which was removed on December 23, at which time the circumference of the swelling had gone down about one centimeter. Passive motion caused great pain. Massage and electricity were applied daily; in one week he could walk quite well and continued to improve until completely cured. This patient, unfortunately, later on had several attacks of acute articular rheumatism, which did not spare the injured knee, nor did it trouble it any more than the other joints. Lorenz is convinced that if the ichthyol treatment had been persisted in the patient would have recovered from his accident much sooner.

In Chafing.—In chafing from friction of shoes, saddles, etc., Lorenz has obtained excellent service from the following salve: ℞. Ichthyol 1 part, ung. paraffini 70 parts. This is spread on cloths and applied to the sore spot, which should be previously washed with lukewarm water. A layer of wadding is necessary. Lorenz has seen nothing to equal the above salve in preventing ulcers on the feet, legs, etc., and allaying inflammatory irritation. In sucking children the above salve (or even a weaker one) has a most pleasing effect upon the chafing and rawness so frequently found on the buttocks and thighs, resulting from contact of the feces and urine. The salve should be rubbed on gently with the finger. The child cries out at the first application, but soon hushes, for the salve heals with almost incredible rapidity. Four inunctions (two daily) will generally be enough for most cases. One part of cumarin to forty parts of the salve will impart an agreeable odor to the latter.

In Burns and Frost-bites.—In the milder degrees of burns and frost-bites a salve of ichthyol (1 part to 100 of vaseline) almost instantaneously allays the "burning"

pain, and wonderfully promotes cicatrization of the wounds. Even in severe burns an aqueous solution (2 to 10 per cent.) of ichthyol penciled on the affected surfaces aggravates the pain for a moment, but soon relieves it.

In Nasal Catarrh, Inflammations of the Skin (Felon, Furuncles).—In these affections ichthyol is an admirable agent, but certain points must be observed. Lorenz has given it in salve form (1 to 10 per cent., with vaseline), applied upon the nose as well as within the nasal cavity.

In furuncles, felons, etc., stronger mixtures must be used. The inflammation is either confined to a very small focus or else entirely aborted; at all events the pain is eased, and the course of the disease shortened.

In Erysipelas.—A case of facial erysipelas, which was still spreading, was arrested by one application of a solution of ichthyol, and recovery took place rapidly. A second case was more striking. Erysipelas had spread over the entire head and neck. Lorenz applied ichthyol to the whole of the inflamed surface, taking care to keep it from getting into the eyes. The patient was delirious. It took over an hour to apply the ichthyol thoroughly. It was applied afterwards every three hours and covered with flannel. The next day Lorenz was himself astonished at the change that had taken place. The woman was free from headache, and her mind was clear; and when the skin was washed it was wrinkled and free from redness. The solution was weakened, and afterwards applied twice a day. The erysipelas was cured. The solution was as follows: *R.* Ichthyol, 20 parts; ether and glycerine, each 10 parts. Lorenz by no means claims that ichthyol is a specific against erysipelas, but he certainly considers that it has a powerful effect upon the course of the disease, and that it is worthy of a more extended trial. Von Nussbaum also reports five cases of erysipelas cured with ichthyol.

In Wounds and Ulcers.—After many trials on wounds and ulcers Lorenz draws the following conclusions:

1. Ichthyol preparations are not antiseptic in any strength.

2. When a wound is antiseptic ichthyol may keep it antiseptic by (*a*) forming a mechanical covering and preventing the development of bacteria thorough the sulphur and hydrogen it contains; (*b*) converting the surfaces of the wound into ulcerating surfaces almost immediately.

3. On account of the action just mentioned (2, b) ichthyol prevents union by first intention.

This is not a good showing for ichthyol, but Lorenz believes that if a suitable antiseptic could be found, ichthyol could, in combination with it, exert its admirable effects.

In smooth wounds and ulcers, penciling with a weak ichthyol solution, or the application of a salve (1 to 70), hastens cicatrization remarkably. The application of an ichthyol plaster to a secreting sore or wound had the same effect that any other plaster would have: it made the sore or wound worse.

OPHTHALMOLOGY.

BLINDNESS FOLLOWING A WOUND OF THE OPTIC CHIASMA.

M. Berger (Société de Chirurgie, July 6, 1887, *Bull. Médic.*) saw a patient who had been shot in the middle of the forehead. He was absolutely blind, showing that the chiasma had been wounded, but presented no cerebral symptoms. The man recovered, though he remained blind, and after a short time the bullet was passed at stool. It is probable that the ball lodged in the pharynx and was swallowed.—*Recueil d'Ophthalmologie*, Sept. 1887.

INEQUALITY OF THE PUPILS IN HEALTH.

We see in the *Vratch*, No. vii, 1887, that after the examination of 134 healthy subjects, Dr. G. S. Ivanoff, of Kirilov, comes to the following conclusions: Equal or symmetrical pupils, like equal or symmetrical halves of the face, are but rarely met with, the former in the proportion of 9 to 100 only among the persons examined, the latter in 22 to 100 only. 2d. The inequality or asymetry depends probably on an asymmetrical development of the cerebral hemispheres. 3d. In 54.5 subjects out of 100 the left pupil, and in 73.9 out of 100 the left side of the face, was larger than the right.—*Ibid.*

TRANSPLANTATION OF THE CORNEA.

Von Hippel (*Rev. gen. d'ophthal*, Sept. 30, 1886) reports another case of successful transplantation of the cornea. The patient was a young girl, aged 17, who had a corneal leucoma from a corneal ulcer in early childhood. The opacity measured four millemetres in diameter,

entirely obscured the pupil, and affected the vision so seriously that even with a dilated pupil the patient could only count fingers at two metres. With a circular trephine, four millemetres in diameter, the entire opaque cicatrix was excised down to the membrane of Descemet, and removed with knife and forceps. The hæmorrhage was controlled by iced applications of a solution of mercuric chloride. The same trephine was then used to excise a piece of rabbit's cornea through its entire thickness. This was at once placed in the wound, which it completely filled. The conjunctival sac was then carefully irrigated with the same solution of bichloride; iodoform was dusted over the eye, and then both eyes were closed with a bandage. The wound healed rapidly. The bandage was removed at the end of the second week, and vision was then 20-200ths, with a narrow pupil. At the end of eight months the flap was still transparent.—*New York Medical Journal*, Oct. 15, 1887.

Dr. Pomeroy, of New York, has recently had a case in which severe and persistent bleeding from the conjunctivæ followed the instillation of a drop of a two per cent. solution of silver nitrate (Crédé's method). The child was one day old when the application was made. There was no laceration of the conjunctivæ. Hot and cold compresses, alum applied in substance to the everted lids, and the ordinary compress and bandage, proved ineffectual to check the hemorrhage. This was accomplished by a bandage of sheet rubber firmly applied for thirty-six hours to the left, and for sixty hours to the right eye. It was estimated that the infant lost four ounces of blood; it was extremely enfeebled.—*Weekly Medical Review*.

[This accident, we believe, is absolutely unique, and cannot in our opinion be urged as an objection to a prophylactic measure which has undoubtedly saved thousands from blindness.]

OBSTETRICS, PEDIATRICS, ETC.

A SUBSTITUTE FOR THE ORTHODOX PESSARY.

Dr. W. Gill Wylie, in the *N. Y. Medical Record* for October 8th, describes what appears to be an excellent way of applying the glycerine cotton plug for the support of the uterus. He found that if a cotton plug soaked with glycerine was left in the vagina forty-eight hours it would very frequently undergo some kind of ferment or change which would result in vaginitis and do more harm than

good. To obviate this he uses with great success in his practice one ounce of boro-glyceride and enough pure glycerine to make a pint, and one ounce of sulphate of alum (if he wants an astringent; if not the acetate of aluminum). Then he found, if he took cotton in a soft, fluffy bunch, tied it with a string, saturated it with the solution and put it up against the uterus, that, often in six hours, that piece of cotton would be rolled into a ball, which would rest against the urethra and set up an irritation. Then it occurred to him to take the cotton and roll it up over a rubber tube. After it had been rolled to the size desired he tied the end of it firmly with a string. This answered very well. Later he secured some borated cotton of Eimer and Amend, which comes in flat sheets. By rolling this firmly into a roll about one inch in diameter and two inches long, and tying it with a good flax string at the end, after being thoroughly saturated and put into the vagina, it would retain the shape for four days. It would stay where it was put, and in four days it would be almost in the identical position. He also found that, for the first twenty-four hours after its introduction there would come away a profuse, watery discharge, from four to eight or nine ounces, in proportion to the congestion of the uterine vessels. The method of introduction is as follows: Place the patient in Sim's position, then introduce Sim's speculum; after saturating the cotton thoroughly pull back the perineum and press the cotton against the cervix, letting the cervix rest on the anterior part of the cotton. Hold the cotton in that position and remove the speculum. The anterior portion would then lie in the direction of the pubic bone. It acts as a pessary, except with more certainty, because the perineum, springing up against the cotton, keeps it in place. The action of the boro-glyceride is to prevent any kind of ferment or change. It has a good effect in catarrhal conditions, and it does not interfere at all with the action of the glyceride and alum in producing the watery discharge. It acts satisfactorily as a means of keeping the uterus in place, and at the same time as tending to cure any uterine congestion. It is left in the patient from twenty-four to seventy-two hours; then the coagulated mixture washed out, and on the third or fourth day a second application is made. If there is much of a dragging sensation the patient should wear it two or three days. Its action as a curative agent is perfectly plain. The watery discharge which comes from the glands of the mucous membrane, not only

of the vagina but of the uterus itself, forces a rapid circulation through the pelvic vessels. It acts in the manner of a very hot poultice, by getting up an active circulation through the tissues, thus bringing fresh and healthy blood into the tissues, and in that way it helps to eliminate disease.

THE PATHOLOGY AND TREATMENT OF TETANY (CARPO-PEDAL SPASM), LARYNGISMUS AND CONVULSIONS.

By Dr. Cheadle, *Lancet*, May 9th and 14th, 1887.

These three affections are intimately associated, and all depend in like manner upon rickets. In every case of carpo-pedal spasm the author has found well-marked rickets present. In fourteen cases published by Abercrombie the same fact was observed. Every case of tetany was futhermore associated with laryngismus. The author has never seen laryngismus where rickets was not also present. Gee found it in forty-eight out of fifty cases. A large number of these cases suffer from general convulsions.

This constitutional state of rickets is closely analogous to the constitutional state in which tetany occurs in adults.

Rickets is not merely defective nutrition of bone, but of muscle and nerve as well. It arises largely from a diet deficient in animal albuminates and animal fats—i. e., such an one as is largely composed of starch and sugar. A closely allied condition may come from the cachexia of congenital syphilis. The final result in both cases is a hyper-excitability of motor nerve-cells depending on defective nutrition. There is no change in the cerebrum, but merely in the ganglia of the cord; the change here is probably not an organic one.

The exciting causes are reflex irritation from dentition, diarrhœa, cold, or indigestible food. The morbidly sensitive nervous system responds to the slightest irritation.

Children do not die from carpo-pedal spasm, but may do so from laryngismus or the supervention of general convulsions.

Treatment.—The older writers based their therapeutics upon a supposed congestion of the cord, and hence local bleeding by cups and leeches occupied a prominent place. In these poor debilitated children nothing could be more disastrous.

The indications are threefold:

1. To relieve dangerous convulsive seizures when they occur.

2. To ward off attacks from recurring.
3. To remove the constitutional rachitic state upon which they depend.

For the first indication in laryngismus a dash of cold water in the face, a hot sponge to the larynx, or vomiting induced by the finger in the throat, may be tried.

In general convulsions chloroform inhalations or ten grains of chloral and twenty of bromide by the rectum. In one case the author gave chloral hypodermatically with excellent effects.

To prevent recurrence of attacks the bromide and chloral must be given for some weeks in doses large enough to keep the system under their influence. For a child of six months half a grain of chloral and three of bromide should be given every four hours. Children bear chloral well, and the dose may be increased considerably without danger in case of more urgent symptoms. In case of failure of chloral, Calabar bean may be resorted to.

Meanwhile the quiescence secured should be used to treat the constitutional state by means of full nutritious diet, composed of milk and cream or raw meat finely scraped if milk cannot be borne, entire wheat-flour and cod-liver oil and the syrup of the lactophosphate of lime and iron. Brandy given with food in half drachm or drachm doses is a very valuable adjunct.

If undigested food is the cause of an attack, an emetic or a dose of castor-oil should be given. Diarrhœa should never be allowed to run on unchecked, as it drains off the nutriment and sets up irritation. It is best controlled by bismuth and opium.—*Archives of Pediatrics*, September, 1887.

BOOK-NOTICES

Maternity, Infancy, Childhood. Hygiene of Pregnancy; Nursing and Weaning of Infants; the Care of Children in Health and Disease. Adapted especially to the use of mothers or those entrusted with the bringing up of infants and children, and training schools for nurses, as an aid to the teaching of the nursing of women and children. By John M. Keating, M. D., Visiting Obstetrician and Lecturer on the Diseases of Women and Children, Philadelphia Hos-

pital, etc. Philadelphia: J. B. Lippincott Company, 1887. (New Orleans: Armand Hawkins.)

This handbook is one of the excellent series of "Practical Lessons in Nursing," published by the Lippincott Company. It will prove a very valuable book for mothers and nurses, as well as physicians. An intelligent wife should certainly try to learn something about herself during that most interesting time of expectancy and motherhood, and it is not every one who has the right kind of mother to look to for information. There are many things in the book unintelligible to most untrained minds, but that is not objectionable, for the family physician can then explain whatever is necessary to be understood. Parts one and two, Pregnancy and Infancy, are the most essential to mothers and nurses. Part three, Childhood and Puberty, except for the portions on nursing and the last chapter on puberty, will not be of importance to non-professionals. It is small, easy reading, and on the whole will prove a very useful book. We hope for it the reception it deserves. G. B. L.

A Manual of Treatment by Massage and Methodical Muscle Exercise. By Joseph Schreiber, M. D., Member of R. R. Gesellschaft der Aertze, of Vienna, etc., etc. Translated, with the author's permission, by Walter Mendelson, M. D., of New York. Philadelphia: Lea Brothers & Co., 1887. (New Orleans: Armand Hawkins.)

This book gives a clear and concise description of massage and the Swedish movement cure. Beginning with the history of mechano-therapy the author dates its scientific application to the exertions of Herr Ling, the originator of the Swedish movement cure, and gives quite an interesting account of the man and his method. The first four chapters are devoted to massage, passive and active movements; the fifth to the diseases in which they have proved efficacious. There is a pretty long list, confined chiefly to rheumatic, inflammatory and nervous troubles. It will prove very useful to those wishing to post themselves on the subject, and we think physicians, though they may not expect to become as enthusiastic as the author, must recognize the necessity of a certain amount of knowledge in this branch of medicine.

G. B. L.

The Student's Guide to Diseases of the Eye. By Edward Nettleship, F. R. C. S. Third American edition from the fourth English edition, with a chapter on Examination for Color Perception, by Wm. Thomson, M. D., Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. Philadelphia: Lea Brothers & Co., 1887.

A book so well known, that has passed through four editions, it would be a work of supererogation to criticize. For the benefit of such as have failed to see the many earlier reviews we may say that it is concise and yet thoroughly reliable; perhaps the very best textbook in our language for the student who is beginning a course upon diseases of the eye. Indeed, brevity and simplicity, coupled with completeness and the fact that the author is high authority on the subject of which he treats, have been among the commanding merits of the work, and we rather regret than rejoice over the thirty pages it has been found necessary to add to the present (fourth English) edition. At the risk of extending this notice beyond its due space we cannot forbear to differ with the distinguished author in his remarks on the operative treatment of chalazion, for these little lid-tumours are very common and likely to be among the first conditions of disease upon which the young oculist is called to try his prentice hand. "The cyst" says Nettleship, "is to be removed from the *inner surface* of the lid." This we regard as bad counsel. Such a method may cause a little permanent fistula in the dense tarsus. We have lately seen a case in which a chalazion operated on in this way had reformed, and a fine fistula, closed at the conjunctival mouth by a minute button of granulation tissue, led through the tarsus into the cavity of the tumour. We think it much better to seize the lid in a lid clamp, make a small incision through the skin, dissect it off the convexity of the tumour, cut away the latter cleanly with curved scissors, and close the wound in the skin with one or more very fine sutures—the usual mode of operating in America. The resulting scar is linear and altogether insignificant. We regret also to note several typographical errors, (e. g., p. 47, line 19, fig. 124 should be 123; p. 85, first line from the bottom, 1¹ should be 1²), in spite of the publishers' boast that "every care has been taken," as they often prove very distressing to beginners.

H. D. B.

MARRIAGES.

On Wednesday, October 5th, 1887, DR. JOHN CALLAN, of this city, formerly Resident Student of the Charity Hospital, was married to MISS ELIZABETH C. JOHNSON, at the church of St. Francis of Sales.

DR. CLARENCE J. EDWARDS, of Abbeville, La., was married on October 7, 1887, to MISS KATE YOUNG, at the residence of the bride's parents.

At St. Joseph's Church, Thibodaux, on Wednesday, 12th October, 1887, DR. OSCAR THIBODAU was married to AGATE CELESTIN, both of Thibodaux.

Deaths.

W. H. HAWKINS, M. D., a prominent physician of Texarkana, Ark., died on the 7th of September. He was a member in good standing of the Arkansas Medical Association and American Medical Association.

Says *Daniels' Texas Medical Journal*:

Again the medical profession of Texas is called to lament the death of one of its oldest and most distinguished members. DR. ANDREW ROBERT KILPATRICK died at his home in Navasota, Grimes county, on the 19th of September (ult.), after a protracted illness, aged 70 years.

DR. N. H. TALIAFERRO, Professor of Obstetrics and Diseases of Women in the Medical College, died at his home in Atlanta, Ga., September 17, 1887, aged 55 years.

On October 5, 1887, of diphtheria, KATIE LOEBER, eldest daughter of Dr. F. Loeber and Katie Humbrecht.

DR. J. N. BORG, of Jackson, Miss., died at his home in that city October 15, 1887.

DR. EDWARD LINDSAY, of Greensborough, died at his home September 3, 1887, in the 38th year of his age.

DR. JAMES A. GRAY, the managing editor of the *Atlanta Medical Journal*, died at his home in Atlanta, Ga., on the 27th of September, 1887, aged 37 years. Dr. Gray did not begin the study of medicine until he was 27 years old, and graduating in 1879 with the first honour at the Atlanta Medical College he pushed at once to the front rank of the profession. He died of typhoid fever after a short illness of three weeks.

DR. G. A. WYCHE, ex-President of the Bossier Parish Medical Society, died at his home in Red Land, October 9, 1887, aged 75 years.

PROF. PATRICK LANE, Superintendent of the State Blind Asylum, died in that institution on October 8, 1887,

in the 60th year of his age. Prof. Lane, himself blind, devoted many years of his life to his noble calling. He was able and gentle, wise and humane, and is a great loss to the State he served so well.

During the week ending October 22, 1887, MRS. AIMEE TOLEDANO, wife of Dr. Louis Debaillou, died at her home in St. Landry parish, aged 66 years.

DR. LUKE P. BLACKBURN died at his home in Frankfort, Ky., on September 15th, aged 71 years. He was a philanthropist in the widest and best sense. He won his great reputation by personally attending, and in organizing relief for, sufferers from cholera and yellow fever. In 1879 he was elected Governor of the State. The medical profession of Kentucky would do honor to themselves by erecting a monument to his memory.—*Southwestern Medical Gazette*.

MEDICAL NEWS AND MISCELLANY.

THE American Public Health Association meets in Memphis, Tenn., November 8-11, 1887.

SIR WILLIAM GULL has been stricken with paralysis.

A CHILD, aged 5 years, who was bitten by a rabid dog on July 18th, died recently at Lancaster. The evidence showed at the inquest, that the deceased and two other children were sent to Paris for treatment on July 25th, returning on August 25th. The deceased became ill on the night of his return and died on August 27th.

SIX of the fifteen Caucasians bitten by a mad she-wolf, and for the last few weeks under treatment at the Odessa Bacteriological Hospital, have now succumbed to hydrophobia.

THE NEW SURGEON-GENERAL OF THE STATE OF NORTH CAROLINA.—Dr. Hubert Haywood, of Raleigh, has been appointed to fill the vacancy caused by the resignation of Dr. Eugene Grissom. Dr. Haywood, who was graduated from Bellevue Medical College in 1879, has served for a number of years as Assistant Surgeon-General, in which capacity he has given great satisfaction in the administration of the affairs of the office, and his promotion is a deserved one.

DR. RD. WHITEHEAD, of Salisbury, N. C., has been appointed Demonstrator of Anatomy in the University of Virginia.

To the Secretary of the Texas State Fair and Dallas Exposition, Sydney Smith, Esq., we owe thanks for two complimentary tickets. The Exposition lasts from October 20 to November 5, 1887.

MORTUARY REPORT OF NEW ORLEANS

FOR SEPTEMBER, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	12	11	9	14	12	11	23
“ Typhoid.....	2			2	1	1	2
“ Congestive.....	10	5	9	6	9	6	15
“ Continued.....	1			1		1	1
“ Intermittent.....		1	1		1		1
“ Remittent.....	6	1	4	3	5	2	7
“ Catarrhal.....							
“ Puerperal.....	1			1	1		1
“ Typhc-Malarial....	4	2	1	5	4	2	6
Scarlatina.....							
Small-pox.....							
Measles.....							
Diphtheria.....	14	2	10	6		16	16
Whooping Cough.....	2		1	1		2	2
Meningitis.....	4	4	6	2	2	6	8
Pneumonia.....	2	5	3	4	3	4	7
Bronchitis.....	6	5	6	5	4	7	11
Consumption.....	38	30	33	35	66	2	68
Congestion of Brain.....	7	2	8	1	5	4	9
Diarrhœa.....	5	4	5	4	7	2	9
Cholera Infantum.....	3	4	3	4		7	7
Dysentery.....	6	2	6	2	8		8
Debility, General.....	4		1	3	4		4
“ Senile.....	14	15	14	15	29		29
“ Infantile.....	9	7	11	5		16	16
All other Causes.....	154	64	103	115	133	85	218
TOTAL.....	304	164	234	234	294	174	468

Still Born Children—White, 23; Colored, 10; Total, 33.

Population of City.—White, 176,500

“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 20.66.

“ “ “ “ “ “ Colored, 29.70.

“ “ “ “ Total, 23.13.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—SEPTEMBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP ^{RE.}			Precip. in in. & Hund.	GENERAL ITEMS.
		Mean	Max.	Min.		
1	29.97	76.0	82.0	71.0	....	Mean Barometer, 29.960.
2	29.96	76.3	84.2	71.0	....	Highest Barometer, 30.07, 30th.
3	29.96	78.0	86.7	71.3	....	Lowest Barometer, 29.54, 27th.
4	30.02	79.7	89.0	73.5	....	Monthly Range of Barometer, 0.53.
5	30.05	79.7	88.3	73.0	....	Mean Temperature, 77.3.
6	30.01	78.3	86.0	73.1	....	Highest Temperature, 94.0, 16th.
7	29.97	80.3	88.5	74.0	....	Lowest Temperature,, 60.1, 29th.
8	29.94	82.0	90.8	73.3	....	Monthly Range of Temperature, 33.9.
9	29.98	83.0	91.5	75.0	....	Greatest daily range of Temp., 18.0.
10	30.04	80.7	85.4	76.8	....	Least daily range of Temp., 5.5.
11	30.01	84.3	93.1	78.8	....	Mean daily range of Temperature, 13.2.
12	30.00	80.7	90.1	73.0	.16	Mean Daily Dew-point, 68.6.
13	30.01	80.7	91.0	73.6	....	Mean Daily Relative Humidity, 76.8.
14	30.03	80.0	89.2	75.0	....	Prevailing Direction of Wind, E.
15	30.01	83.0	92.5	75.2	....	Highest Velocity of wind and direction, 38, N. E., 20th.
16	29.95	83.3	94.0	76.0	....	Total Movement of Wind, 5657 miles.
17	29.94	79.3	87.2	75.4	.03	Total precipitation, 6.51 inches.
18	29.91	73.7	80.6	70.9	1.01	Number of days on which .01 inch or more of precipitation fell, 7.
19	29.86	74.0	78.0	70.2	1.65	No. of clear days, 18.
20	29.93	75.3	77.5	72.0	.46	No. of fair days, 7.
21	29.98	79.0	85.0	75.6	.32	No. of cloudy days, 5.
22	29.96	79.3	86.8	75.3	....	MEAN TEMPERATURE FOR THIS MONTH IN
23	29.93	78.7	85.6	73.6	....	1872.....81.5 | 1880.....81.3
24	30.02	71.3	77.4	68.5	....	1873.....84.2 | 1881.....82.8
25	30.00	71.7	80.1	63.3	T	1874.....83.9 | 1882.....80.0
26	29.82	74.0	82.5	69.9	....	1875.....79.3 | 1883.....83.3
27	29.62	70.7	74.2	69.2	2.88	1876.....82.2 | 1884.....82.3
28	29.86	68.0	75.0	63.2	....	1877.....83.1 | 1885.....80.4
29	30.03	67.0	76.0	60.1	....	1878.....83.5 | 1886.....77.9
30	30.04	69.7	79.4	61.4	....	1879.....81.0 | 1887.....77.3
31	.....	.....	.....	.....	....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN
Sums	.....	..	.....	.....	6.51	1872.....2.86 | 1880.....4.60
Means	29.960	77.3	.....	.....	....	1873.....8.34 | 1881.....4.21
						1874.....4.82 | 1882.....9.47
						1875.....8.61 | 1883.....4.12
						1876.....4.44 | 1884.....0.87
						1877.....2.54 | 1885.....4.25
						1878.....3.31 | 1886.....4.09
						1879.....10.44 | 1887.....6.51
						Dates of Frosts { Light, 0.
						{ Killing, 0.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

DECEMBER, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Address to the Members of the Regular Medical Profession of Louisiana.

Gentlemen—The tenth annual session of the Louisiana State Medical Society will be held in the town of Monroe on the third Wednesday in April, 1888; and subjects of paramount importance to the medical profession will be presented for consideration and discussion. We briefly formulate some of the questions now at issue, with the hope that they may receive the earnest consideration of the medical profession.

I. THE ESTABLISHMENT OF A STATE MEDICAL LIBRARY, FOR THE PRESERVATION OF THE ARCHIVES OF THE SOCIETY, THE DIFFUSION OF MEDICAL KNOWLEDGE, AND THE PROMOTION OF ORIGINAL SCIENTIFIC RESEARCH IN ALL THE DEPARTMENTS OF MEDICAL SCIENCE.

The object sought to be accomplished is the collection, classification and preservation of the manuscripts, documents and publications bearing upon the eventful history of the medical profession of the Mississippi Valley, from the first settlement of Louisiana in 1699 to the present day.

Every fact, document or publication which relates to the history of epidemics, and to the origin, causes and preven-

tion of endemic and epidemic diseases in Louisiana and in the Mississippi Valley, should be carefully preserved in permanent form and in a permanent building, and this building should also serve the purpose of a central hall for the meetings of the State Medical Society at stated periods. It is believed that facts of great value and rare documents and works are scattered over this land, which, if gathered together and sheltered within the ample folds of a permanent building, would prove of inestimable value.

It is the earnest hope of the patriot and friend of progress that each member of the Louisiana State Medical Society, and of the entire medical profession of the south and southwest, will view with favor this important enterprise, and contribute documents, works, original researches and practical observations for permanent preservation in the medical archives.

We cannot build and maintain a library without money. Without the generous responses of the medical profession this useful and benevolent project will remain unaccomplished.

Dr. J. A. Johnston, of Alexandria, by his generous gift, during the meeting of the Louisiana State Medical Society, on the 12th of April, 1887, of a square of ground for the building of the library, has set a noble example to the medical profession.

II. MEDICAL EDUCATION.

When we consider the importance and elevated character of the science of medicine—its object, the preservation of the health and lives, and the healing of the diseases, and the amelioration of the physical and mental sufferings of our fellow-human-beings—its extent, embracing a knowledge of all science, it is evident that MEDICAL EDUCATION should engage the earnest attention of the entire medical profession.

The advances made in all the branches of knowledge, and especially in the science of medicine, during the past century have exceeded in extent and value those of all

past ages; and it is no longer possible to compress its vast domain within the narrow limits of "SEVEN PROFESSORSHIPS," or to compass its circle within the brief span of less than THIRTY MONTHS.

The present age owes its wonderful progress to experimental scientific research.

The value and perfection of modern educational systems are due to a large extent to practical demonstrations in the fields of physics, chemistry, physiology, pathology, therapeutics and clinical medicine.

Universities of learning and science must be regarded as composed of two distinct bodies. On the one hand must be ranged the organizing powers and executive officers—the trustees and professors; and on the other hand, the greater and more useful body, the grand army of the ALUMNI. The voice of the latter should not be silent, but should speak in thunder tones, demanding a firm, wise and steady enlargement and practical advance of the colleges and universities all along the lines of literature, art and science.

III. PUBLIC AND INTERNATIONAL HYGIENE.

The medical profession of Louisiana should be foremost in the great work of perfecting and unifying the health and quarantine laws of the individual states and territories of this great republic.

The confusion, alarm and terror of the inhabitants of entire communities and states following local outbreaks of yellow fever on the Atlantic and Gulf coasts, and the threatened importation of cholera from Europe, reveal an imperfection of sanitary laws and knowledge, and of defencelessness against invasions of foreign pestilence. This condition of the disorganized sanitary forces of the United States can only be fitly compared with her dismantled fortresses and rotten navy.

It is high time that the medical profession and the civil authorities of the individual States and territories should be aroused to the necessity and importance of united ac-

tion, for the discussion, perfection, and inauguration of comprehensive measures for the exclusion of foreign and the eradication of domestic pestilence. The unification and perfection of the sanitary and quarantine laws of this nation can be effected only by the combined wisdom and action of the sovereign States, acting in concert and assembled in general convention.

Let the accomplished, learned and patriotic physicians of Louisiana take the lead in this work, which has for its aim the preservation of the lives of the people and the advancement of the material, social, and moral welfare of our country.

IV. PUBLIC SCHOOLS; THEIR HYGIENE; AND THE INTRODUCTION OF THE STUDY OF CHEMISTRY.

The first duty of the managers and officials of the public schools of Louisiana should be to perfect their hygienic arrangements, which in many localities are known to be defective and detrimental to the health of the teachers and pupils.

The science of chemistry has contributed more to the physical and industrial progress and wealth of the human race than all the other branches of knowledge. Chemistry is the basis of hygiene and physiology, and it has furnished facts of inestimable value to the agriculturist, to the mining engineer, and to the manufacturing chemist.

The introduction of the study of inorganic and organic chemistry into the public schools of Louisiana will not only aid in the intellectual training of the children, but will aid materially in the agricultural and mining progress and development of the State.

V. THE HYGIENE, DISEASES AND TREATMENT OF PRISONERS IN THE PENITENTIARY, PRISONS AND JAILS OF LOUISIANA.

VI. THE ESTABLISHMENT OF SCHOOLS FOR THE EDUCATION AND TRAINING OF NURSES, AND THE CONSIDERATION OF THE MEANS BY WHICH THE NURSES EMPLOYED IN THE CHARITY HOSPITAL OF NEW ORLEANS AND OF OTHER

CITIES MAY RECEIVE REGULAR AND JUST COMPENSATIONS FOR THEIR SERVICES.

VII. THE REVISION, AMENDMENT, PERFECTION, AND RE-ENACTMENT OF THE ACTS OF THE GENERAL ASSEMBLY OF LOUISIANA, RELATIVE TO THE PRACTICE OF MEDICINE IN LOUISIANA.—In this connection the protection of the public against unqualified and unprincipled practitioners of medicine and pharmacy, and against the irrepressible and indiscriminate sale of drugs and poisons by druggists, should receive careful consideration, with a view to influencing legislative action.

VIII. ORGANIZATION.—Of the 992 registered physicians in the State of Louisiana up to January 1st, 1887, 773 are classed as regulars, and of this number only 176 are members of the Louisiana State Medical Society. Of the fifty-nine parishes of Louisiana, thirty-four (but a little more than one-half the entire number) have representatives in the State Medical Society.

These figures furnish an argument for the renewed activity of the members of the parent organization to secure the organization of Parish Medical Societies.

The members of the medical profession throughout the State are most earnestly and respectfully urged to organize societies in all parts of the State, and to send delegates to the meeting of the State Society in Monroe, on the third Wednesday in April, 1888.

IX. ORIGINAL CONTRIBUTIONS TO MEDICAL SCIENCE.—The value of the transactions of medical societies depends primarily and almost exclusively upon the contributions of its members to the various branches of medical science. It is earnestly hoped that the transactions of 1888 will be enriched by the carefully recorded experience of the physicians of Louisiana, relating to general medicine, general surgery, obstetrics, gynæcology, therapeutics and materia medica, anatomy, physiology, pathology, diseases of children, ophthalmology, dermatology, hygiene, climatology and

diseases of the nervous system, dental and oral surgery.

No State offers a wider or richer field for the careful and complete study of disease. Its chief city situated at the mouth of the most important river in the world, offers in its Charity Hospital a vast field for clinical study in all the branches of medicine—its delta has furnished and still furnishes the most important area for the study of the relations of climate and soil to the development and propagation of all the various forms of malarial diseases. Here yellow fever has committed its greatest ravages, and here it has received the careful study of learned and philanthropic physicians.

Every fact relating to the history, propagation and treatment of yellow fever, Asiatic cholera, typhus and typhoid fevers, malarial hæmaturia, traumatic tetanus, hydrophobia, diphtheria, leprosy, elephantiasis and other diseases in the different parishes, cities, towns and villages of this State, should be recorded by the physicians and presented in the form of essays, monographs and individual cases, for publication and permanent preservation in the archives of the State society.

The Committee on Essays, as now constituted, consists of the following members:

Dr. I. J. Newton, Postoffice, Bastrop, La., *Chairman*; Dr. R. H. Day, Baton Rouge; Dr. J. W. DuPrée, Baton Rouge; Dr. H. D. Bruns, New Orleans; Dr. C. D. Owens, Alexandria; Dr. W. D. White, Abbeville; Dr. Smith Gordon, Alexandria; Dr. W. L. Dickson, New Orleans; Dr. R. W. Seay, Pilcher's Point; Dr. Thos. Hebert, New Iberia.

The physicians of Louisiana are respectfully requested to forward the titles of their essays, monographs and cases at the earliest practicable moment, to the accomplished and energetic chairman, or to any one of the eminent medical men composing the committee on essays.

In the past, much good has been accomplished by labors of the chairman of the committee, and its members have

demonstrated their devotion to the best interest of our profession by their valuable contributions to its literature.

Respectfully your obedient servant,

JOSEPH JONES, M. D.

President of the Louisiana State Medical Society, 156 Washington Avenue, Fourth District,

NEW ORLEANS, La., November 14th, 1887.

The Essential Nature of Inflammation.

By JOHN B. ELLIOTT, M. D., Professor of the Theory and Practice of Medicine, Tulane University of Louisiana, New Orleans, La.

If it is important that we should have a correct theory in regard to the mode of fever production in the body, it is no less important that we should possess a definite conception of the nature of inflammation. In diseased conditions the latter, in some degree, is almost as universal as the former.

The phenomena cited as characteristic of a local inflammation—pain, redness, heat, and swelling—give us only its superficial features, yet from a close consideration of these we must obtain the data for a rational explanation.

The redness tells us that the capillary vessels are in a dilated state and more full of blood than normal. The microscope shows, however, that there is less blood flowing through the parts, or that there is, in spite of dilated capillaries, a blood stasis. The swelling tells us of exudation of the fluid of the blood into the substance of the tissues, that it is intra-cellular as well as inter-cellular, and the microscope shows, in addition, an outward migration of the white corpuscles. The pain tells us of pressure upon sensitive nerve endings. Concerning the heat, which has become a classical element in the description of inflammation, our latest authorities warrant us in denying it. It is apparent rather than real. To thoroughly appreciate this elementary pathological process, a wider view must be taken of the relations of nerve, blood, and tissue.

Putting aside the question of special trophic nerves, it will scarcely be excepted to by the physiologists of the day that the processes of secretion and repair are under

the control of the nervous system. When this is asserted, however, it at once suggests itself to the inquirer, how is this control exercised? An answer to this question can be based only upon what we know of the action of forces in the natural world. When we speak of "nervous force," we speak of a thing not known to us in its nature any more than is gravity or electricity. Yet of the nervous force, as of these latter, we know with approximate certainty concerning its effects. When we strive, then, for a mental representation of the mode of action of this nervous force in the body, we involuntarily turn to what is known of the action of electricity as offering us a possible analogy. We trace a nerve fibre into a mass of tissue; we see that it is not in direct physical connection with every tissue cell in the area, yet we have no difficulty in interpreting to ourselves a possible mode of action of the nervous force by which every cell in the area will be influenced. We have only in this case to refer mentally to the known action of electricity under similar conditions, to realize that the lack of nerve connection with every cell is no bar to the possible influence of a nerve force upon every cell. A current of electricity sent from the positive pole of a battery to the negative pole through animal tissues affects every portion of tissue between the two poles. We can imagine in the same way a constant nerve influence maintained over a given tissue area. Nor is it necessary that we should limit this conception to solid tissue. Just as an electric wire dipping into a basin of water transmits the electric energy to every drop of water in the basin, so we find no difficulty in interpreting to our mind the influence of nerve force over the mass of blood flowing through the vessels of the body; while, therefore, we cannot speak with any knowledge of the nature of nerve energy, we can understand from the analogy of electricity how such an energy may exert a constant and controlling influence over both the liquids and solids of the body.

When we turn from the nervous energy to the blood and tissues we have other relations to consider. In health the

blood is a mass of fluid containing appropriate pabulum for every tissue cell in the body. We must believe likewise that in health each cell in the body, in so far as its function of work or secretion differs from that of other cells, needs a moiety of pabulum varying according to the nature of its function or work. It is only necessary to think of the difference in function existing between a gastric cell and a hepatic cell to realize that these two must, in a measure, make different demands upon the blood. What is true of these extreme examples is true for all other cells, no matter how slightly they vary from these or from each other.

Since the blood in health is maintained at its healthy standard by these varying demands, it follows that each cell in the body takes away from the blood an element that would render the blood less pure if it remained. The secretion of each cell becomes therefore an excretion from the blood for every other cell in the body. This cannot be regarded as an over-statement of the fact. It brings before us an ideal state of equilibrium between the blood and tissues which, perhaps, is never for one moment absolutely realized. Yet that it is the physiological norm, about which the relation of tissue and blood oscillates, cannot be doubted. In reality there must exist in blood, tissue, and organs, compensating adaptabilities for variations in this equilibrium as numerous as are the conditions man places them in by his capricious appetites and habits. Yet we should not forget, while looking at it in this light, that appetites are generated within, and are the conservators of this very state they would seem to disturb.

Admitting then this nice adjustment between blood and tissue, what is the essence of this relation? First, assuming the supreme control of the nervous system over both blood and tissue, and its necessary influence in any living interchange between them, there are physical and chemical relations which, while subordinate, are no less important. Under physical relations would fall all those variations in pressure which are constantly retarding and

expediting the flow of fluids in the active body, while the chemical would include those processes of interchange between the fluids within and without the vessels. We may state it thus: There is in health a definite chemical relation between the fluids within the blood vessels and the fluids outside of the vessels in the tissue areas. The healthy interchange between the fluids depends in a measure upon the maintenance of this fixed relation. As the fluid outside of the vessels depends upon the selective action of the tissue cells, we can see that these tissue cells must act normally, to enable this healthy relation between the fluids mentioned to exist.

The picture before us, then, is a mass of tissue cells drawing their varied pabulum from a blood mass flowing through them, the living balance of the two supported by the power of the nervous force, which controls and sustains each alike. In health the one takes and the other loses what is necessary to its physiological life, and so the balance is maintained. This necessity on the part of a tissue for a special element of food, which it must take from the blood, is regarded by physiologists as one of the motive powers of the healthy circulation. In regard to the circulation in animals, Carpenter speaks as follows: "All these circumstances indicate that the movement of the blood through the capillaries is very much influenced by local forces, although these forces are not sufficiently powerful in the fully developed state of the higher animals to maintain it by themselves." * * * "The rapidity of the local circulation of a part will depend in great measure upon the activity of the functional changes taking place in that part, the heart's action and the state of the general circulation remaining the same." * * * "Any circumstance, then, which increases the functional energy of a part, or stimulates it to increased nutrition, will occasion an increase in the supply of blood, altogether irrespectively of any change in the heart's action."*

The selective power of each cell for its special pabulum

*Comparative Phys., ¶ 251-252.

which is here insisted upon as a motive power in capillary circulation, gives us a very definite conception of the balance existing in health between blood and tissue.

If we turn to the various definitions of inflammation given us by different authors we find but little accord between them. Out of sixteen definitions collated from as many treatises there are almost as many varying forms. The majority do scarcely more than define inflammation by reciting its phenomena, which is description rather than definition. The definition which seems to be most in accord with the facts is that of Sir J. Paget. Paget states "that there is some mutual relation between the blood and its vessels, or the parts around them, which, being natural permits the most easy transit of the blood, but being disturbed increases the hinderances to its passage."

It will scarcely be forcing this definition to put it in the form, "that inflammation is caused by a loss of relation between blood and tissue." This may occur as a possible loss of relation either on the part of the tissue to the blood, or on the part of the blood to the tissue. Some departure, for example, from the normal state of the tissue causes it to cease its demand for pabulum, and the phenomena of inflammation follow; or on a larger scale, the blood may lose its normal relation to the tissue of an area or an organ and the same state ensues. This loss of relation is the precursor of the phenomena of inflammation. The phenomena of inflammation seem to be an effort of nature to repair the result of this lost balance.

Regarding this loss of relation between blood and tissue to be the initial cause of inflammation, it remains to inquire into the changes that take place in an inflamed area. By approaching the condition from the side of the nervous system we may get some light. If nervous control is a necessary and universal factor in tissue life it certainly must play a part in an inflammatory process. There is sufficient evidence to show that after injury to nerves tissue degeneration frequently occurs. In such cases we must believe that the nerve fibres sustaining the life of the part,

and regulating its life and tissue changes have been injured. It is not uncommon to witness under such circumstances a breaking down of tissue without the phenomena of inflammation. A slight injury results in rapid ulceration and repair is exceedingly slow and difficult with always a loss of tissue substance. In such a case we have had no inflammation proper, but only a rapid death. Repair begins with an inflammatory limitation of the dead tissue. The inflammatory effort is conservative, and it seems that we are justified in regarding inflammation as the result of an effort on the part of the body to repair a condition caused by loss of relations between blood and tissue. As we have stated above, loss of relation occurs first, the phenomena of inflammation follow.

Concerning the part played by the nervous system in an inflammation, it is easily apparent that any nerve controlling the nutrition of a part may, through a local irritation, excite the part to abnormal action which, being a departure from the normal, causes a loss of relation. Yet it would seem that the blood stasis, the dilated capillaries, the exudation of fluid, the passing out of white corpuscles, or the phenomena of inflammation, are the details of a process which we must believe to be conservative. The absence of heat, above that of the blood itself, which is now insisted upon, goes to show that tissue building has not ceased. If tissue building ceased there should be an increase of temperature, but that the local increase of heat is apparent and not real we must believe if any confidence is to be placed in careful experiment. That tissue building goes on, no matter if it be of an abortive kind, we have evidence of in the rapid cell formation which takes place in an inflamed area. That this tissue building is of a normal kind is not probable. Its very rapidity is a proof of its being of a lower order than normal, and when pushed to its extreme gives us pus as a result, this pus being composed most likely of both escaped white corpuscles and of abortive local cell formation.

This brings us to the consideration of the results of

inflammation. Let us begin our study of these results by realizing that in the tissues of the body there may be death in two distinct degrees. Regarding any given cell in the body as a physiological life-unit, we may have death of the entire cell resulting in the complete destruction of it as a part of the body, or we may have the death of one or more of the numberless molecules which constitute the cell as a mass. The two cases are essentially distinct, for many molecules of a cell may die and be removed without destroying the unity of the cell itself. In fact, molecular death is the necessary law of life in every cell. In health a molecule dies and is replaced by another exactly similar to itself, and the life of the cell goes on by virtue of this incessant molecular renewal. Departure from this healthy and equal replacement may occur in two directions: First, we may have more molecules added to a cell than are removed, this gives us hypertrophy; and secondly, we may have fewer added to a cell than are taken away, giving us atrophy. Either of these processes may take place in a cell to a limited extent without destroying it as a functional unit of the body. Molecular death becomes a diseased process only when it exceeds the normal health rate.

The best instance we can cite of molecular death is the emaciation taking place in a patient who suffers from general fever. Here we have a general shrinking or atrophy of the tissues of the body caused, not by the death of entire cells at once, but by the molecular death in the cells. It is true, this molecular death may go on until the cell becomes destroyed. Yet in such case the destruction has been of such a gradual nature as to allow the complete removal without remaining accumulation of dead matter. In the tissue destruction which accompanies general fever the vast mass of it is of this intracellular molecular nature.

We may have as possible changes of tissue in the body:

First—Simple increased molecular death.

Second—Simple increased molecular development.

Third—Simple molecular substitution.

Fourth—Simple cell death—pus.

Fifth—Simple mass death—gangrene.

The first cannot be cited as under the results of inflammation. It occurs, as we have stated, in general fever, where the loss of balance is neither in blood or tissue, but in the common nerve force which controls both of these alike. General atrophy then ensues.

Under the second we may cite the hypertrophies which occur in muscle under regular exercise, and in those morbid hyperplasiæ resulting from diseased conditions, as the increase in the connective tissue elements observable in all interstitial scleroses, in the enlargements of chronic inflammations, etc. These afford conditions which are divisible into three classes. The first being a healthy physiological increase as in muscle development. The second being the results of passive hyperæmias as the various scleroses. The third being true pathological hyperplasiæ resulting from slow inflammatory processes as in the glandular enlargements of strumous diatheses, and in the various syphilitic growths.

Under the third we have a series of changes in the cells which are expressed by the term "molecular substitution." In these the normal cell molecules are replaced by various abnormal constituents, such as oil globules, giving true parenchymatous fatty degeneration; such as the peculiar albuminous substance, giving amyloid or waxy degeneration; such as mineral calcareous molecules, giving rise to calcareous degeneration. These are not always regarded as the results of inflammation, but if we take the term inflammation in its widest sense to mean those losses of relation between blood and tissue which result in changes in the latter, we may embrace all of these forms as dependent upon this loss of relation. All of these changes may be looked upon as the gradual death of the cell through the substitution of abnormal molecules for normal molecules, dependent upon the loss of that relation between blood and tissue upon which the life of a cell depends.

The fourth, or pus formation, seems, from all studies made of the process, to be due to the migration of the white

corpuscles of the blood and to the rapid and abnormal formation of connective tissue cells in an inflamed area. This increased cell growth is characterized by two peculiarities—first, is the very rapid production of cells, and second, these cells are of a low type. Both peculiarities are indicative of increased physiological work, which from its rapidity fails to generate normal cells. These cells do not reach the plane of normal tissue cells and are thrown off as aborted products.

The fifth, or gangrene, death in masses, does not call for treatment here.

The various exudations need a word in this connection. These occur upon the mucous or serous surfaces of the body. We can best understand them by regarding them as the analogues of the exudations which occur into the solid tissues during an inflammation. Where a tissue area is surrounded upon every side by tissue, we have, in an inflammation, the exudation both of liquids and of white corpuscles taking place giving rise to swelling. Where an inflammation occurs upon a free surface we have the same products exuding in the same way. In this latter case being unconfined they show themselves as liquid secretions, giving mucous, muco-purulent, serous or plastic exudations, dependent upon the surfaces upon which they occur. The pus of muco-purulent secretions has its origin, as far as can be decided, both from the cells of the mucous surface and from the white cells of the blood. The fibrinous exudations of the serous surfaces are the direct products of the fibrinogen and fibrinoplastin of the blood. In the different nature of the surfaces, as well as in the absence of atmosphere on the serous surfaces, lie probably the factors of the differing products.

Taking a general view of all the variety of forms inflammations assume we may feel some confidence in holding that inflammation is conservative. That the various phenomena are the steps taken by nature to repair local disasters. This view seems borne out by the fact that there is no real increase of heat, or that tissue building has not ceased.

HOSPITAL REPORTS AND CLINICAL NOTES.

A CASE OF CONGENITAL PARALYSIS AND OF PARESIS OF SEVERAL OF THE NERVES OF THE EYE.

Reported by William C. Ayres, C. E., M. E., M. D., New Orleans, La.

A case rare and interesting, presented itself at my office on November 10. Indeed, among a personal contact with many thousand eye patients, I have never seen the like, nor do I find a reference to a similar case in ophthalmological literature so far as I am familiar with it. Therefore a notice of it should be worthy of record. The following were its peculiarities:

Mrs. G., æt. 49, had vision $\frac{20}{xx}+$, or somewhat above the normal, but could not see so well with weak convex glasses—therefore she was not hyperopic. She could not see to read or do any close work without a strong convex glass (3 Dioptries or 13 inches principal focal length). She had insufficiency of the *recti interni* muscles, and of the inferior oblique muscles. Also complete paralysis of the sensory nerves of the cornea and conjunctiva, all of which conditions she said she had had as long as she could remember. The pupil, or rather its sphincter, reacted nicely to light stimulus, but not to that of convergence.

The acuteness of her vision diminished regularly as an object was approached toward the eye.

Although she has marked deficiency of the internal *recti* muscles she has never had asthenopia that she can remember of—her eyes were always free from pain.

In other words, we have in Mrs. G. a case of complete congenital paralysis of the ciliary branch of the third nerve—a complete congenital paralysis—a defect in the center of those branches of the third nerve which control the action of the sphincter of the iris under accommodation, while those which control it under light stimulus are intact.

We have a paresis of the branches of the third nerve which supply the internal *recti* muscles and also of those which control the inferior oblique muscles.

Those branches of the nerve which control the *levator palpebræ superioris* and also those which control the *recti superiores*, do not seem to be affected.

By far the most peculiar nervous defect is that which we find in the ocular branches of the trigeminus. Here there is no sensation of pain under any mechanical irritation either of the cornea or conjunctiva. What brought my attention to this was, that there was a large eyelash lying near the lower *fornix conjunctivæ*, while she was entirely unconscious of the fact that there was a foreign body in her eye. Nor was the conjunctiva congested in the least. She opened her eye and passed her finger very roughly all over the cornea and the conjunctiva without any pain, and the trauma was not followed by any circulatory disturbance. On the contrary, there was a peculiar pale look about the whole eye both before and after her extraordinary performance.

It is very strange that, while the cornea is insensitive to foreign bodies, she never has had any corneal ulcers or other troubles, as we see after acquired paralysis of the sensory nerve or after section of the trigeminus. We also notice that there is not the slightest congestion of the eye following violent manipulation, and this may account for it in some degree. We further notice that the one center for the sphincter of the iris is intact while the other is crippled, furnishing an analagous condition to what is known as Robertson's pupil in *tabes dorsalis*. However, the relations are reversed, because in R's pupil reaction to light is wanting, while that to accommodation is preserved, and in her case the accommodative reaction is wanting and the light reaction preserved.

Had these things been acquired or resulted from disease, we could simply have considered it a case of paralysis of certain branches of the third nerve, and also of the sensory nerves of the cornea, as we sometimes find among our patients, but since they are congenital and the conditions have not varied within the memory of the patient, we see m

justified in thinking it a case of defective cerebral development, or at least one of profound central or ocular disturbance during intra-uterine life.

A CASE OF ABSCESS OF THE LIVER.

Reported by DAVID JAMISON, M. D., New Orleans, La.

I. F. was admitted into the Hotel Dieu July 5th. He is a native of New Orleans, aged 26 years. He has led rather an exposed life, but is not an excessive drinker. His favorite tippie is lager beer.

He has felt "out of shape" for a month past, has had pain in the right shoulder and under the right shoulder blade, and has had no relish for food for several weeks.

On admission: Temperature, 103° Fahr.; pulse, 100; facial expression distressed, great pain in the side. He is unable to stand erect. There is considerable bulging in the region of the liver. From the above and other symptoms it is clear that his trouble is abscess of the liver.

He was seen the next morning with Prof. Souchon, with whose assistance I inserted the point of a medium-sized aspirator needle, and drew off three pints of very foetid pus.

The night sweats and chills now ceased and he was able to sleep without opium. He continued to improve for about a week, but on the tenth day from the first aspiration all of his former symptoms had fully returned. I now removed one quart of pus, which did not smell as bad as the first. One week later he was as bad as before, and during a violent fit of coughing the abscess broke into the lung. He coughed up a large quantity of pus.

He was given iron, quinine and sodium sulphocarbolate and stimulants. An attempt was made to aspirate again, but no pus could be found. He continued to grow worse every day and I was puzzled to know what to do. An incision into the abscess was out of the question, for various reasons not necessary to mention here.

I was told by Prof. Souchon that Dr. Parham was using gaseous enemata in liver-abscess cases in the Charity Hospital. I began at once with the usual apparatus and was greatly surprised at the result. He slept the first night, had no chill and had a good appetite for breakfast the next morning. He continued to improve, and in one week gained four pounds. The secretion from the abscess lessened day by day, and in a month from the day on which I began the gaseous enemata I discharged him from the Hotel Dieu cured (to all appearances), he having gained thirty pounds.

My object in reporting this case is simply to call attention to this method of treatment, and not to enter into the discussion of the details of liver-abscess, as has been done lately in an able manner by Prof. Souchon.

A CASE OF TRIPLETS.

Reported by HENRY J. SCHERCK, Resident Student, Charity Hospital, N. O., La.

S. W., æt. 26 (mulatress), was admitted into Ward 39 on the 1st of November; has had two labors previously, the last four years ago.

On November 4th, at 4 A. M., was called to the ward, and upon examination found the os dilated to the size of a dollar. The abdomen was not much, if any, larger than an ordinary pregnancy.

About 2 o'clock of the same day, finding the os uteri fully dilated, I ruptured the membranes. After a delay of twenty minutes she was delivered of a female child weighing $4\frac{1}{2}$ pounds. This child was placed in the first position of the vertex.

A delay again occurred, after having punctured the second membrane, caused by a partial transverse position of the second child. Introducing the hand both feet were pulled down, after which it was delivered without any further trouble. This boy weighed $3\frac{1}{2}$ pounds.

To my surprise a third distended membrane presented itself at the os uteri, and was also ruptured, and another

boy, with breach presenting, was delivered without difficulty, weighing $2\frac{1}{2}$ pounds.

The placenta followed immediately. It was quite large, weighing 3 pounds. Two of the umbilical cords were situated near the centre, the third on the margin of the placenta. The respective lengths of cords were 8, 15 and 16 inches.

At this writing, which is fourteen days since birth of triplets, the mother is up and about, and all the children doing well.

LARGE NÆVUS IN AN UNUSUAL LOCATION.

Reported by A. McSHANE, M. D., New Orleans, La.

The writer was shown a patient by Dr. A. Hava, who had a very rare nævus. The patient was a young white man, aged 20 years, in good physical condition. He was not under treatment for the nævus. Five years ago a friend, while looking at his back teeth, observed a large swelling on the right side of the soft palate. In October, 1887, there is a large purplish bulging in that locality, involving the pillars of the fauces and the uvula, which is three-fourths of an inch long and very thick. Immediately to the right of the uvula is a slightly elongated, blackish mass, projecting downwards, which consists of distended veins. All over the surface of the swelling numerous dilated blood vessels are seen, giving a mottled, purplish aspect to the tumor. The swelling is soft. The patient does not know how long he has had it; he himself first noticed it five years ago, and it was as large then as it is now. The swelling is a large nævus, occurring on the mucous membrane of the soft palate and fauces. It causes no inconvenience in swallowing or speaking, but swells a little when he gets a cold.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

Commencement of the Medical Session—The Harveyan Oration—The Incidents of Albuminuria—Bergeon's Treatment at the Brompton Hospital—Benzol in Whooping Cough—Moss as a Surgical Dressing—The Mortality from Hydrophobia—The Psychology of Foking—Registration of Architects—The Quain Bequest—Automatic Collecting Boxes—Treatment of Diphtheria—Recrystallized Cocaine.

Most medical students in Great Britain and Ireland begin their professional education in October; a smaller number enter earlier in May, at the beginning of the summer session; the success or failure of a school is mainly determined by the number of students entering in October. This year the number who entered in London is stated to be rather larger than during the last few years, but the improvement is not very conspicuous, and the number of students when compared with the total at Edinburgh, Glasgow and Aberdeen, is by no means in proportion to the relative facilities for gaining a practical acquaintance with anatomy, medicine, surgery or midwifery. The difficulty of obtaining the degree of M. D. in London is mainly accountable for the preference shown for the Scotch schools.

The Harveyan Oration delivered at the Royal College of Physicians by Dr. W. H. Stone, was unusually interesting. A few months ago the college published some manuscript notes, which Harvey had made for his lectures. These notes are written in a curious mixture of English and Latin with occasionally a Greek word. One of his notes on the theory of the circulation runs as follows :

“Constat per fabricam cordis sanguinem per pulmones in Aortam perpetuo transferri, as by two clacks of a water bellows to rayse water. Constat per ligaturam transitum.

sanguinis ab arterijs ad venas, unde perpetuum sanguinis motum in circulo fieri pulsus cordis." The two hydrostatic conditions of the circulation are herein defined, said Dr. Stone, with geometrical accuracy, and read like the enunciation of a theorem in Euclid.

In another place, when treating of the perpetuation of the species, he noted down:

"Apparet item maribus et fœminis qui moderate utuntur never more brave, sprightly, blith, valiant, pleasant, or bewtifulfull."

Dr. Stone's main argument was that Harvey's great discovery was much helped by his knowledge of physics, and that medical students should be encouraged to give more time to the study of this subject.

Following upon the inquiry as to the incidence of albuminuria among the presumably healthy, Prof. T. Grainger Stewart has made a series of observations as to its incidence among various groups of patients. Among the private patients 36, or 24 per cent., showed albumen; among the indoor infirmary patients 74, or 49.3 per cent.; among the outdoor infirmary patients, 19 per cent.; and among the sick children, 7, or 14 per cent.; among the fever cases 33, or 66 per cent.; among the maternity hospital cases 18, or 72 per cent.

Writing on Bergeon's treatment of Phthisis by gaseous rectal injections, Dr. Theodore Williams says: "My own experience * * * is limited to six cases treated at the Brompton Hospital, which certainly do not bear out the results of the author of the system. * * To test whether sulphuretted hydrogen was or was not exhaled in the breath the patients were directed to breathe into solutions of acetate of lead." As no sulphide of lead was formed, it was concluded that the gas was not exhaled by the lungs. The general effect was sedative, but temporary; the temperature fell, and in some cases the pulse and respirations were reduced in frequency, but in one only were the cough and expectoration lessened. Dr. Williams' patients objected, in most cases strongly, to the treatment, and he truly

says that "unless more brilliant results than these, which can be attained by other and less troublesome methods can be arrived at, it is not likely that a system so opposed to people's feelings will be long persevered with."

Dr. John Lowe again recommends pure benzol in whooping cough; he says that the objection to giving it may be overcome by the use of the following prescription. The fluid is so light that it is by no means easy to prescribe it in such a form as to cover the hot pungent taste which it leaves in the mouth. Even where viscid solutions, such as starch or mucilage are used, this acrid flavor remains to some extent and it is apt to produce sickness. For a child of four or five years of age two minims every two hours will suffice. The following is said to be a convenient and not unpleasant formula: ℞ "Benzol puriss." (Hopkins & Williams), m. ʒ2; glycer. pur., ℥iiss; ol. menth. pip., m x; syr. mori, ℥ss. Misce. ʒj; 2dâ quâque horâ sumenda. The best time for beginning its use is after the acute stage is past; its beneficial action is displayed in diminished expectoration and decrease in the spasmodic nature of the cough. Other observers state that any pure benzol is equally efficacious.

There can be no doubt as to the marvelous capacity of absorption shown by moss. But Dr. Lediard says that it is only realized when damp pads are used instead of dry, for the dry moss requires something to initiate the absorption, more watery than either pus or blood. He recommends it for excisions of the breast, a simple bandage serving to retain the moss pad in apposition. For amputations the pads must be made larger so as to fold round a stump, or the stump can be placed between two pads and secured by a bandage of gauze or calico; they make a soft and easily adapted dressing for the neck after removal of strumous glands, and after opening abscesses they are cleaner and sweeter than cotton wool, however absorbent.

As an absorbent pad for *fistula in ano*, moss is excellent, as also for ulcerated legs. One danger is mentioned, namely, that after operations where reactionary bleeding

may be possible, the moss pads, by absorbing the blood, serve to conceal the bleeding in some measure because the moss takes up a considerable amount of blood before it runs over.

Owing to the alarm excited among the general public by the increased frequency of hydrophobia, the Registrar-General thought it well to collect all such statistics concerning the disease, as were derivable from official records. The highest number of deaths from hydrophobia recorded in any one year, namely, 79 in 1877, only gives a rate of 3.2 per 1,000,000 persons living, so that the apprehension as regards the disease is quite disproportionate to the risk of its occurrence. "The risk of death from murder or homicide is many times as great as the risk of death from hydrophobia."

The Medical Societies in London and the provinces have now fairly commenced their winter's work. Dr. T. Hughlings Jackson, the president of the oldest of them all, inaugurated the session by a most interesting and thoughtful address on the Psychology of Joking, in which he once more applied his favorite conception of three levels of evolution, punning being the lowest and humor the highest, wit occupying an intermediate level.

In a letter to the *Times*, Mr. Gough, the chairman of the Architects' Registration Acts Committee, states that strenuous efforts are being made by the architectural profession to obtain an act of Parliament for the registration of all architects and civil engineers at present in practice, and the compulsory examination of all hereafter desirous of entering their ranks. He fully admits the serious charge that very many so-called architects are utterly ignorant of the most elementary laws of sanitation, and may, and do, by their want of knowledge, cause serious risk to the lives of their clients, besides putting them often to large and grossly unnecessary expense.

Mr. Richard Quain, F.R.C.S., F.R.S., the cousin of the other Richard Quain (of the dictionary), has bequeathed almost the whole of his fortune, amounting to

about £75,000, to University College, London. The college will at once benefit to the extent of about £60,000. The money is to be spent for the advancement of the study of modern languages and natural science.

There is hardly a railway station of any importance, either in London or England, where the enterprising Automatic Box Company has not established one or more of its ingenious boxes; the waiting passenger puts a penny into a slit and becomes the happy possessor of a post-card, or a box of matches, or a cake of chocolate, or a piece of taffy. Dr. James Aveling had the idea to make use of these boxes for the benefit of the hospitals and obtained leave to erect several in the London and Colonial Exhibition, where a coin was dropped through the slit; a figure presented a card with the words "Thank you" upon it. These ingenious toys succeeded in collecting £404.

Dr. John W. Watson gives the following method as an improvement on Dr. Illingworth's formula for the application of biniodide of mercury in diphtheria. Gargle the throat with 1 in 3,000 corrosive sublimate solution and afterwards apply the biniodide in glycerine as recommended by Dr. Illingworth; an hour afterwards gargle the throat with lime water, taking a sip now and again for a few minutes, so as to bring it in contact with the exudation as much as possible. Two hours from the first application the sublimate gargle is again used and the biniodide applied. The treatment is to be persevered in except when asleep; the lime water is believed to have a solvent action on the exudation.

It is said that cocaine which has been dissolved and recrystallized can be better depended upon to produce the desired anæsthetic effect than the drug ordinarily supplied. If a small growth is to be removed, the needle should be entered at four places around the tumor, the injection being made both upwards and downwards on each occasion; from gr. i to gr. ii will be required altogether.

THE PERITONEAL RELATIONS OF THE CÆCUM
—RECTIFICATION OF AN HISTORICAL ERROR.

Messrs. Editors:—The recent appearance of the twelfth American edition of Gray's Anatomy as ably revised by Pick of London, and Keen of Philadelphia, in which the old account of the peritoneal relations of the cæcum has been completely cancelled and the more recent teachings of Mr. Treves substituted with the emphatic endorsement of the editors, has suggested to me the propriety of calling your attention to an error, which I believe is gaining currency among writers who have occupied themselves with the anatomy of the cæcum since the appearance of Mr. Treves' lectures,* and which is well exemplified in this edition of our great classic. The error in question does not involve the correctness of Mr. Treves' teachings; on the contrary, I cannot but regard the substitution of Mr. Treves' conclusions in place of the traditional and erroneous description given in former editions, as a matter worthy of congratulation—but it refers simply to error of regarding the corrected description of Mr. Treves as entirely "new" and of assigning to this anatomist the merit of first discovering the inaccuracy of the old description. As a matter of fact, the teaching that the cæcum is a viscus entirely invested by peritoneum with which the name of Mr. Treves is now usually connected, is a comparatively old teaching, as it is precisely the same that was maintained, and most emphatically, by Bardeleben and H. Luschka at least twenty-five years before Mr. Treves' lectures were published.

It is only curious that, notwithstanding the commanding authority of so great an anatomist as Luschka, the facts brought out by him should have been practically ignored by almost all descriptive anatomists excepting those of the German school and its followers.

It is, indeed, more than probable that if Mr. Treves had

*The Anatomy of the Intestinal Canal and Peritoneum in Man, Hunterian Lectures delivered before the Royal College of Surgeons of England. *British Medical Journal* March 1-21, 1885.

not intervened with his admirable and convincing demonstrations, we would still find the ancient descriptive relic as well preserved as ever—at least in English and French texts.

I must state that at the time that I endeavored to utilize Mr. Treves' researches in an article on "Iliac Phlegmons," contributed to the Transactions of the Louisiana State Medical Society for 1886, and published in the July and August numbers of this JOURNAL during the same year, I was unaware of the just claims to priority which the German anatomists possessed. At the time I exclusively associated Mr. Treves' name with the facts that he taught and that I had confirmed, believing him to be the only author to whom credit was due. It was not until September, 1886, when reading an able review of my paper in the *Revista de Ciencias Medicas*, Barcelona (vol. xii, No. 16, 1886), that I was much surprised to learn the comparative antiquity of the discoveries (pertaining to the peritoneal investment of the cæcum) presented by Mr. Treves. Since that time I have amply confirmed my reviewer's references, as the subjoined extracts show, and have found that not only in his anatomy has Mr. Treves been antedated by H. Luschka, but also in the surgical application of "his views," as will be observed in reading the paragraphs relating to cæcal hernia, in which Luschka insists upon the fact that these herniæ, contrary to the general belief, *are* as a rule possessed of a sac like the typical herniæ.

Mr. Treves has more recently contributed a valuable paper on cæcal hernia (Medical Society of London, October 18, 1886, *British Medical Journal*, February 19, 1887), in which he repeats and emphasizes his conclusion previously announced in the Hunterian Lectures, i. e., the complete serous investment of the cæcum; and with it, as a guiding principle, comes, after a very interesting and profitable inquiry, to the same conclusion which Luschka had reached nearly a quarter of a century before him. Throughout this paper, as in his Hunterian Lectures, no

reference or allusion is made to Luschka's work, though marked evidences of literary research are displayed in both instances. This, however, does not affect in the least the originality of Mr. Treves' labors, which possess too much individuality, are too well burdened with the proof of independent thought and conscientious observation, to be suspected for one instant of even imitation. That he has overlooked the records of German scientific research in this one particular can hardly be denied, notwithstanding the fact that he has proved himself quite a master of them on other occasions. Mr. Treves' successors in this field have, like him, failed to do justice to the Germans, all of them without exception—at least to my knowledge—referring to the teaching re-introduced in the Hunterian Lectures as new, and in discussing or approving, always referring to them as "Mr. Treves' observations," which confirms my suspicion that these writers have, like myself, trusted entirely to the well known erudition of this gentleman and deemed it superfluous to supplement the reading of his papers by interrogating the bibliography. As illustrations of this statement, and also of the marked attention and corroboration with which "Mr. Treves' views," have been received by the anatomical world since their publication, I would cite the discussion which took place in the New York Surgical Society, December 8, 1886, following the reading of a report of a case of perityphlitic abscess, by Prof. Robert F. Weir (vide *Medical News*, January 15, 1887). A paper by Prof. Weir ("A Plea for Earlier Operations in Perityphlitic Abscess with a Case of Laparotomy," etc., *New York Medical Record*, June 11, 1887), in which he accepts and applies Mr. Treves' observations. The exhaustive monograph on the Anatomy of the Peritoneum, by Barraban, in that monumental work, the yet unfinished *Dictionnaire Encyclopédique des Sciences Médicales*, edited by Dechambre & Lerréboullet (Peric-Perit, 1887), in which Mr. Treves is copiously quoted and approved, though no allusion even is made to German investigations. The special paper on the "Relations of the Peritoneum

and the Cæcum," by M. Tuffier (Prosecutor of the Faculty of Paris), read before the Anatomical Society of Paris, November 5, 1886 (*Progrès Médical*, February 26, 1887, vol. v. p. 175), in which, "after the examination of over one hundred cadavers, ranging from a seven-month's fœtus to old age," this observer was able to corroborate Mr. Treves' conclusions in their entirety (no mention of Bardeleben, Luschka or others, however). So does Greig Smith, in his recent "Abdominal Surgery" (p. 354, 1887) largely apply and unhesitatingly approve his fellow-countryman's teachings. I have already referred to the emphatic approval given by Pick and Keen, the editors of Gray, to the observations of Treves; and I might also cite Prof. Frank Baker's masterly article on the "Peritoneum" in Wood's "Reference Handbook of the Medical Science," vol. v. 1887; to Faneuil Weisse's "Practical Anatomy" (1886), and to other competent authorities, whose conclusions substantially agree with those of Mr. Treves, but this enumeration has already been too lengthy, and enough has been said to prove the necessity of presenting the following evidence which the neglected claims of scientific justice now urgently demand.

* *Luschka (H.)* — Ueber die peritoneale Umhüllung des Blinddarmes und über die Fossa iliocæcalis. *Archiv für pathologische Anatomie und Physiologie*, Berlin, 1861, Vol. XXI, pp. 285-8.

Although it has been repeatedly stated, especially by Bardeleben in an emphatic and convincing manner,† that the cæcum, by which is understood that part of the large intestine which lies below the junction of the ileum, is without exception always surrounded by the peritoneum, there has not yet been obtained any agreement in the views on this subject. The greater number of anatomical and surgical writers are yet affected with the error that the posterior surface of the cæcum is, *as a rule*, like the ascending colon, entirely destitute of a serous covering and attached to the right iliac fossa by connective tissue only.

* For these translations from the German and other favors the writer is indebted to the kindness of Prof. Frank Baker, Georgetown Medical College, D. C.

† *Archiv f. path. Anat. und Phys.* Vol. II, p. 583.

In accordance with this view, the occurrence of a cæcal hernia with a peritoneal sac is considered questionable, or at least allowed only as a rare exception.

In view of the practical importance of this controversy, I have given attention to this matter for a long time past at every opportunity, and am now prepared to give my opinion.

I have not omitted to first ascertain the condition in the fœtus. In a fœtus of nine weeks I could not yet make out a well defined ascending colon as that part laid in the same general direction as the transverse colon, and its end tapered gradually to a vermiform process directed downward and to the left. The entire gut was completely invested by peritoneum and quite mobile. The vertical situation of the ascending colon and its relation to the posterior wall are acquired very slowly, comparatively speaking. In rare cases the original relations remain and then may give rise to notable displacements. In an example of this sort, the ascending colon, provided with a long mesocolon, lay under the convolutions of the small intestine in the left inguinal region, and the cæcum, together with a portion of the small intestine, had pushed through the left inguinal canal and made a very considerable left inguinal hernia.

Since it cannot be denied that the ascending colon (as indeed also the descending) is at first completely free and surrounded by the peritoneum, the fixation which occurs later can be explained only by admitting that by the growth of the body-wall towards the sides the visceral peritoneum attached thereto is drawn over to such a degree that it is unwrapped from a portion of the large intestine for the benefit of the parietal layer.

In very rare exceptional cases the beginning of the large intestine, that is to say, what afterwards becomes the cæcum is also affected, it showing at birth no well marked boundary between cæcum and vermiform process, the one passing gradually into the other, as is the case throughout life with most mammals. A review of a great number of examinations brings to mind only a very few cases in which the accepted view of the normal behavior of the cæcum was noted, that is to say, in which the entire side turned toward the iliacus muscle was united to the wall by connective tissue only and but very slightly movable.

I regard the complete peritoneal investment as the normal arrangement, having found it so both in examinations

from the peritoneal cavity and also from the outside after completely isolating the peritoneal sac. In the first instance, the cæcum may be seized, raised and laterally displaced; in the latter, it cannot be reached without wounding the peritoneum, as is not at all the case with the ascending colon. It results from this not only that there ought to be a peritoneal sac in cæcal hernia, but also "that a perityphlitis in the sense in which that term is ordinarily used is impossible unless there has been an anomalous union of the intestine with its surroundings.

In making these examinations I have always found a very noteworthy peculiarity at the point of union of the cæcum with the small intestine, namely, a pocket which from its situation might be designated as the *fossa* or *recessus-ileo-cæcalis*. It is on the median aspect of the junction, roundish in form, and of a maximum depth of 3 cm. in adults. It is bounded externally by the end of the small intestine, internally by the mesentery of the vermiform process, above by a fold from 1.5 to 2 cm. high, which is a continuation of the mesenterium, etc.

Luschka, H.—Die Anatomie des menschlichen Bauches. Tübingen, 1863, pp. 223-226.

The Cæcum and the Vermiform Process.—The cæcum is generally understood to include only that part of the large intestine which lies below the junction of the ileum, but a few authors consider that its upper border is a plane passing immediately above that junction. This difference is not in itself of any importance, but may lead to misunderstanding in discussing the question of the peritoneal investment of the viscus. The cæcum limited by the boundary first mentioned is the widest part of the intestine, is often distended to a sac-like shape, and has a varying length of from 1 to 4 inches (Zoll).

Its long axis is more or less curved inwards and upwards, so that its rounded end is turned in that direction. The three columns of haustra, as well as the ligamenta coli,* are continued as far as the root of the vermiform process, into which it not infrequently happens that the entire wall of the cæcum so passes that it has a conical form with a pointed end.

Normally the cæcum lies upon the iliacus internus muscle, but does not actually touch its sheath, as that por-

*German Anatomists call the three flat and narrow longitudinal bands of muscular fibre seen externally on the colon, the *ligamenta* or *tæniæ coli*, and the sacculi between them, *haustra*.—Translator.

tion which is turned toward the muscle has a complete serous investment and the sheath itself is covered with peritoneum. Under the cæcum there is sometimes found the so-called subcæcal fossa* of the peritoneum, that raises the membrane in folds to the right and the left. In an adult of thirty-one years Engelf† found this pocket widened to such a degree that it contained nearly all the convolutions of the small intestine and so constituted a true hernial sac, which communicated with the peritoneal cavity by an opening two inches wide and was associated with a displacement of the cæcum to the left and above the umbilicus. But without such an internal subcæcal hernia the cæcum shows many anomalies of position, which sometimes relate to development, sometimes arise later. In connection with those of development it is to be remembered that at a certain period of fœtal life the cæcum lies in the same direction as the transverse colon, which is also that of its reduced end, the vermiform process, and that it only very gradually attains the vertical position and its relation to the right internal iliac muscle. Thus are explained the cases in which the cæcum is found resting upon the belly of the psoas major or pushed back against the middle plane of the abdominal cavity. From the circumstance that the cæcum as a rule possesses a complete peritoneal investment, is explained, not only the fact that a cœcal hernia usually has a peritoneal sac, but also the considerable changes of place, which the viscus may undergo, as in a case observed by me, in which the cæcum together with a portion of the small intestine passed through the left inguinal canal and became a portion of a left inguinal hernia, and in a case reported by Dugel in which the cæcum was found shoved up between the right lobe of the liver and the diaphragm, etc., etc.

Hyrtl, F.—*Topographische Anatomie*, seventh and last edition, Wien, 1882; vol. i, pp. 803-4.

Recently it has been found that there are no grounds for a generally accepted anatomical article of faith, viz.: That the cæcum, like the ascending colon, is only partially covered by peritoneum, and that its posterior surface, not so covered, is attached by connective tissue to the iliac fascia. In the far greater number of cases the cæcum has a complete peritoneal investment, and is therefore movable and detachable (*umgreifbar*). As a rare exception to the

*This should not be confounded with the ileo-cœcal fossa elsewhere described by Luschka.—Tr.

†Wiener Med. Wochenschrift, 1861, No. 40.

rule it lies upon the fascia covering the right iliacus muscle, in such a way that only about two-thirds of its surface is covered by peritoneum. If in this rare case the entire circumference of the cæcum should become engaged in a hernia, the part of the wall not covered by peritoneum must lie external to the hernial sac. (*Hernie acyستique*, Cruveilhier). The connective tissue by which the posterior surface of the cæcum is exceptionally united to the iliac fascia may by suppuration (perityphlitis) form abscesses, which may extend upon this fascia, or after penetrating it, extend under it, and in this latter case go down as far as the crural arch under Poupart's ligament and there be mistaken for a psoas abscess. Frequently the cause of these abscesses is foreign bodies which remain sticking in the cæcum, sometimes also hardened masses of fæces. If the cæcum is free, and provided with a complete peritoneal investment, perityphlitis cannot occur unless the free surface becomes united to the iliac fascia by adhesions occasioned by inflammation.

Henle (F.)—Handbuch der systematischen Anatomie, 2d edition. Braunschweig, 1873, Vol. II, p. 907.

The cæcum is completely surrounded by peritoneum as far as the mouth of the small intestine, and so is usually the vermiform process with the exception of a narrow strip on its anterior surface from which passes a sharp edged fold, the *mesenteriolum processus vermiformis*, of which the upper end joins the under sheet of the iliac mesentery.

[Similar statement, p. 82, same vol. There is no mention made by Henle of a mesocæcum. His work is large and comprehensive, and he is especially full on minute details. The omission is therefore decidedly significant.—*Trans.*]

Langer (C.)—Lehrbuch der systematischen und topographischen Anatomie, 3d edition. Wien, 1885, p. 508.

The cæcum is, as a rule, completely surrounded (by peritoneum), and its covering passes over to the lower surface of the ileum as a small fold, (*plica ileo-cæcalis*) in which there are found unstriped muscular fibres.

Heitzmann (L.)—Anatomy, Descriptive and Topographical. Vienna and New York, 1887, Vol. II, p. 28. [See preceding edition *]

*See Editorial August number, 1886—"Anatomical Relations of the Cæcum."

Only the cæcum with the vermiform appendix, transverse colon and sigmoid flexure are completely invested with peritoneum which is more or less wanting on the posterior surface of the other parts of the large intestine.

As you will notice I have simply sought to establish in this communication the claims to priority which are certainly due the Germans for the elucidation of this interesting and important point in visceral anatomy. I have not argued the correctness of the simple statement that the cæcum is, *as a rule*, entirely invested by serous membrane on all its surfaces, because I regard this statement as expressing a thoroughly proven and now admitted anatomical *fact*, the discussion of which would be, in my estimation, superfluous. However, as one drop more of personal experience is not likely to spill the cup of the accumulated observations of other and more authorized observers, I will add that since the publication of my paper on "Iliac Phlegmons" (1886), in which I stated that I had confirmed Mr. Trevos' assertion by the examination of over twenty-five subjects, I have added over fifty-five recorded observations, made during the session of 1886-7, in the Anatomical Rooms of Tulane University and in the Dead House of the Charity Hospital, where, with the assistance of Dr. A. McShane, Assistant Demonstrator of Anatomy, I have, with the exception of four cases (out of eighty), always found the cæcum completely enveloped by peritoneum. I have never seen a real meso-cæcum. And in the exceptional cases in which this bowel was adherent by its posterior surface to the abdominal parietes, the causes that intervened (excluding the accidental, acquired,) were readily explained by the well known developmental peculiarities of this portion of the large intestine. A great deal of interesting information has been recently gathered on the anatomy of the cæcum, owing to the valuable application of anatomical data in the ever widening field of abdominal surgery. To the confirmation of these facts, and especially to the morphological types presented by the cæcum, as

viewed from the standpoint of the comparative anatomists, I hope to revert some day and, I trust, more interestingly. It is in this latter light that Mr. Treves' researches are essentially original, invaluable and deserving of the greatest admiration.

Notwithstanding the great length of this communication I have endeavored to condense it to the narrowest limits compatible with the explanation of my purpose; still I fear that I have encroached almost unpardonably upon your valuable space, especially when I consider that the whole point discussd revolves around a proposition or rather a *fact* which you have stated that you "could not sanction, even by silence. I am, dear sirs,

Very respectfully yours,

RUDOLPH MATAS, M. D.,

Nov. 21, 1887.

72 S. Rampart Street.

A GOOD RESOLUTION.

[Under the above heading the *Pacific Medical and Surgical Journal* for November contains a brief editorial commending the San Francisco Board of Health for resolving to issue burial permits only upon the presentation of death certificates signed by legally qualified and registered physicians. Our attention having been attracted to the matter, we wrote concerning it to the secretary of our State Board of Health, and received the following courteous and highly satisfactory reply. This action of the Board can but have a salutary effect, and the secretary further informs us that it is to be followed by the vigorous enforcement of the law requiring registration. We should be glad to learn from subscribers in other Southern States how the matter stands with them.]

NEW ORLEANS, November 18, 1887.

Editors of the New Orleans Medical and Surgical Journal:

Gentlemen:—In reply to your inquiry of 17th instant, I beg to state that until July 16, 1884, certificates of death were received from unregistered physicians.

At a meeting of the Board of Health held on above

date, I introduced the following resolution which was un-animously adopted.

“ Be it resolved, that from and after August 1, 1884, no certificate of birth, vaccination or death will be recognized as valid and received by this Board when issued by any one who has not registered in this office as provided by Act No. 31 of 1882.”

Since that time no certificates of death from unregistered persons have been received at this office. All such when presented have been refused.

Yours respectfully,

LUCIEN F. SALOMON, *Secretary.*

PROCEEDINGS OF SOCIETIES.

PROCEEDINGS OF THE BRITISH GYNÆCOLOGICAL SOCIETY, WEDNESDAY, OCTOBER 12TH.

J. GRANVILLE BANTOCK, M. D., President, in the Chair.

Dermoid Cyst of the Ovary.—Dr. Robert Barnes exhibited this specimen, which he had removed a month previously from a lady about 50 years of age. She had suffered intense pain in the pelvis for several years, disabling her from active life and exhausting her strength. There was a tumor in Douglas' pouch, the size of a small orange, movable and firm. The uterus was of normal size. Its position and differentiation from the tumor were determined by the sound. Before submitting to operation the patient, under other advice, went through a course of massage, which of course did no good. Dr. Barnes had known at least one case in which a fatal issue occurred from injudicious massage in abdominal disease. The patient had made a good recovery.

Mr. Lawson Tait said that small dermoid tumors of the ovary generally gave rise to the most intense pain, a fact for which some reasonable explanation was required. It

was extremely difficult to diagnose between them and disease of the tube. Perfect accuracy of diagnosis in pelvic troubles was not possible in the most skilled and experienced hands.

Dr. Heywood Smith considered the pain to be due to pressure upon the contiguous nerves. A tumor that rose into the abdomen generally gave rise to but little pain. The amount of pain had to be taken into consideration in giving an opinion as to the advisability of operation.

Hæmato-salpinx.—Dr. Mansell-Moullin showed this specimen, which he had removed from a young married woman, aged 25. She had had one child two years previously. In the recent state the tumor was about the size of an egg, constricted in the middle and filled with old blood-clot. The chief symptom had been a constant aching pain in the lower part of the back and around the pelvis, from which the patient had been unable to obtain relief in any position, sitting or lying. The pain was also much increased on defecation. The ovary attacked was apparently healthy, and the appendages on the opposite side were seemingly healthy and allowed to remain. Numerous adhesions were broken down, but no drainage tube had been required. The patient had made a very good convalescence and was now free from pain.

Dr. Bedford Fenwick said that menorrhagia was usually a symptom in all inflammatory diseases of the Fallopian tubes. It was of great importance to remove the cyst without rupturing it, a matter of some difficulty in the present instance, and he thought the operator was to be congratulated on the successful result of a very unpromising case.

Mr. Lawson Tait was amazed at a recent paper by Mr. Burton, of Liverpool, in which he asserted that such cases as that belonging to the preparation exhibited by Dr. Mansell-Moullin ought under no circumstances to be touched. Why should a woman with the symptoms just described be obliged to go on living the life of an invalid, with a perfectly useless organ inside her, an organ irretrievably dam-

aged, which never could by any possibility resume its original functions, any more than a woman who has had a cataract in her eye be prevented from having her sight restored by the removal of a useless lens?

Pseudo-hydramnios.—Dr. St. Clair Boyd described a case in which the superabundance of fluid did not, as in ordinary cases of hydramnios, take origin in the membranes, but had its source in a hydrocephalic head, from an aperture in which it flowed. The patient, aged 42, had had six children and thought herself pregnant again, but her enormous size seemed inconsistent with that view. She was suffering from enormous abdominal distension, dyspnoea, and dropsical effusion of the lower extremities. On making a vaginal examination the *os uteri* was found dilated to the size of a crown piece and a bag of membranes protruding from it. On rupturing this, thirty pints of fluid escaped. The child was subsequently delivered with the small forceps. The uterus was then injected with a hot solution of hydrarg. perchlor. r in 2000. No hemorrhage occurred. On the third day all trace of dropsical effusion had disappeared from the patient's lower extremities. The child, which was born at the seventh month, had an immense hydrocephalic head. The fluid apparently exuded below the occipital eminence, at which part the skin had wrinkled owing to its escape.

Dr. Bedford Fenwick said the interest of the case centred in the fact that a distinct fistulous opening existed. Otherwise the child's head might have been punctured with and through the uterine membranes. Then the case would have been much simpler and exactly on a par with one in his own experience.

Dr. Aveling had seen cicatrices on the surface of a hydrencephalocoele, which proved that these cysts ruptured *in utero* and discharged their contents.

Case of Monstrosity.—Dr. Cordes, of Geneva, gave notes of a case under his care at La Miséricorde Maternity. The cranial vault was represented by a fibrous membrane. On the left side, through an opening as large as a crown piece,

the cerebral substance protruded, covered only by the arachnoid and the pia mater. Feet and hands were malformed and many of the fingers and toes were rudimentary. The monstrosity, which was attributed to maternal impressions, lived six days.

SECOND ANNUAL MEETING OF ALABAMA SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.

Reported for the New Orleans Medical and Surgical Journal.

Meeting opened under favorable auspices on Tuesday, October 11th, at 12 M. Dr. Henry N. Rosser, of Birmingham, in the chair. After organization of the meeting the president delivered a warm and timely address which was well received by the listening body. It was an appeal for the higher perfection in medicine of the surgeons and gynæcologists in the southern cities. An appeal for them to give more time to the advancement of medicine and not so much to the gaining of a little money. He showed by a comparative statement how little the South had done toward perfection in the advances of surgery, and regretted the attraction northern and eastern cities had for the talent of the south.

He spoke with warmth and feeling of the Alabama Surgical and Gynæcological Association, and said that the opposition in the State grew out of the wrong impression that we antagonized the State Association of Medicine. The president in closing advocated the formation of a Southern Surgical and Gynæcological Association for southern surgeons, oculists and gynæcologists.

“*Continuous Irrigation as a Means of Arresting Septic Infection in Abdominal and Uterine Surgery, as Illustrated in Treatment of a Case of Removal of an Interstitial Fibroid from Uterus per Vaginam and a Case of Laparotomy for the Removal of a Diffused Sarcoma of the Broad Ligament,*” by W. D. Haggard, M. D. The paper illustrates the great ben-

efit of constant irrigation when there is septic decomposition going on in the uterus or abdominal cavity. A fibroid was removed by a crucial incision and enucleating with the fingers as much of the tumor as could be gotten away, a large part being left to be thrown off by suppuration. The temperature rose on the second day and continued high with all the symptoms of septic poisoning after repeated douches of carbolized water with no amelioration of the symptoms; a constant irrigation was commenced and kept up ten days. The good effects of the constant irrigation was very noticeable a few hours after it was comenced. The patient made a perfect recovery. Would have done Battey's operation, but it was not known at that time.

Case 2.--Removal of a Large Sarcoma from Left Broad Ligament. The abdomen was opened in median line from umbilicus to the symphysis pubis and disclosed a large purple tumor adhering to everything it touched. Removal was attempted by detaching the adhesions with the hands, but they were found so firm and the tumor so soft and friable and easily torn that a complete removal was well nigh impossible. The abdomen was soon deluged with blood and the patient in a profound collapse so near dead, that assistants thought it useless to close the abdomen. The blood and detritus were wiped out and the abdomen washed with water as hot as the hand could bear it to stop the hemorrhage and relieve shock. Dr. Haggard thought collapse was due to a collection of blood in the abdominal vessels and thought hot water the best method of relieving it. It contracted the vessels of the abdomen and forced the blood in the peripheral vessels. A large tumor was left on account of the condition of the patient and the difficulty of removing it. Temperature rose on the third day and signs of septic infection appeared; the irrigation was begun and a constant flow kept up for twelve days. The doctor thought that his patient would surely have died but for this constant washing away of decomposed and septic material and oozings.

Drs. Hughes, Hyer, Davis and Cain thought this paper

marked an era in abdominal surgery and thought that it was a great step in advance of the drainage tube of the past. They hoped that others would employ "continuous irrigation" in cases of sepsis in the uterus and abdomen.

Dr. Riggs asked if repeated irrigation had not been found sufficient in these cases.

Dr. Chew objected to the remark that this case should have been cured by Battey's operation, for he objected to mutilation in such cases, and feared the after-results of melancholia and the flushing of face that sometimes approximated *petit mal*. He also looked on "continuous irrigation," when employed for days at a time, as a dangerous remedy, and thought it hazardous to employ it in abdominal surgery. He stated the object of the drainage tube was simply to insure dryness of the cavity. The peritoneal sac aided oozing and bleeding by dilution of the blood, thereby causing it to clot and occlude the vessels in a very fitful, fragmentary and unsatisfactory way; therefore he thought best not to use the tube when avoidable and then by it secure dryness.

Oration by Dr. Benj. J. Baldwin, of Montgomery, Ala.—This was a very handsomely presented essay on the subject of "Medical Organization in the South," with a history of medical organization elsewhere, but especially in Alabama, showing the great good accomplished by the higher aims of medicine and the benefit derived by joint labors. The whole association felt justly gratified by the Doctor's remarks and the becoming manner in which he bore his honors.

The second day opened by a paper termed, "*Prostatic Troubles*," by Dr. R. D. Webb, of Livingston, Ala. This was an earnest appeal to physicians not to delay treatment in these cases, but by beginning early with the correct diagnosis to ward off the real danger—that of renal involvement—by preventing the accumulation of urine, and cystitis. He said early treatment was often different, from the fact that there were three classes of cases: (*a.*) Those who have a natural modesty which prompts them

to conceal genito-urinary troubles. (b.) Those who defer consulting a physician, with the hope of getting well if prudent. (c.) Those who are ignorant of the danger of delay, who never consulted the physician till too late.

The doctor advised in the early stages, for urinary retention, quinine in 15 gr. doses and a good warm bed; in half an hour urine is voided freely. The usual line of treatment was advocated as is described in standard works.

Dr. J. D. S. Davis, of Birmingham, then read a paper on "*Congenital Torticollis.*" In this elaborate paper he reviewed and gave illustrations of cases reported from time to time in the *Atlanta Medical and Surgical Journal*. After a discussion of their causation and treatment he ended with the following conclusions :

1. That it is rare, if it ever occurs, that congenital torticollis is produced by faulty application of obstetrical forceps, but due to scrofula in parents and child.

2. Before attempting restoration of head to normal position the contracted tendons should be completely divided.

3. That on their division the head should be placed normally and held there fifteen days.

4. That treatment necessary to vitalize paralyzed muscles should not be begun for fifteen days.

Discussed by Drs. Luckie, Hyer, Webb, Haggard, Cain, etc.

Organization of the Southern Surgical and Gynæcological Association.—The secretary read letters from the leading Surgeons and Gynæcologists south, all of whom seemed ready and anxious to see and aid an association of this character. Committees were appointed and constitution and by-laws made, that of the Alabama Surgical and Gynæcological Association being the basis. To this some sixty names were signed and only these were allowed to vote or be voted for, as the membership was not completed till all dues were paid.

Election of officers resulted in the following: Prof. W. D. Haggard, of Nashville, Tenn., President; Dr. R. D.

Webb, of Livingston, Ala., First Vice-President; Dr. J. W. Sears, of Birmingham, Ala., Second Vice-President; Dr. W. F. Hyer, of Holly Springs, Miss., Orator; Dr. W. E. B. Davis, of Birmingham, Ala., Secretary; Dr. H. P. Cochrane, of Birmingham, Ala., Treasurer.

Executive Committee.—Dr. Jno. S. Cain, of Nashville, Tenn.; Dr. Hunter McGuire, of Richmond, Va.; Dr. J. M. Taylor, of Corinth, Miss.; Dr. R. A. Kinloch, of Charleston, S. C.; Dr. DeSaussure Ford, of Augusta, Ga

Members of the association in New Orleans and Louisiana are: Dr. A. B. Miles, Dr. Fred. W. Parham and Dr. Ed. Souchon.

After the organization of the Southern Surgical and Gynæcological Association, Dr. W. Locke Chew, of Birmingham, Ala., read a paper on "*Ligation of the Internal Iliac in General, and on Ligation of the Internal Iliac for Spontaneous Gluteal and Sciatic Aneurisms in Particular, with a Report and Study of Cases Collected.*"

The paper began by showing a mortality in twenty-nine cases of ligation of the internal iliac of 72.41 per cent. Next it was shown that in these cases the operation was the cause of death; that the ligature was harmless, the dangers being:

1. Secondary hemorrhage from (a) Anatomy of artery; (b) Continued suppuration about the site of operation; and (c) The difficulty of applying the ligature with accuracy.

2. Including other structures in the ligature.

3. Wounding other structures in the operation.

4. Bursting of purulent collection in the cavity of the peritoneum.

5. Sub-peritoneal purulent œdema of the connective tissue (Pirogoff).

6. Pelvic cellulitis from contusing the parts in the operation, etc.

Proposition I.—Hence, the stripping method should be avoided in the future, as giving in the hands of brilliant

surgeons a mortality of 72.41 per cent ; one recognized as too grave.

Next it was shown that abdominal section by a short incision without the withdrawal of abdominal contents could be practised with a mortality of .71 per cent. in cases of removal of uterine appendages, where there were adhesions, suppuration and disease at the site of operation in the pelvis, and to ligate an artery in the abdomen is deemed a less severe operation as far as peritonitis, septicæmia, oozing are concerned.

Proposition II.—Hence, it is suggested that abdominal section be done to secure the internal iliac artery, as offering an escape from the horrors of the “Stripping Method,” with its death rate of 72.41 per cent., as compared with that of abdominal section with possible mortality of only .71.

Again, it was shown that the ligatures were harmless.

Next it was shown that the mortality of open tumors, gluteal and sciatic aneurisms, if left alone, was 100 per cent. By Antyllus' and And's operation 33 per cent. death rate. Injection of iron, etc., 33 per cent.

In eleven cases of ligature of the internal iliac by the “stripping method,” Hamilton reports 45 per cent. death rate, but it should be remembered that the five that died died from causes other than the ligature; in other words, died from the method of the operation, viz.: the “stripping method.”

Proposition III.—Hence, the principles of Hunter are suggested in the treatment of spontaneous gluteal and sciatic aneurism, as offering the best hope of radical and successful treatment, the ligature being applied through the abdomen.

It was next shown that the albuminuria that frightened Dr. Fred. S. Dennis, of New York, was groundless if the operation was done without withdrawing the contents of the abdomen and discarding the use of ether. In two cases operated on by Dr. Dennis, one died from acute albuminuria and the other suffered from it. In Dr. Chew's case

there were no complications. It was thus shown that in the clinical histories of ligation of the carotid, subclavian, external iliac, and both femorals, where ether was given and potassium iodide had been used, that albuminuria occurred.

Proposition IV.—That the fear of exciting an acute albuminuria should not deter the surgeon from applying the ligature to the internal iliac after Hunter's plan, in patients with healthy viscera, for this albuminuria occurs in the clinical histories of ligations of large tumors (carotid, subclavian, femorals, etc.); and to reduce this danger to a minimum, it is advised in cases of prëexisting venal disease, or where there is a likelihood of changes in venal structure from medicine taken (KI.), and where the operation produces increased intra-vascular pressure, that this be discarded from surgery as especially dangerous, and that chloroform be the anæsthetic advised.

The Southern Surgical and Gynæcological Association then adjourned, to meet in Birmingham, Ala., on the 12th of September, 1888. BITTY F.

PROCEEDINGS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

Reported for the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

The American Public Health Association held its sixteenth annual session in Memphis, Tenn., November 8th-11th. While the attendance was not as large as at some of the previous meetings, this convention was notable for the number of representative members present. There were about one hundred and fifty sanitarians from as many as twenty-five States of the Union, besides three of the provinces of Canada.

The morning session of the first day was occupied by the reading of the following papers and discussion thereon:

“The Necessity of Burial Permits and Inspection of Bodies of Deceased Persons,” by Carl H. Horsch, M. D., of Dover, N. H.; “The Origin of Some Diseases” and “The Prevention of Microphytic Diseases by Individual

Prophylaxis," two papers by Ezra M. Hunt, M. D., Secretary State Board of Health of New Jersey.

The morning session closed with the Report of the Committee on Disinfectants.

This report showed, as the result of most carefully conducted experiments, both chemical and microscopical, that the best disinfectants are as follows, in the order named: First, moist heat, at a temperature of not less than 212° F.; second, bichloride of mercury in solution, one part to one thousand; third, sulphurous acid gas, applied to surfaces previously moistened.

The evening session was a brilliant event, being attended by a large number of ladies and prominent gentlemen of Memphis. The large meeting room was filled to its utmost capacity with intent listeners to the interesting proceedings.

Hon. J. N. Clapp, in a masterly and eloquent address, welcomed the Association to the city of Memphis.

He was followed by his excellency, Robt. Taylor, Governor of Tennessee, who in his usual happy manner charmed and delighted his audience in bidding the Association welcome to the State of Tennessee.

Dr. Geo. M. Sternberg, the President of the Association, then delivered his annual address.

Dr. Sternberg reviewed at length the recent progress in microbiology and predicted most beneficial results therefrom. The protection of the people from invasion by foreign pestilence was touched upon and the quarantine methods of the world reviewed.

Attention was also directed to the importance of the establishment of a bureau by Congress for the purpose of gathering and disseminating vital statistics and pursuing investigations as to the causes of disease.

The second day's morning session was made particularly interesting by a paper on "The Meat Food Supply of the Nation," by Dr. Azel Ames of Chicago, in which the subject was treated most fully, and it was shown that the problems of the old world are fast becoming ours; the gradual settlement of grazing lands threatening ere long to diminish the

food supply in proportion to the consequent diminution of the herds. The national government should take this matter in hand and provide some remedy.

Dr. John H. Rauch, Secretary of the Illinois State Board of Health, read a paper upon "Cholera and Quarantine," in which the deficiencies of the New York quarantine were shown.

In the discussion which followed, all the facts as to the New York quarantine came to light and the outrageously shameful condition of affairs at that port was most severely criticized and condemned by every member who spoke. It was learned that when the cholera ship *Alesia* arrived the quarantine authorities were totally and absolutely unprepared to receive her, either in the way of proper equipment of the station for sanitary treatment of a vessel, or in accommodations for sick and well; make-shifts of the most inadequate kind were resorted to, thus endangering the whole country, through gross negligence in not being prepared at the largest maritime port for the coming of what has been expected for the last four years. It was simply infamous and it is regretted that want of space precludes a more extended description of New York's shortcomings in this matter.

At the evening session Dr. Wm. T. Councilman, of Baltimore, read an interesting and instructive paper on "The Malarial Germ of Laveran," which was illustrated by charts showing the appearance of the germ in the different forms of malarial toxæmia. This paper is a valuable contribution to science, for it appears conclusively to set at rest any doubt as to the genuineness of the discovery of Laveran.

This paper was followed by an address by Dr. Jos. Holt, President of the Louisiana Board of Health, on "Quarantine Defense of the Mississippi Valley."

Dr. Holt, in his well-known, earnest and forcible manner, reviewed the circumstances which have lead to the development of the present system of maritime sanitation at the mouth of the Mississippi River, and gave an extended

description of the work done and its results. The address terminated with the presentation of an illustrated pamphlet, descriptive of the Mississippi River Quarantine. Dr. Holt's paper was well received, and expressions of confidence in the Louisiana Board of Health and its work were such as to be most gratifying to all interested in the quarantine protection of the State. The morning session of the third day was opened by the adoption of a resolution providing for the appointment of a committee of five to study the methods and effects of protective inoculation against infectious diseases, and a resolution requesting that provision be made for the enumeration of food animals in the census of 1890.

The secretary announced the receipt of a telegram from H. Lomb, Esq., of Rochester, N. Y., offering prizes of 500 and 200 dollars for the best essays on "Practical Sanitary and Economic Cooking."

One of the most important papers offered at this meeting was read by Dr. L. Laberge, of Montreal. It was upon the "Disposal of Garbage," in which descriptions were given of garbage crematories, especially the one now in use in Montreal.

There can be no doubt but that the proper method of garbage disposal is its destruction by fire, and the facility with which this can be done commends the method to all cities.

The evening session was taken up by papers on "Pollution of Water Supplies," by Dr. Charles Smart, U. S. Army and Prof. W. S. Williston, New Haven, Conn., and the discussion which followed showed to what an alarming extent the water supplies of the country are being polluted, especially in the manufacturing districts of New England.

The last day's session was opened with the adoption of resolutions recommending the creation by Congress of the office of Health Commissioner, whose duty shall be the collating and putting to proper use statistical information bearing on health matters and the study of the causes of diseases; also, a resolution requesting Congress to make

appropriations for the proper equipment of the four government quarantine stations now established.

The following officers were elected to serve for the ensuing years: Dr. Chas. N. Hewitt, of Minnesota, President; Dr. G. B. Thornton, of Tennessee, First Vice-President; Dr. Joseph Holt, of Louisiana, Second Vice-President; Dr. J. Berrien Lindsley, of Tennessee, Treasurer.

The present Secretary, Dr. Irving A. Watson, of New Hampshire, continues in office.

The Association adjourned to meet next year in Milwaukee, Wis.

During the meeting the members were made the recipients of the Memphians' famed hospitality. What with receptions, invitations to dinner at private residences, an excursion on the river, inspection of the Waring sewer system, etc., etc., the time between sessions was most pleasantly and profitably occupied.

LEADING ARTICLES.

A SERIOUS MISTAKE.

This country has enjoyed immunity from cholera for a number of years; the prevention of its introduction again into our land is a question of the utmost importance. When cholera prevails in countries with which we have extensive commercial intercourse, the eyes of this whole nation are turned towards the ports of entry through which infection is most likely to be introduced. As the cholera question is not a local one, but one which deeply interests our whole people, the public naturally inquired concerning the state of the defenses which we have erected to repel an invasion of the enemy. New York being the port at which most of the traffic with cholera-stricken lands is carried on, it has of course been the object of the largest share of the public attention. The arrival at that place of

two vessels aboard which cholera had developed, enlivened the interest which was taken in cholera. At once the press of the country began to inquire into the condition of the quarantine system in vogue at New York. The state of affairs thus revealed was by no means such as to inspire confidence in the efficiency of the methods employed to keep out cholera; and the lack of confidence changed into profound alarm when it became known throughout the country that some of the passengers of an infected vessel had passed quarantine, and had gone to different cities of the Union. Sharing the general alarm and wishing to know beyond all doubt the nature of the quarantine defenses at our principal ports, the College of Physicians of Philadelphia sent out a committee, composed of three of its members, Drs. James C. Wilson, E. O. Shakespeare and R. A. Cleeman, to investigate the condition of affairs in the quarantine of New York, Philadelphia and Baltimore.

The committee found themselves "confronted with two questions of urgent importance: 1. What are the requirements of an efficient maritime quarantine against cholera? 2. To what extent do the existing arrangements at the ports of New York, Philadelphia and Baltimore fulfil these requirements?"

These questions certainly cover a good deal of ground; and the learned committee did excellent work whenever they confined themselves to the consideration of points that were embraced by the questions. Unfortunately the committee did not so strictly confine themselves, but in their report they state, parenthetically, at the end of the second question, that "We speak of these ports only, because circumstances did not permit more extended personal investigations, and there is no reason to believe, from the published official descriptions, *that the conditions of the other ports of entry upon our Atlantic and Gulf coasts are in any respect superior.*" (Italics ours.)

The report of this committee was published as an extra issue of the *Medical News*, Vol. LI., No. 18.

It is a great pity that so excellent a report should be marred by a grievous sin of commission. In inserting the passage quoted in their report, the members of the committee proclaim their ignorance of the great strides that have been made in this locality in maritime sanitation. The older methods, which are still in use at our national metropolis, have been laid aside as being crude and unscientific attempts to deal with a mighty problem; and in their stead, the port of New Orleans has adopted a system of maritime sanitation that meets the most exacting demands of science, without imposing unbearable burdens upon commerce. The system is not a thing of yesterday; it was originated and introduced by Dr. Jos. Holt, the President of our State Board of Health, in 1884. It was at first somewhat imperfect; but since that time he has so altered and amended it, that now it fulfils all the indications of a rigorous maritime treatment.

Taking it for granted that no changes have taken place in our warm climate for some years, the *Medical News*, No. 19, following the publication of the report, quotes, in an editorial, the part of the report which we have extracted bodily above.

The members of the committee have evidently performed all of their duties conscientiously, for even where they make a grievous error they believe they are correct, since they base their statement upon "published official descriptions."

Nearly four years ago, the State Board of Health of Louisiana sent out six thousand copies of a pamphlet containing a description of Dr. Holt's system. In July, 1885, a commission of medical and business men from the Gulf States and Tennessee visited the lower Mississippi for the purpose of inspecting the new system. The commission made the inspection upon the invitation of the Board of Health. There were about twenty-two members all told and among them was a member of the staff of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL. The is-

sue of the JOURNAL following the visit contained an article describing the new system, and pointing out its advantages over old methods. This article was not the only one in the JOURNAL that directed medical attention to the advances that had been made in quarantine methods below New Orleans. Reporters of the daily press, who accompanied the commission, gave in their respective journals descriptions of the new system; many of these were sent to different parts of the country. At various times, medical men have examined into the working of the system; and not a word of disapproval has ever been expressed, except, perhaps, by some interested commercial rivals of New Orleans. At the meeting of the American Public Health Association held at Memphis in November of this year, Dr. Jos. Holt submitted as an addendum to the report of the Committee on Disinfectants, a description of the quarantine system of Louisiana, with the methods of disinfection practised; this is illustrated. (This was not in print until after the publication of the report of the committee sent out by the Philadelphia College of Physicians.) Dr. Holt read a report on the system at the meeting of the same Association held last year in Montreal. With all this, and more, the Philadelphia Committee have not seen any "official publications" which would lead them to believe that all of the Gulf ports are not as deplorably deficient in quarantine defenses as are New York, Philadelphia and Baltimore.

To know anything about the system is to perceive its superiority over antiquated methods. We are led to infer that the members of the committee have never been fortunate enough to fall in with an official statement of the quarantine system of Louisiana. In order to remove any misapprehension or doubt which these gentlemen may still entertain, we will send to each of them and to the *Medical News*, a copy of Dr. Holt's last report. When they perceive the error into which they have fallen, we doubt not that their sense of justice will prompt them to give as wide publicity to the true state of affairs down here as they have given to their report, and thus repair the wrong which they have unwittingly done.

AN IMPORTANT ADVANCE IN SURGICAL DRESSINGS.

Dr. Ernest Laplace, of New Orleans, has since last March been working in Berlin under the direction of Dr. Koch. He has been engaged chiefly in bacteriological investigations, and one result of his labors will, no doubt, have great influence upon the future of surgical dressings.

Bichloride of mercury, demonstrated by Koch in 1881 to be the best of antiseptics, did not do all the work that had been anticipated for it in surgery. It was found that as soon as a sublimate solution came in contact with an albuminous fluid, the albumen coagulated and formed, with the bichloride, a precipitate which had lost all disinfectant properties. Dr. Laplace proved by a series of experiments that not only is the precipitate devoid of disinfecting power, but also the supernatant liquid. In order to retain in dressings all of the virtues of the sublimate, Dr. Laplace perceived that it would be absolutely necessary to prevent the formation of such a precipitate. After many fruitless experiments he found at last the principle of the action which he was seeking, namely *the addition of an acid to the solution of corrosive sublimate*; such an acidulated solution *will not form an insoluble albuminous precipitate*. Dr. Laplace usually added five parts of hydrochloric acid to a thousand parts of a solution of corrosive sublimate (1 to 1000), though occasionally he substituted tartaric or carbolic acid. Of this acid solution Dr. Laplace says that

1. It makes no deposit of sublimate after standing (as all the sublimate solutions do), thereby retaining a permanent strength;
2. When brought in contact with an albuminous fluid, the albumens will remain in solution, and the whole strength of the solution of sublimate will be obtained as in non-albuminous fluids;
3. An acid medium is unfavorable to the development of micro-organisms.

The addition of an acid to a sublimate solution also *increases its disinfecting powers*, so that a much weaker solution is required.

The discovery of Dr. Laplace made such an impression on Dr. Koch and his co-worker, Dr. Loeffler, that the latter made a report on the subject before the International Congress of Hygiene and Demography. Prof. Levine, the famous syphilographer of Berlin, is making a series of experiments with the acidulated solution in the treatment of syphilis, giving it hypodermically.

Laplace's solution will be found very serviceable in the treatment of ulcers, for he has discovered that the ulcerous surface can be disinfected, that is, freed from micro-organisms, after which the parts heal *without suppuration*.

One case which Dr. Laplace treated was a case of *ulcus perforans* on each foot of many years standing. The ulcers were thoroughly cleaned, and in about a week he succeeded in freeing the surface from micro-organisms by constant disinfection with the acid sublimate solution; two weeks later the ulcers were entirely healed.

Antisepsis is perhaps the greatest stride that modern surgery has taken. The precipitation of the bichloride by the albuminoids has been a fruitful source of unfavorable results after operations, and has prevented surgeons from obtaining the full benefits of antisepsis. Dr. Laplace's discovery, by avoiding this coagulation, will materially enhance the value of the greatest of antiseptics, and make more certain the happy results of serious surgical operations.

DIPHThERIA.

At the instance and request of the Board of Health, a joint session of the New Orleans Medical and Surgical Association and Orleans Parish Medical Society, was held on Saturday, November 5, 1887, to consider the two queries propounded by Dr. Jos. Holt, President of Board.

1. What is the probable cause of the unusual and rapid

increase in the number of cases of diphtheria in New Orleans?

2. What are the best means to be adopted to prevent the spread of said disease?

Dr. W. H. Watkins, on the part of the Board of Health, opened the discussion by stating that during the months of September and October there had occurred 203 cases of diphtheria and 55 deaths. That as soon as a case was reported, an officer visited the house, disinfected the premises, advised against admission of visitors, and in case of death warned against public funeral; bedding and clothing were either burned or thoroughly disinfected.

In answer to questions Dr. Watkins further said that he could seldom establish relations between cases, which occurred in any part of the city and in houses of poor and rich alike. Diphtheria has existed in New Orleans as far back as he could get statistics, but never before was it so widespread and abundant as now. He himself, in the absence of any other cause, was inclined to ascribe the large increase to the frequent overflows of the past summer, and to subsoil moisture.

The discussion now became more general, but withal there was a very evident disposition on the part of nearly every member to be a listener, while very few seemed inclined to speak, and those that did do so were prone to wander off into pathology and treatment, from which excursions they were promptly recalled by the President of the Session. It seemed, however, to be the general sense of those present that the first of the two questions asked by Dr. Holt was practically unanswerable, at least by the Societies, and that, under existing laws and ordinances, the Board was itself doing all that was possible to limit the spread of the disease. It was finally decided to appoint a committee, consisting of the presidents of the two medical organizations, Drs. Bruns and Davidson, to draw up a series of resolutions, embodying the points which seemed to be endorsed by the societies and which came out in the conference. The following are the resolutions :

At a joint meeting of the New Orleans Parish Medical Society and the New Orleans Medical and Surgical Association, held Saturday, November 5, 1887, a committee composed of the presidents of the two bodies was appointed to draw up resolutions indorsing the measures at present in use by the State Board of Health against the spread of diphtheria in our city. The committee, in compliance with the terms of the instructions received, submits the following:

Resolved, That the Orleans Parish Medical Society and the New Orleans Medical and Surgical Association fully approve of and commend the measures adopted by the Louisiana State Board of Health to prevent the spread of diphtheria in the city of New Orleans.

The committee begs leave to rehearse and emphasize the said measures.

First—Every case of diphtheria should be immediately and strictly isolated, and all the dejections, matters expectorated and sick-chamber utensils be kept carefully disinfected; the clothing and linen used during the illness be destroyed by burning; all articles of furniture and the floors be washed with a solution of chloride of zinc or bichloride of mercury; the papering should be removed and burned, and carpets and curtains disinfected by heating (boiling or steaming).

Second—No one should be allowed to visit an infected house.

Third—After the recovery or death of the patient the premises should be disinfected as above and fumigated with sulphur by an agent of the Board of Health.

Fourth—Householders should look to the cleanliness of their premises and make free use of quicklime or a solution of copperas in the drains, gutters, etc.

Fifth—Any child at school presenting symptoms of the disease should be at once sent home for examination by the family physician, and no child from an infected dwelling should be permitted to return to school until all danger of infection is past.

Sixth—Every case of the disease should be promptly reported to the Board of Health.

Further—

First—The societies would advise the board to seek, and urge the municipal authorities to enact ordinances prohibiting under penalty all public funerals, and the use of public

carriages (save hearses) from conveying the bodies of those dead of this disease.

Second—The authorities are appealed to to increase their efforts to improve the sanitary condition of the city, thus co-operating with the Board of Health in its endeavors to prevent the spread of the disease.

These resolutions will commend themselves to all as meeting the issues as far as the subject will at present admit, and as one of the results of their passage, an ordinance will very likely pass the City Council Tuesday conferring powers upon the Board, the lack of which has heretofore seriously cramped the efforts of that body.

Diphtheria is, comparatively speaking, a new disease to New Orleans. In the March (1886) number of this JOURNAL we gave a copy of the record of diphtheria in this city as far as it had been kept, from 1883. In that year 15 cases were reported; in 1884, 110; in 1885, 166; and in January alone, 1886, 22 cases; for the whole of 1886 there were 116 cases, and 1887 will show a much greater number. This record, to our mind, simply shows that the disease has been steadily growing since 1883, and the alarming proportions to which it has now attained is nothing more than might have been expected from the rapid pace it set for itself four years ago. All sorts of weather, cold and hot, dry and moist, have been experienced during the past four years, and yet under all of these diverse conditions diphtheria has steadily increased, and we are forced to believe that it will so continue unless some more effectual plan is adopted to combat it, than has been used in the past. We mean that the record seems to show that diphtheria settles in a community and grows with the community and in time becomes a fixture, totally independent of meteorological influences, except, perhaps, for isolated exacerbations. Small-pox is worse in winter, because of the unventilated houses, the heavy clothing, and unclean persons; but it will remain winter and summer so long as it is let alone and any one remains to take it.

What are the best means to be adopted to prevent the

spread of diphtheria is a difficult question indeed, and it is not to be wondered at that the conference halted in the answer. Certainly the suggestions in the resolutions of the committee are good ones, but whatever means are finally adopted should be pushed vigorously until the desired end is attained or they be found wanting in efficiency.

Physicians should be urged to be more prompt and conscientious in notifying the Board of the existence of cases, not only to the end that the Board may take such steps in the premises as may be necessary, but also for the sake of statistics. As matters are now, the statistics of diphtheria possessed by the Board are utterly valueless. Some report every case of pharyngitis or tonsillitis presenting itself as diphtheria; others report fatal cases only, while still a third class fail to recognize anything of a diphtheritic nature in either the fatal cases or those in which recovery takes place. One physician reports thirty cases in the last few weeks; another, with a practice covering nearly the whole city, has just seen his *first* case; a third, with an equally large clientèle, had, up to a few days ago, failed to see a *single* case. This confusion arises from differences existing in the minds of physicians as to what constitutes diphtheria. We have always looked upon the disease as a very grave constitutional affection, with an enormous mortality and, where recovery does take place, invariably followed by sequelæ of a more or less serious character. We are not in a position to deny the existence of the so-called "diphtheritic sore throat," but the evidence of exposure to contagion should be very strong, and even then the diagnosis would be largely hypothetical. Still, so long as there is a doubt the community should be given the benefit of it, and the case reported for the *action* of the Board. If it is very doubtful let it be so stated, and until fully developed not incorporated in the statistics.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

CHYLURIA.

PROF. ROSSBACH, JENA. — Tropical chyluria, first accurately observed by Royer, on the Ile de France, in 1861, is attended with hæmaturia, and especially brings on a condition that does not materially affect the general system, in which apparently normal urine and then greatly changed urine are alternately excreted, which latter is distinguished for its large quantity of finely emulsified fat, various albuminoids, leucocytes, and slight coagulability; red blood corpuscles are very scarce, and tube-casts are almost never found.

In Europe chyluria is chiefly found in persons who have acquired the disease in the tropics; it is very rarely observed in persons who have never left Europe.

European chyluria is distinguished from the tropical by not being ushered in by hæmaturia, and by the smaller quantity of fat and albumen in the urine.

Nothing certain is known concerning the origin of chyluria, or the manner in which these abnormal substances arise. Some consider that a lymphatic fistula (arising from accumulation of the *filaria sanguinis*) leading into the urinary passages is at the bottom of the trouble, without, however, being able to explain the large amount of urea, and the absence of sugar from the chylous urine. Others believe that an abnormally large quantity of fat in the blood, and the passage of the fat through the walls of the renal vessels will account for the disease improperly called chyluria, but they are unable to explain the origin of the fat in the blood.

An indigenous case of chyluria was studied closely for a long time in Rossbach's clinic. The patient was a young woman of twenty-one years. She was by occupation a factory hand; she was pale; had a large *panniculus adiposus*; a compensated mitral insufficiency; liver at first enlarged, but afterwards small, and well marked hysteria. She felt pains in the region of the liver, in the head and joints, which at times became swollen, and showed redness and œdema. The feces were hard, and even when the patient was on fat-diet, were almost free from fat. The

quantity of turbid urine voided was at first below the normal, then became normal, and finally passed that point. Shortly after being discharged the urine contained clots of various sizes, but always large, without, however, becoming converted into a trembling, gelatinous mass, as we find in tropical chyluria.

The urine, no matter at what time voided, always showed the milky turbidity, due to numberless globules of fat. Only while the patient was on a purely albuminous diet did the urine become clear. Some cases reported by other observers seem to be in contrast to this, in that the night urine contained fat, while the day urine was free from it, or *vice versa*. In Rossbach's case the urine always contained fat. The quantity of fat was at first 1.5 to 2 grams, but afterwards rose to 10 grams. The residue of the ethereal extract consisted almost always of two widely different parts, the larger of which was of a brownish color, and melted at a temperature of 77° Fahr., whilst the other and smaller part, collecting on the surface of the first, was a whitish, opaque body, melting at 145° Fahr. In the ethereal extract, besides fat, lecithin and cholesterol were found; also albumen partly dissolved in the urine, partly used in emulsifying the fat; white blood corpuscles were very scarce.

In the above case, it may, with certainty, be excluded that the urine acquires its abnormal ingredients through fatty destruction of the tissue-elements in any part of the urinary apparatus; further, that it arises from a direct mixing of chyle or lymph with the urine through a lymph or chyle-fistula. The first view is disproved by the comparatively good general condition of the patient, lasting for years, and by the absence of formed elements, giving evidence of fatty degeneration. The complete absence of sugar, the small amount of albumen in the urine, the large amount of fat, which is double the maximum amount found in undiluted lymph, the absence of white blood corpuscles, and, finally, the small quantity of urine voided and the small proportion of phosphates and sulphates, prove that the turbidity of the urine was not due to a lymph-fistula.

Viewing all the features of the case, we can only come to the conclusion that the kidneys only could have been the point at which the fat and albumen were added to the blood, whilst the formed elements of the blood and lymph are held back by the epithelium; this latter idea being sus-

tained by the fact that, when finely emulsified fat is injected into the blood, it is excreted by the healthy renal epithelium.

Then how does the excreted fat arise?

The amount of fat in the urine was the same after several days of fasting as during the use of a fatty diet; when the diet was entirely free from fat, and rich in albuminoids and carbohydrates, the quantity of fat in the urine became quadrupled.

When the diet was highly nitrogenous, the excreted matters, soluble in ether, appeared under the form of lecithin, which is to be looked upon as an intermediate step in the formation of fat from albuminoids. Tyrosin and leucin are also always observed in chylous urine as further products of the decomposition of albumen.

The demonstrable shrinkage of the liver as well as the constant presence of "amidosauren" in the urine, indicate that a disease of that organ is the cause of the array of symptoms.—*Deutsche Medizinal-Zeitung.*

OXYGEN ENEMATA.

Dr. J. H. Kellogg has a good paper in the *Therapeutic Gazette* on oxygen enemata. While using Bergeon's method in some cases of phthisis, it occurred to him to make use of the same plan, but with the substitution of oxygen in the place of CO_2 and H_2S , in an aggravated and persistent case of lithiasis. He had some misgivings at first from the supposition that it was the oxygen in the atmospheric air which gave pain when this latter agent was accidentally injected into the bowel in the Bergeon method. He, however, made the experiment with two litres of pure oxygen on June 20th. The patient, a man of 28 years, was passing very large quantities of uric acid daily, crystals being deposited in all specimens. Non-nitrogenous diet and three to five pints of hot water daily had no influence in the case. The skin was muddy, sclerotics dingy, tongue coated, brassy taste in mouth and distressing headache. Two litres of oxygen were given daily at 10 A. M. The excess of uric acid disappeared in three days, and only returned once when for some reason the oxygen was omitted for a day or two. All the other symptoms disappeared and the patient gained in flesh.

The lungs only absorb about one-fourth of the oxygen in the air, and increase of the percentage of oxygen does not

much increase its absorption. Even though the amount absorbed should be largely increased, only a small proportion of it would reach the liver, and the therapeutical effect would be hardly perceptible.

To prove that the oxygen entered the system, Dr. Kellogg chloroformed a Guinea pig and, opening the abdomen, spread the intestines out in such a manner that the dark portal veins were in full view. A quantity of oxygen was then injected into the rectum, and to his great satisfaction "the dark venous blood assumed a bright red hue almost equal to that of arterial blood within less than one minute after the injection of the gas."

He thinks the gas should do good in many affections, such as emphysema, phthisis, etc. No inconvenience or pain attends its use, and it is not passed off as flatus.

SURGERY.

THE CAUSES OF INFLAMMATION AND SUPPURATION.

The *Medical Chronicle* abstracts from *Virchow's Archiv*, and *Centralbl. f. Chir.* the results of experimental researches made in the Pathological Institute of Greifswald by Grawitz and De Bary. Grawitz maintained in a paper in 1886 "that the mere presence of germs is not alone sufficient to set up suppurative changes in the tissues, but that actual change must take place in the tissues themselves before they can become a suitable nidus (Nährboden) for bacterial existence."

Injections of common salt (one per cent.) caused no irritation. The staphylococcus aureus was added; 500 cm. of this was absorbed without injury. Strong or weak solutions of sugar or salt, with or without cocci, produced no result so long as necrosis was not caused. The soluble irritants were then tried, (a) the death-causing, (b) the increase-hindering, and (c) the indifferent. Corrosive sublimate belongs to first group. Solutions of 1 to 1000 destroyed germs but irritated the tissues, causing suppuration when the skin become necrotic. Silver-nitrate, 1-1000, killed the bacteria, coagulated albumen and one cubic centimeter of a five per cent. solution caused suppuration, though the pus was quite free from bacteria. The second group, as acids and alkalies, failed with or without pus-cocci. Sal ammoniac, of the third group, proved irritating, but failed with or without pus-cocci to excite suppuration.

The acid oils, turpentine and croton, in small dogs and guinea pigs, brought on urgent inflammatory and toxic symptoms, but did not excite suppuration. The experiment seemed to show that bacteria-less, indeed, even bacteria-destroying agents may give rise to the formation of pus, while chemically indifferent fluids infected with pus-cocci frequently may excite no suppuration. In certain cultures a chemical substance is generated and sets up violent purulent inflammation even when the cocci become lifeless. The ptomaine is the essential factor in this pathological movement; if a very weak solution of it is injected no suppuration will result, even if crowded with germs, for the ptomaine must prepare the tissues for the process.

TRANSFUSION AND INFUSION.

To avoid the evils connected with transfusions of blood, as well as with transfusions of common salt, Landerer recommends as an infusion a solution of seven-tenths per cent. salt with three to five per cent. sugar. The latter is recommended as a nutrient, and by reason of its high endosmotic ratio, and in consequence of the quantity of sugar in the blood, the juices of the tissues strongly attract it; and, finally, the consistency of the solution is somewhat thicker and approaches more that of the blood, although it does not flow as easily as the salt solution through the capillaries, but forms more resistance in them, as is necessary for the maintenance of the normal blood pressure and circulation. The blood pressure rises upon the addition of sugar 30-40 per cent.—*Centralb. f. d. med. Wissensch.—Med. and Surgical Rep.*, October 1, 1887.

THE DRAINAGE OF PELVIC ABSCESSSES BY TREPHINING THE PUBIC BONE.

Rinne, Fischer, König, Madelung, and Helferich have made an opening through the bone for drainage in cases where the pus would not empty through simple incision of the soft tissue. Fischer trephined the pubic bone in 1880. No similar case has been published, but Rinne is informed that König and Madelung have repeatedly done it. Rinne has twice trephined the bone. In the case reported (*Med. Chron.*, August, 1887, *Med. and Surg. Rep.*, October 1, 1887,) he cut through the soft parts close above the great trochanter; the periosteum was

peeled off and a hole the size of a shilling made with a chisel in the pubic bone; the abscess cavity was cleaned with a sharp spoon and the bare inner surface of bone scraped. The cavity was washed out well with salicylic acid solution and a drainage-tube inserted through the perforation. The course was satisfactory, and in three months there was complete cure with firm, contracted cicatrices.

TUMORS OF THE BREAST TREATED BY ELECTROLYSIS.

Dr. Alfred C. Garrett, of Boston (says the *Cincinnati Lancet and Clinic*), read a paper on this subject before the Gynecological Section of the International Medical Congress. He was of opinion that most of the tumors of the breast could be completely cured, if treated while young and new, by certain mild applications of electricity. To obtain uniform success we must try to commence treatment of these tumors as soon as possible after they form in the breast. We cannot assume that all morbid breast lumps begin as simple or non-malignant tumors, but most of them appear to do so, judging from the successful results of their early treatment by this method. Of 186 tumors treated since 1864, a record of them having been kept, 157 have disappeared and remained well. Several others were not quite obliterated, but left a small nodule, the size of a chestnut, which in every case either disappeared or remained benign. He thought the form of electricity and method of application should be selected as carefully as we seek to find the curable cases. No application should be made that produces solution of continuity. Simple surface applications of certain graduated, galvanic, steady currents, through peculiar, large, soft and moist electrodes, so adjusted close to each side of the tumor as to cause this gently chemical current to completely permeate and wash through the whole mass from side to side in its deeper parts, mainly directed towards the axilla, for about half an hour at each séance. A milliampère-metre should be used to measure the current that actually passes through the tumor and a key-board that will enable the operator to increase the current, cell by cell, to the tolerant and sufficient strength, from ten to fifty milliampères. There was a wide difference among the people in resistance, tolerance and effect.

DEMONSTRATION OF THE BACTERIA OF ERYSIPELAS IN THE ATMOSPHERE OF A SURGICAL WARD.

Von Eiselsberg exposed several plates smeared with gelatine and agar-agar in different parts of the sick-room, and colonies of mould and yeast-fungi developed, and also small white cocci, which were arranged in squares, and did not liquefy the gelatine; besides these there were brownish colonies of staphylococci, which were larger than those of staphylococcus pyogenes; and, finally, two other species of bacilli. In a ward, in which there were three cases of erysipelas, cultures of the organisms developing on plates smeared with gelatine and agar-agar, gave all the characteristics of Fehleisen's streptococcus of erysipelas.

Von Eiselsberg believes that the scales of epidermis falling into the dust, are capable of transporting the erysipelas infection. He did not observe in experiments made for the special purpose, any notable difference between the coccus of erysipelas and the streptococcus pyogenes. He adverted to the observations of Emmerich, who found, by means of an aspirator, large numbers of the bacteria of erysipelas in the atmosphere of a dissecting room. *Langenbeck's Archiv.—Centralblatt f. Bacteriol. und Parasitenk.*

OPHTHALMOLOGY.

IS STENOCARPINE A FRAUD?

In a paper, brief but terribly to the point, in the *Medical News* of October 29th, 1887, Dr. Jno. Marshall, Demonstrator of Chemistry in the medical department of the University of Pennsylvania, proves that the new alkaloid gleditschine or stenocarpine is nothing more than a mixture of cocaine and atropia. At least this was the composition of the specimens examined by Dr. Marshall, who appears to regard the discovery and manufacture as a fraud. The *Cincinnati Lancet and Clinic* in its issue of the same date says: Messrs. Parke, Davis & Co. announce that an investigation at their laboratory of a solution purporting to be a two per cent. solution of gleditschine or stenocarpine, which was supplied by Messrs. Lehn & Fink, of New York, has developed the fact that this solution, with which the experiments thus far recorded have been made, contains six per cent. of cocaine and a sulphate, which further experi-

ment is likely to prove to be atropia. F. A. Thompson, Ph. C., also reports after careful experiment with the leaves of *gleditschia triacanthos*, from which *gleditschine* or *stenocarpine* is claimed to have been derived, that they contain only an infinitesimal percentage of an amorphous alkaloid devoid of anæsthetic or mydriatic properties.

The *Medical Record* announces editorially (Nov. 19), that according to previous promise it has perfected arrangements to have made a full and fair investigation, the results of which it will in due time give to the medical public.

A BUNDLE OF EYELASHES WITH THEIR BULBS LODGED IN THE LOWER CANALICULUS.

In July 1885, a lady in the middle period of life, consulted me, stating that whilst engaged last December in replacing the stopper of a bottle of rose water, a bit of glass entered her eye, and since had from time to time caused pain and irritation. On examination, I noticed a tapered black body resembling a hog's bristle to protrude about a line from the lower canaliculus of the right eye. It was easily withdrawn, and proved to consist of five well formed eyelashes matted together. Each one had a perfect and well developed bulb. My friend, the late Dr. Russell, confirmed this opinion on making a microscopic examination of the hairs. The presence of one of the cilia in the canaliculus, broken and bulbless, is not uncommon; but the condition I have related has not before come under my notice, nor is it, I believe mentioned by authors. Donders states that when the cilia have attained their normal length, which occurs within five months, their bulbs become detached, while a new hair develops upon each papilla, which drives the old one before it until it falls out or is loosened by rubbing or washing the face. In this case there was no history to account for the perfect condition of the errant eyelashes, nor was there anything in the condition of the patient's cilia, which were fairly well grown and devoid of disease. (J. Vose Solomon, F.R.C.S., in the *British Medical Journal*, September 24, 1887.)

[We republish the account of this little ophthalmological incident, not merely because the accident which it relates is a clinical curiosity, but to call attention to the fact that the presence of a foreign body in the canaliculus is often

the cause of an irritation of the eye. We say *eye* advisedly, for in such a case the trouble (hyperæmia or catarrhal conjunctivitis) will be confined to one eye alone, while this disease being commonly caused by general or telluric influences both eyes are usually affected. Hairs and eyelashes are the foreign bodies generally found in the canaliculi, and their tips projecting from the punctum may require a lens to see them; they can then be seized by forceps and withdrawn. Occasionally a mass of fungus gathers in one of the canaliculi, causing a small, round, reddened, slightly tender tumour of the edge of the lower lid between the punctum and the inner canthus; when the tumour is pressed upon, a turbid tear may sometimes be squeezed from the punctum. A monocular conjunctivitis is a "suspect," and we must search all pockets, holes and corners for the hidden source of mischief—a foreign body.]

GYNÆCOLOGY AND PÆDIATRICS.

PAROXYSMAL METRORRHŒA.

Dr. R. W. Felkin in the *Edinburgh Medical Journal*. Mrs. A., aged twenty-five, a widow lady residing in the south of England, called upon me saying that she was suffering from severe neuralgia, for which she had been taking a prescription containing gelsemium. This she had lost, and being in extreme pain, she wanted another one. She told me that she was only passing through Edinburgh and that she was soon to undergo an operation. I noticed that, while she was telling me these few facts, she removed her left glove and appeared to be wiping the palm of her hand. This excited my curiosity to know more about the lady, and the following is a condensed history of her previous condition. In reply to my inquiries, she stated that she went out to India when she was seventeen, that she married within a year, and that during the next three years she had three children. As her health was not very good she had not nursed any of them. The two eldest children are alive, but are constantly ailing; the youngest died soon after birth, owing to a severe attack of remittent fever followed by diarrhœa. During the five years she had resided near Calcutta she had never been very strong, she had suffered on two or three occasions from diarrhœa of a

severe character, and from menstrual irregularity. After her husband's death she returned to England and has never regained her health. She has been a martyr to neuralgia, to ovarian pain, and to dysmenorrhœa; and during the last six months she has been troubled at times with profuse uterine hemorrhage. For this she has been treated by several practitioners, and has been recommended to undergo an operation to insure permanent relief.

Her condition when I first saw her was as follows: She was intensely pale, save for a slight hectic flush over the malar bones. Her face had an anxious and careworn appearance. She was very emaciated. Her appetite was bad, she suffered from constipation, from piles, and shortness of breath, which prevented her taking much exercise. On physical examination anæmic murmurs were heard over the heart, and the "bruit de diable" in the neck. The uterus was found to be slightly enlarged, and softer than usual. The right ovary was slightly enlarged and tender. The left ovary appeared to be extremely enlarged and exquisitely painful to touch. Her spleen was enlarged, but not markedly.

On further inquiry, I found that my patient never suffered from an attack of either intermittent or remittent fever, but on close questioning, I found that she had suffered for the last few years from slight flushings of heat and from localized perspiration. Believing that all her troubles were masked malaria, for all her symptoms were paroxysmal in character, I determined to try and substantiate my diagnosis. I therefore prescribed a brisk aperient, and after its operation the next day, I sent her to bed, and commenced my treatment by giving her half a bottle of Warburg's tincture, followed in three hours by a second half. This induced such profuse perspiration, that I was obliged to administer stimulants freely. The next day I gave her three ten-grain doses of sulphate of quinine, combined with hydrobromic acid. The next three days she got fifteen grains of quinine a day, and the subsequent treatment consisted in the administration of iron, arsenic and small doses of quinine; light nutritious diet, with carriage exercise, salt-water baths, and friction. She improved rapidly. The uterine hemorrhage ceased, her periods are now normal, and all her neuralgic symptoms have disappeared.

Archives of Gynecology, Nov. 1887.

THE PREVENTION OF MAMMARY ABSCESS.

Dr. Miall, in the *Medical News*, says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms disappear in a few hours under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and, when solution is accomplished, the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applies them from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires more than three applications.—*Archives of Gynæcology*.

THREATENED ABORTION DUE APPARENTLY TO REFLEX IRRITATION OF A LUMBRICOID WORM.

By DR. G. SCHLEMMER.

The patient, pregnant for the first time, was in the fourth day of an illness, pneumonia, when she complained of abdominal pains, at first regular, then irregular, which she attributed to coughing. As the cough was not violent and the abdomen seemed very tense, an examination was made and the uterus found contracted enough to suggest the advisability of giving a laudanum enema.

The next day, after a comfortable night, uterine contractions commenced again, with shorter intermissions; and towards evening, despite of the chloral and laudanum enemata which had been ordered, labor was enough advanced to admit the tip of the index finger in the os.

From the time the patient first became sick, she complained of irregular burning pains in the œsophagus, stomach and bowels, which were followed by a sense of constriction at different points of the alimentary tract. Not being able to account for these symptoms. Dr. Schlemmer began to suspect some connection between these symptoms and the threatening abortion by means of the intermediate solar plexus.

An emetic of ipecac brought a little liquid colored with bile. A second dose was given, hoping to produce a revulsive action upon the alimentary canal which could clear up the unknown cause of the uterine reflex, when the patient vomited a large living lumbricoid worm about eight inches long. From that moment all danger of abortion and all concomitant symptoms ceased absolutely. The

pneumonia ran its course without any further untoward symptoms, and about eight days later she had a normal labor at the end of her nine months, without having passed any other worms, although calomel had been administered on the possibility of there being more than one.

The ascaris was supposed to have been swallowed in some water from a certain brook, where my patient had rested a few days before her illness. I learned besides that numbers of the neighboring peasantry have frequently been observed to be afflicted with these worms.—*Archives des Maladies des Femmes et des Nouveaux-Nés*, Sept. 15th.

APOMORPHINE IN CROUP.

Dr. A. F. Samuels in the *Therapeutic Gazette*.—Dissolve one-half grain (pellet form) in six teaspoonfuls of water, administer a teaspoonful every five or ten minutes until emesis results. The second or third dose usually does the work. Where the child was past swallowing, it was administered hypodermically (in less water). Vaseline or clear lard oil rubbed on the chest and throat is a valuable adjunct. The after-treatment is of great consequence, consisting generally of quinine in small doses with pilocarpine or syrup ipecac combined with the celery compound.—*Archives of Gynecology*, Nov., 1887.

BOOK-NOTICES.

Druitt's Surgeon's Vade Mecum. A Manual of Modern Surgery, edited by Stanley Boyd. Twelfth Edition. Philadelphia: Lea Brothers & Co., 1887, pp. 960. (New Orleans: Armand Hawkins, 194 Canal street).

Of all text-books on surgery, Druitt's *Vade Mecum*, perhaps, least requires an introduction to the medical public. It has for many years been a standard text-book for students and practitioners. As stated in the preface of this last edition, the government issued a copy of the *Vade Mecum* to each surgeon of the Federal army during the war. Each edition, in its time, was a reflex of the then existing state of surgical knowledge; but within the last few years surgery has made such wonderful progress

that the former editions of the *Vade Mecum* read like ancient literature. With a view to retaining all that was good in the former editions, and adding what was new in surgery, Mr. Stanley Boyd undertook to revise the previous edition. The work had not been revised since 1877. The preface to the twelfth edition says: “— and when I say that in the last edition (1877), antiseptic surgery is still regarded as on its trial, ligatures are left hanging from wounds, the extra-peritoneal method is recommended in ovariectomy, and we are told to hang a box of Macdougall’s powder under the bedclothes to keep down the stench of a stump, it will be obvious to any who understand the far-reaching importance of these points that radical change was necessary.” Nearly every chapter of the book shows some trace of the editor’s work; altogether, about three hundred pages have been added to the previous edition. Obsolete ideas have been omitted, and new ones inserted, so that the *Vade Mecum* may still lay claim to being a faithful exponent of modern surgery.

A. McS.

Syphilis.—By Jonathan Hutchinson, F. R. S., LL. D., Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital; Vice President of the Royal College of Surgeons. With eight chromolithographs. Philadelphia: Lea Brothers & Co., Publishers.

The experience which comes from many years of close observation in a particular field is here recorded by one of the best known of British surgeons.

Singularly devoid of quotations from the writings of other syphilographers, the book is filled with interesting matter drawn from an extensive public and private practice, and we cannot but feel that the recorded cases are accurately depicted and the deductions logically drawn.

Mr. Hutchinson’s familiar knowledge of diseases of the eye has enabled him to add to his monograph some valuable descriptions of eight different conditions of this organ which may result from *acquired* syphilis, and five from *hereditary* disease.

Throughout the work, which is essentially a clinical exposition of the subject, we find many practical hints worth remembering. For instance: “Syphilis may imitate all known forms of skin disease, but it can produce no origi-

als." With this for a text, as it were, we find abundant consideration of the different syphilides, and the diseases they imitate. Of the supposed coppery tint of syphilitic skin lesions we are told that "those who trust to it will be in constant danger of making mistakes."

Marriage is not to be permitted to syphilitic patients in less than two years after the *chancre* is contracted, though the disease may at times be eradicated before the expiration of this period. On the other hand, a "relapse" may occur, as in a case under the author's care (p. 373), of a young man who could not take mercury well, but had received sufficient iodide of potassium to cause disappearance of symptoms. This man married, with the author's permission, just two years after his last sore was acquired, developed a relapsing chancre, and contaminated his wife, who had, successively, two premature labors of still-born children.

With regard to the offspring of syphilitics our author holds that tertiary symptoms are not heritable; and secondary lesions lose their specific nature in about two years. During this latter period *time* becomes an important factor, which assists medication in eradicating the poison. This poison is probably "a living and specific microbe," and the disease is to be considered as "contagious or transmittable only so long as that microbe retains its vitality."

As to *treatment*: Mr. Hutchinson's hydrargyrum cum cretâ pill is well known to all who are familiar with his works. He is a firm believer in mercury, and gives it alone throughout the secondary stage, as he holds that in a large majority of these cases the iodides are not necessary. The latter is to be used in tertiary stage, beginning with small doses (gr. ij), which are to be gradually enlarged.

The inefficiency of the iodides is much increased by combination with some free ammonia, preferable sal volatile. The various methods of administering mercury are considered at length and recommended for special cases. Of the hypodermic method now so widely agitated, he does not speak very enthusiastically.

H. W. B.

A *Handbook of General and Operative Gynæcology*. Volumes 1st and 2d. By Dr. A. Hegar (University of Freiburg) and Dr. R. Kattenbach (University of Gießen). In two volumes. This is also vols. VI and VII of "A Cyclopædia of Obstetrics and Gynæcology"

(12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co. New Orleans: Armand Hawkins.

The arrangement of this work is peculiar, and opposed to all preconceived ideas as to the order in which the different subjects should be treated. However, the contents are excellent and the index good, so we can forgive the rest. Prof. Hegar contributes the articles on "Gynæcological Examinations," "Minor Therapeutical Technique and Elementary Operations," and "Castration" in vol. I. and "Operations on the Tubes" and "Operations for the Cases of Prolapse of the Vagina and Uterus, and for the Restoration of the Vaginal Sphincter Apparatus" in vol. II.

Prof. Kattenbach, in the first volume, contributes the article on "Ovariectomy," and in the second volume "Operations in the Uterus," "Operations on the Broad Ligaments," "Operations on the Round Ligaments," "Operations on the Vagina," "Operations in Urinary Fistulæ," and "Operations on the Vulva and Perineum."

These subjects have all been treated thoroughly and classically from a German standpoint, and that is what is most valuable to those who are not fortunate enough to read German. A student in reading these two volumes may be astonished to find names we have been accustomed to look upon as most intimately associated with the greatest advances in Gynæcology scarcely mentioned; but he must remember that that is the German way of writing, and that we do not take the trouble to read a book to gratify our pride, but in order to learn something. We are glad American and English Gynæcology has been left out, for that we can get from English and American authors. This work is invaluable as the best and most thorough description of German methods and ideas. G. B. L.

A Practical Treatise on the Diseases of the Hair and Scalp. By George Thomas Jackson, M. D., Instructor in Dermatology in the New York Polyclinic; Assistant Visiting Physician to the New York Skin and Cancer Hospital; Member of the New York Dermatological Society; etc. New York: E. B. Treat, 771 Broadway, 1887. Price \$2.75.

The above title does not allow the author much scope for variety in his labor, nor does it seem at first glance to appeal to the general practitioner for special study and consideration.

But the author, confident of the merits of his subject, has written a book, which will be not only interesting, but useful to the specialist, the general practitioner, and the layman, who wish to more fully understand those general rules of personal hygiene, which will enable them to prevent the occurrence of such annoying troubles as dandruff, premature baldness, and the like.

Other diseases of more serious import are also intelligently considered throughout the book, but, with the exception of an admirable chapter on hypertrichosis, the medical reader will be most interested in determining by what means the forms of seborrhœa commonly termed *dandruff*, and other conditions determining premature falling of the hair, are to be combated.

In the chapter on *hypertrophia pilorum* we have an accurate description of the method brought before the profession by Hardaway, of removing unnatural growths of hair by means of electrolysis. The author has employed this process and pronounces it a decided success. The work is well illustrated with wood-cuts from the collection of photographs belonging to Dr. Geo. H. Fox, and is supplemented by a bibliography, which shows the extensive and faithful research of the author.

The style is clear and the many practical hints with which the book abounds, are remarkably free from the technical jargon so common in works on special subjects. As a practical treatise upon diseases of the hair and scalp, we know of no superior, and do recommend it where it seems most needed, to the general practitioner. H. W. B.

Treatment of Disease in Children, Including the Outlines of Diagnosis and the Chief Pathological Differences Between Children and Adults. By Angel Money, M. D., M. R. C. P., Assistant Physician to the Hospital for Sick Children, Great Ormond Street, etc. Philadelphia: P. Blakiston, Son & Co.; New Orleans: Armand Hawkins. Price, \$3.00.

This is a practical manual of children's diseases. The arrangement of the chapters is rather peculiar, but the subject matter is good. It will be found convenient and useful to practitioners, being filled with excellent formulæ for the administration of different remedies. It is doubtful, however, if ready-made formulæ are an advantage to practitioners, for those to whom they would be useful, are

too apt to burden their minds by memorizing prescriptions to the exclusion of what is much more important and what in the end would make them better practitioners.

G. B. L.

Handbook of Gynæcological Operations. By Alban H. G. Doran, F. R. C. S., Surgeon to Out-Patients, Samaritan Free Hospital for Women and Children, London. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1887. Pp. 474. Price, \$4.00.

This work is very interesting to Americans as descriptive of the methods of performing the major operations in Gynæcology in vogue among our English brethren. Nearly one-third of the book is devoted to anatomy of the female organs, the methods of pelvic exploration and instruments and appliances; with the exception of eighty pages the rest is nearly all devoted to abdominal sections. This constitutes the real value of the present volume. Dr. Doran has given us what seems to be the outcome of the work of the more prominent English ovariologists in perfecting the technique of these operations, and we can well forgive his having taken up so much of his book with it. We would have liked though to have found among the plastic operations descriptions of the different methods employed by various prominent Gynæcologists. A book that would bring together all the different methods of performing operations would, we think, be well received. However, what work the author has laid out to do he has done well, and he deserves praise for the practical and thorough manner in which he has treated the more important portion of the book.

G. B. L.

Intubation of Larynx.—New York: Trow's Printing and Book-binding Co., 201 to 213 E. Twelfth street. 1887.

This series of papers by Drs. A. Jacobi, Joseph O'Dwyer, Francis Huber, Dillon Brown, W. P. Northrup, J. H. Hance and A. Caillé was read before the New York Academy of Medicine, and in its present form is a reprint from the *The Medical Record*. No one after reading this pamphlet will hesitate to consider this operation as preferable to tracheotomy in acute diseases.

G. B. L.

Conscious Motherhood; or the Earliest Unfolding of the Child in the Cradle, Nursery and Kindergarten.— By Emma Marwedel. Supplemented by Part II. *The Soul of the Child.* By Prof. W. Preyer. Chicago: The Interstate Publishing Co. Boston: 30 Franklin street.

This work is a guide to mothers for the bringing up of children on the kindergarten plan, commencing from earliest childhood, and will prove useful to those believing in such a system of education,
G. B. L.

PUBLICATIONS RECEIVED.

Twenty-third Report of the Trustees of the City Hospital, Boston, 1886. Rockwell & Churchill, City Printers, No. 39 Arch street.

Contusion of the Abdomen with Rupture of the Intestine. By B. Farquhar Curtis, M. D., Assistant Surgeon to the New York Cancer Hospital. From the *American Journal of the Medical Sciences*.

Biography of Andrew Nebinger, M. D. By J. H. Grove, M. D. Read before the Philadelphia County Medical Society, May 11, 1887.

An Address at the Opening of the Memphis Hospital Medical College, Oct. 4, 1887. By T. J. Crofford, M. D., Professor of Physiology. Supplement to the *Mississippi Valley Medical Monthly*.

The Natural History of Plagues. By Robert B. S. Hargis, M. D., of Pensacola, Fla. An Address to the Florida Medical Association.

The Treatment of Pulmonary Consumption, with a Report of Forty Cases. By Thos. J. Mays, M. D., of Philadelphia.

The Ontario Medical Register, Printed and Published under the Direction of the Council of the College of Physicians and Surgeons of Ontario. By Authority. Registration Office of the College of Physicians and Surgeons of Ontario, Toronto, Canada; June, 1887.

On the Existence of "Dermatitis Herpetiformis" (of Duhring) as a Distinct Disease. By L. Duncan Bulkley, A. M., M. D., New York. Reprinted from the *Journal of Cutaneous and Venereal Diseases*, Vol. iv, April 1886.

Perineal Urethrotomy. By J. Edwin Michael, M. A., M. D., Baltimore.

Pathology, Diagnosis and Treatment of Perforation of the Appendix Vermiformis. By J. McF. Gaston, M. D., Professor of Surgery, Southern Medical College, Atlanta, Ga.

Surgical Relations of the Ilio-Cæcal Region. By the same Author.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Eighty-ninth Annual Session, held at Baltimore, Md., April 1887.

Catalogue of the First Annual Exhibit of the Central Louisiana Fair Association, on the Grounds of the State University and A. and M. College, Baton Rouge, La., Wednesday, Thursday and Friday, December 7, 8 and 9, 1887.

Comptes-Rendus de L'Athénée Louisianais. Livraison 6me. Tome 3.

Biology of Tumors. By N. Senn, M. D., Ph. D., Milwaukee, Wis. Reprinted from the *Medical Register* of Philadelphia.

The Open Court. A Fortnightly Journal devoted to the work of establishing Ethics and Religion on a Scientific Basis. Three dollars a year. Chicago, Ill.

Etowah. A Romance of the Confederacy. By Francis Fontaine.

Anatomy and Physiology of the Recurrent Laryngeal Nerves. By Franklin H. Hooper, M. D., Boston. Reprinted from the *New York Medical Journal* for July 9, 16, 23, and August 6, 1887.

Medical Communications of the Massachusetts Medical Society. Vol. XIV, No. 1. 1887.

Diet in Cancer. I. Full Text of Nine Cases. II. Theoretical Considerations. By Ephraim Cutter, A. M., M. D., LL. D. Reprint from *Albany Medical Annals*, July and August, 1887.

Contributions to Gynæcology. Fasciculus I. The Galvanic Treatment of Uterine Fibroids: Full Text of First Fifty Cases. By Ephraim Cutter, A. M., M. D., LL. D.

First Annual Report of the Ophthalmological Department of the State Hospital at Norristown, Pa., for the year 1886. Ophthalmologist: Chas. A. Oliver, M. D. Reprinted from the Seventh Annual Report. Hospital Printing Office, 1886.

Deaths.

DR. WM. H. ANDERSON of Mobile, Ala., died at his home in that city, after a lingering illness, on the morning of November 14th (ult.), aged 67 years. Dr. Anderson was a native of Virginia and graduated in medicine from the University of that State in 1842, removing to Mobile about eleven years ago. He was long a Professor in the Mobile Medical College and Dean of the Faculty.

DR. WM. SELDON, an old and prominent physician of Norfolk, Va., died on the 7th of November last.

DR. JAS. E. GOODLETT died at his home in Lake Charles, La., during the week ending November 19th, aged 53 years. Dr. Goodlett graduated from the University of Nashville in 1861.

DR. J. H. SHARP, aged 75 years, died at his home ten miles south of Kemp, Texas, on October 13th, 1887.

AT Navasota, Texas, on the 19th of September last, died at the age of 70 years, DR. A. R. KILPATRICK, a physician well-known in Louisiana, Mississippi and Texas.

DURING the week ending November 5th, 1887, DR. C. T. RATCLIFFE died at his home in Alexandria, Rapides Parish, aged 61 years. Dr. Ratcliffe graduated from Jefferson Medical College in 1853.

JOHN MURRAY CARNOCHAN, M. D., died in New York, October 28th (ult.), aged 70 years. His death by apoplexy was very sudden, he had been in his usual good health two hours before. He was a native of Savannah, Ga. His predilections for surgery were early marked, and were fastened for life by his entering the office of Dr. Valentine Mott as a medical student. In 1847 he began practice in New York, and three years later was appointed surgeon-in-chief of the Emigrant Hospital, a position held by him for nearly twenty years. He was Professor of Surgery for many years in the New York Medical College (now extinct), and was the author of several works on operative surgery. He was health officer of the port of New York from 1870 to 1872. His name is identified with the bold operation first done by him in 1856, of exsecting the second branch of the fifth pair of nerves for facial neuralgia, and with a large and original experience in the field of arterial surgery.

MEDICAL NEWS AND MISCELLANY.

WE are very much gratified to learn from the Board of Managers of the Louisville Training School for Nurses, which has most courteously acknowledged our editorial notice of the institution under its charge, that our words have already been conducive of good. The board is in receipt of two applications for positions as student nurses from Louisiana, and a letter from a gentleman expressing interest and offering assistance.

OUR friend, Dr. James E. Reeves, of Wheeling, West Virginia, writes to us that he is about to remove to Chattanooga, Tenn. Dr. Reeves does not expect to engage in general practice, but to devote himself as much as may be to the treatment of renal and pulmonary diseases, in which classes of maladies his extensive knowledge of pathology, bacteriology and microscopical anatomy must prove an inestimable advantage. We congratulate the people and profession of Chattanooga upon their good fortune in acquiring the services and counsel of such a physician.

MORTUARY REPORT OF NEW ORLEANS

FOR OCTOBER, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	12	4	12	4	10	6	16
“ Typhoid.....	1	3	2	2	2	2	4
“ Congestive.....	6	8	7	7	10	4	14
“ Continued.....	1			1	1		1
“ Intermittent.....							
“ Remittent.....	2			2	2		2
“ Catarrhal.....							
“ Puerperal.....	1			1	1		1
“ Typho-Malarial.....	6		1	5	5	1	6
“ Ataxic.....	1			1		1	1
Small-pox.....							
Measles.....		1	1			1	1
Diphtheria.....	35	4	15	24	2	37	39
Whooping Cough.....		1	1			1	1
Meningitis.....	6	1	4	3	1	6	7
Pneumonia.....	9	12	11	10	11	10	21
Bronchitis.....	5	4	3	6	2	7	9
Consumption.....	35	21	27	29	54	2	56
Congestion of Brain.....	3	2		5	5		5
Diarrhœa.....	8	4	7	5	10	2	12
Cholera Infantum.....	5	2	5	2		7	7
Dysentery.....	3	3	5	1	6		6
Debility, General.....	2	1	1	2	3		3
“ Senile.....	8	18	14	12	26		26
“ Infantile.....	7	5	7	5		12	12
All other Causes.....	212	86	157	141	191	107	298
TOTAL.....	368	180	280	268	342	206	548

Still Born Children—White, 34; Colored, 28; Total, 62.

Population of City.—White, 176,500
“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 25.01.

“ “ “ “ “ “ Colored, 32.60.

“ “ “ “ “ “ Total, 27.08.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—OCTOBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Prec'p. in in. & Hund.	GENERAL ITEMS.
		Mean	Max.	Min.		
1	29.89	70.3	80.3	61.5	....	Mean Barometer, 29.976.
2	29.89	74.3	83.0	66.0	....	Highest Barometer, 30.21, 31st.
3	29.99	77.0	83.4	71.8	....	Lowest Barometer, 29.21, 19th.
4	29.93	76.3	84.2	71.6	....	Monthly Range of Barometer, 1.00.
5	29.88	75.7	82.0	71.3	....	Mean Temperature, 68.1.
6	29.93	75.3	86.0	69.8	....	Highest Temperature, 86.0, 6th.
7	29.93	75.3	84.0	68.8	....	Lowest Temperature, 41.8, 31st.
8	29.92	76.3	84.6	72.1	....	Monthly Range of Temperature, 44.2.
9	29.90	75.3	83.2	71.3	....	Greatest daily range of Temp., 20.8.
10	29.90	75.7	84.0	70.7	....	Least daily range of Temp., 6.8.
11	29.93	70.7	76.0	67.5	....	Mean daily range of Temperature, 14.0.
12	30.00	60.0	68.1	54.1	....	Mean Daily Dew-point, 58.4.
13	29.97	65.0	74.7	55.0	....	Mean Daily Relative Humidity, 74.0.
14	29.96	67.7	77.5	58.1	....	Prevailing Direction of Wind, N. E.
15	29.95	67.3	76.0	56.8	....	Highest Velocity of wind and direction,
16	29.93	64.7	73.0	60.5	1.11	42, N., 19th.
17	29.85	71.7	78.7	62.8	.31	Total Movement of Wind, 7372 miles.
18	29.77	73.7	80.3	70.0	1.04	Total precipitation, 4.71 inches.
19	29.52	70.0	74.3	62.6	2.19	Number of days on which .01 inch or
20	29.95	70.3	78.3	64.0	....	more of precipitation fell, 7.
21	30.16	64.0	71.4	59.4	....	No. of clear days, 14.
22	30.11	62.7	70.0	58.0	....	No. of fair days, 9.
23	30.00	68.7	80.3	59.5	....	No. of cloudy days, 8.
24	30.02	73.3	83.5	65.2	....	MEAN TEMPERATURE FOR THIS MONTH IN
25	30.08	63.3	73.0	58.4	.01	1872.....
26	30.11	57.3	61.0	54.2	.03	1873.....68.2
27	30.12	60.0	64.0	56.0	.02	1874.....70.4
28	30.14	61.3	66.0	58.0	....	1875.....67.3
29	30.09	64.3	70.5	56.3	....	1876.....67.6
30	30.15	52.3	65.0	49.0	....	1877.....70.2
31	30.15	50.3	60.0	41.8	....	1878.....70.6
						1879.....72.4
Sums	.....	.....	.....	.....	4.71	1880.....68.0
Means	29.976	68.1	.....	.....	.....	1881.....75.2
						1882.....73.3
						1883.....75.4
						1884.....74.4
						1885.....65.8
						1886.....69.5
						1887.....68.1
						TOTAL PRECIPITATION (IN INCHES AND
						HUNDREDTHS) FOR THIS MONTH IN
						1872.....
						1873.....1.89
						1874.....
						1875.....2.09
						1876.....0.24
						1877.....9.15
						1878.....5.07
						1879.....1.36
						1880.....1.88
						1881.....4.84
						1882.....2.16
						1883.....3.43
						1884.....5.60
						1885.....0.56
						1886.....0.22
						1887.....4.71
						Dates of Frosts {
						Light, 0.
						Killing, 0.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JANUARY, 1888.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

A Portable Operating Table.

By EDMOND SOUCHON, M. D., Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana.

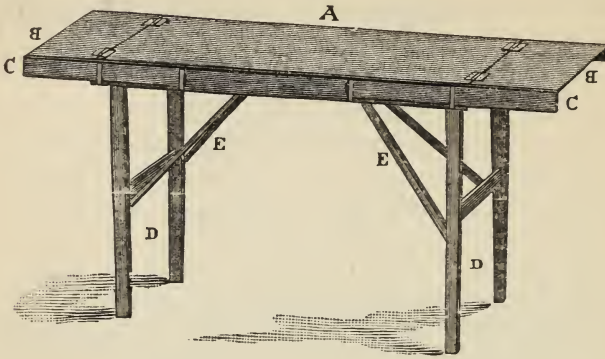
When I started operating in private practice I soon found it very inconvenient, in serious operations especially, to have to operate on a bed, which was usually far from the light, too soft, too low, too wide, with headboards and bedposts in your way and in that of your assistants.

I therefore went to work and invented a portable operating table, which I would send to the house previous to the hour fixed for the operation. The description of this table was published in the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL at the time. The table, however, was heavy, bulky and too complicated. The idea was good, I thought, but, like many first attempts, this one was unsatisfactory.

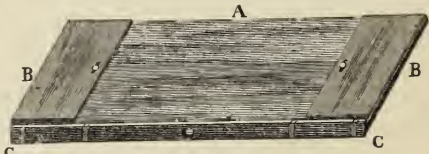
I made one more attempt later on, which was a considerable improvement on the first one; but from the want of a man who understood my idea well the second table was still too heavy and too bulky to be conveniently carried.

Recently, however, I found a capital cabinetmaker (Mr. Hilgner, residing at the corner of Dauphine and St. Ann streets), who succeeded in rendering the table as light as

possible, with all the strength necessary to stand the weight of any man. It is composed of a main platform (A),



twenty-two inches wide and forty-two inches long. At the extremities are two folding leaves (BB), nine inches in length, which, when unfolded, are supported by two sliding pieces (cc). The table is supported by two pairs of folding legs (DD), which are kept steady by two braces, which join under the table and are there securely fastened by a bolt, so that the



legs cannot fold under, in spite of all weight on or all motion of the table. When the table is not to be used the leaves at the ends are folded on the main platform and are secured there by means of a flat-headed screw; the supporting bars are pushed back under the border of the platform, and are there secured by means of a spring, analogous to that of the stick of an umbrella; the legs are folded under the table, so as to be out of the way entirely, and are there kept firmly by means of a wooden tack. The whole table weighs twenty-six pounds, and can be easily carried under the arm by a man of ordinary strength, or be placed in a buggy behind the dashboard. It is manufactured by Mr. Hilgner for the sum of fifteen dollars. When unfolded its length is five feet, its width twenty-two

inches, and its height thirty-one; but these dimensions can be altered at will, with an almost insignificant increase in weight. It is made mostly of cypress, as being a very light wood, with the exception of the top, which is of black walnut and one-half inch thick. It can be made of any kind of wood and painted any color.

I always carry, concealed in a sort of little pocket under the table, a leather strap, with buckle and holes, about three-sixteenths of an inch thick and about sixty inches long, which I use to control the legs of restless patients. The strap is passed *over* the *lower third* of the thighs, then under the table and buckled firmly, so as to keep the knees from bending. In this manner I can dispense with two assistants to hold the legs. It is important that the strap be passed *above the knees*, and not below, and that it should be well secured, in order to control the limbs. Towels tied together, or a strong band of white sheeting, may answer the purpose as well.

The table has no upholstering of any kind. When it is to be used a folded blanket or quilt, with an oil cloth and a sheet, is all that is necessary, with the pillows. In my office I use the table for examinations, etc. I then lay on it a kind of thinly-padded mattress of moss and a small pillow, all made of imitation Morocco leather or oil-cloth.

For gynecological examinations I place the patient on one end, with each foot resting on an ordinary chair. When introducing the speculum I seat myself upon the edge of the chair on which the right foot rests, thus being comfortable and keeping out of my own light.

Address of the Annual Orator,

Hon. CHAS. GAYARRE, to the New Orleans Medical and Surgical Association, December 3, 1887.

I never was more surprised than when I was honored with the most unexpected invitation to address you on what I understand to be the annual celebration of the anniversary of the incorporation or formation of your learned Association. I would have taken it as a joke, if I could have

supposed your professional gravity capable of its perpetration. As this could not possibly be, I have sought to discover the cause of my being selected to appear before you this evening and present to your consideration such matter as must be, I suppose, more or less connected with medicine or surgery; for it seems to me that anything else would be scarcely appropriate. But I felt very uncomfortable when I examined my fund of knowledge on the subject. On looking into my limited stock of attainments in the arts and sciences, I found that all that I know about medicine and surgery is, that Esculapius is the god who presides over and patronizes these learned professions; that those great teachers and masters, Hippocrates and Galen, are the fathers of the medical art, although they do not always agree, leaving these traditional habits of disagreement to their successors ever since; and that the centaur Chiron, the instructor of youthful Achilles, had extraordinary skill in surgery, from which circumstance one may perhaps account for the hereditary faith that certain generations of people have in horse doctors. But these, as you see, were scanty materials to build up my requested address.

In a desponding mood I searched in my memory for precedents by which I might be encouraged to enter upon my desperate enterprise, and I found that Chesterfield relates to his son that in the House of Lords he once made a most brilliant speech on astronomy, "of which he absolutely knew nothing." "Everybody admired my speech," he wrote, "but, as to myself, I never understood one word of it." This, to some extent, justifies perhaps the saying which the sarcastic Beaumarchais places on the lips of Figaro: "*On n'enseigne bien que ce que l'on ne sait pas.*" One teaches best that which one does not know." I remember also a tradition—of the dark ages, of course, for it could not be applicable in these days of universal enlightenment—which is: that physicians never were more successful than in cases that they did not comprehend. I drew from these precedents the hope that I might, under

solemn words of grave import, enlivened now and then by some flights of fancy, so conceal my ignorance as to appear decently before you in borrowed garments, and I was preparing to ransack all our public libraries for materials enabling me to illustrate the progress of medicine and surgery from the days of flint instruments to those of the most polished steel and chloroform, and from the epoch of potions and herbs gathered under a certain quarter of the moon to the epoch of quinine and digitalis, when it struck me that something so ponderous would not be a sufficiently appetizing and exhilarating cordial for stomachs whose capacity was expected to show itself equal to the exigencies of a profuse and delicate supper.

Hence, I was still continuing to be in a state of embarrassment, when suddenly I struck my forehead, and exclaimed: I have it! I know now to what source is to be traced this puzzling invitation. Those gentlemen of the New Orleans Medical and Surgical Association have discovered that I am professionally a sick man, and that I have been dying from my tenderest infancy to the present moment, when I am on the eve of entering my eighty-fourth year. They know that I have been successively in the hands of all the physicians of the earth, and they want to be entertained with the *Odyssey* of my woes and with some sketches or anecdotes about some of the lights of their profession with whom I have been in contact. Thus, my subject for this address was found at once, and I now will proceed to accomplish my Homeric task, which, if it does not come up to your expectations, will at least be accepted, I hope, as an earnest effort on my part to gratify your wishes.

Among those physicians of whom I have retained the most vivid childhood recollection, is Dr. Ives Lemonnier, of the province of Brittany, in France—a pale complexioned, modest, mild-mannered man, with a soft, low voice, and eminently prudent in his mode of treatment. His system seemed to be to leave nature to her free action and powers of recuperation, whilst merely assisting her in her

efforts to cure herself. He had a trick of violently rubbing his nose when a case assumed a grave aspect, so that it was a matter of importance for a patient's friends to notice whether the doctor's proboscis had itched during his visit. This amiable gentleman was much appreciated socially, and much trust was reposed in his professional skill. As to his medical opinions and the results of his experience, I do not remember anything worthy of being transmitted to this learned assembly, except that I once heard him sententiously affirm that milk was bilious and that fresh butter was not, and he certainly must have been convinced of the truth of that important aphorism, for I observed that when he partook of our family meals he made a profuse use of fresh butter, and never touched the liquid from which it proceeded. He married a Miss Prieur, the sister of Denis Prieur, who was repeatedly elected mayor of this city, but he left no descendants. He had a younger brother, who, I believe, was more of a surgeon than a physician, and who was more energetic and bold in his practice. He is now represented among our medical faculty by a great-grandson who bears his name.

At that time there flourished here a Dr. Dow, a Scotchman, who had married Widow Urquhart, also of Scotch birth, if I am not mistaken. The doctor was full of genial, exuberant kindness for all his fellow-beings, of a florid complexion, of convivial habits, aggressive in his mode of treatment, fond of stimulating nature when he found her too sluggish, and recommending a more generous diet than his French compeers generally did. Dr. Dow was a great authority, and no member of his profession ever acquired more popularity. He was much opposed to the Sangrado system of bleeding. He thought that the climate was malarial and debilitating, and had great faith in a luscious beefsteak and a half bottle of port opportunely administered. His most amiable wife participated in these hygienic views, and was fond of doctoring in her gentle, peculiar way, among the children of her friends. I remember having frequently consulted her for my juvenile

ailments, and on those occasions she would invariably say, with marked emphasis and in her usual, slow and deliberate tone: "The doctor maintains that in this climate a generous diet and a little cordial are absolutely necessary;" and forthwith she would bring out of some dark corner a plate of cakes and a small glass of cordial, in the manufacturing of which she delighted and excelled.

Both these physicians and others gave it as their opinion at the time that I had a superb constitution, but that by remarkable fatality the air of my native climate was incessantly acting upon me like a slow poison, which science could not effectively counteract. The fact is, that the very negroes called me in their picturesque jargon Mr. *Tombe-Lévé*—"Mr. Up and Down." The diagnosis of the physicians must have been correct. For having departed for Philadelphia with a two years' intermittent fever in my veins, I arrived there in perfect health, which never was interrupted during the long sojourn I made in that city, where I studied law and was admitted to the bar. Free from even a slight headache at the North, you think perhaps that I cut loose from the medical faculty whose services I no longer needed, but it was not so, and I could tell you a good deal about the witty punster, Dr. Chapman, the learned Dr. Rush, and that glorious, big-hearted Dr. Samuel Jackson, who became one of the dearest friends I ever had. He is no longer of this world, but his radiant face beaming with benevolence and intellect I love to contemplate in his portrait at my home, and refresh my heart with cherished memories of the past. I could tell you of Dr. Francis of New York, with his Johnsonian ways and loud voice after the fashion of his English model—"good old Dr. Francis," as he was affectionately called—whose house was a hospitable centre of reunion for men of letters, and whose book on the city of New York is full of the most charming recollections. It was then that I began to discover a singular fact, which has proved to be a permanent one throughout my existence to this day—which was, that wherever I might go, be it in health or in sick-

ness, if there happened to be a physician in the locality, he and I were bound to come together in obedience to the law of affinity, or reciprocal attraction. Therein lies the explanation of my being here to-night. You could not avoid inviting me, and I could not avoid coming. It is a clear case of hypnotism.

One of my most devoted friends was Dr. Luzenberg, for a long while vice-president of the Board of the Charity Hospital, the governor being ex-officio president. He intensely loved his profession and was justly proud of the reputation he had acquired in it. Notwithstanding the fatigue of the day in visiting his patients, he used to pore over his books long into the night. Many an evening did I, in company with the Episcopalian minister Dr. Hawks, of Christ Church, pass with him at his office in the basement of his house on Rampart street, between Custom-house and Canal. He appeared to me to possess all the characteristics of genius. His highest ambition was to become an honorary member of the Institute of France, and at the time of his death he was preparing a voluminous work on yellow fever with explanatory plates which, he hoped would have secured for him the coveted honor. I have heard several of our native physicians who had obtained their diplomas in Paris say, that they had not known in that metropolis a lecturer that could be compared to Luzenberg for lucidity, profundity and originality of demonstration, exposition and satisfactory conclusion; and they further maintained that, could he have lectured on that broad and elevated theatre, he would have produced a European sensation.

Luzenberg was not of a milk-and-water composition; he was as thorough a hater or enemy as he was a friend. He was imprudently frank and occasionally so even to rudeness. One day, Bringier, the wealthy planter, who was in the habit of doctoring his negroes, was at the bedside of one of his sick friends. Doctor Luzenberg came in and prescribed. "Doctor," said Bringier, "don't you think that *this* and *that* would be excellent in this case?"

“Very good, Mr. Bringier,” replied the doctor, “but there is something still better, which you may add to my prescription. Go to the front of the house; you will find a pile of those damnable cobble-stones with which the street is to be paved; take one of them, make an infusion of it, and give that tea to your patient. Good-by.” Bringier never forgave him.

On another occasion a man called on him to have a certificate that he was competent to be attached as surgeon to one of our volunteer regiments that was to march to the relief of General Taylor on the Rio Grande. Luzenberg put to the applicant a few questions, which were answered in such a manner that he indignantly rose from his seat and sternly said to him: “Sir, you are a would-be murderer. If you ever presume to pass yourself as a surgeon and act as such, you deserve to be hung.” Strange to say, the man took it submissively. He grasped Luzenberg’s hand, thanked him for his frankness, admitted his own incapacity, and pleaded that he had been tempted to this imposture by the necessity of obtaining a position that would save him from starvation. Luzenberg was moved, and gave the poor fellow twenty dollars, advising him to attempt to make a living in any other way than by practising as a physician or surgeon.

Luzenberg was fond of making experiments connected with his profession. He was always in search of strange and exceptional cases; he would have paid for the privilege of treating them *gratis pro deo et scientiâ*. For instance, I have known him to offer five hundred dollars to a beggar who had no nose, on condition that he would be permitted to furnish one made out of the flesh and skin of a negro. His object was to ascertain if, in the course of time, the black nose would not become white. The beggar refused and Luzenberg was much disappointed. This man of strong will, of the most powerful intellect, was not exempt from a strong weakness. No human consideration could have induced him to undertake anything of importance on a Friday. He never would vouchsafe an explana-

tion, and even showed that he desired not to be approached on the subject. It is an abnormality which invites psychological investigation.

I have generally found physicians and surgeons very liberal-minded and free from professional bigotry. They know how to appreciate a good joke, even if it is at their expense. Sometimes they are not afraid of telling on themselves and ridiculing their own blunders. On one occasion I was rather despondent when my friend and college companion, Dr. Armand Mercier, said to me: You are a chronic sufferer, I know, but do not allow yourself to be cast down by the prognostications of some of us. We are not infallible; we are physicians, not popes. Listen: You are aware that sometime ago I was as thin as a lath, quite sick, I assure you, and did not know what was the matter with me. The fact is, that I was withering away and perishing by inches, although I kept moving and attending to my patients as usual. But one day there came Soulé, my brother-in-law, who, in the name of my alarmed family, harangued me so pathetically and reproached me so forcibly about my obstinacy in not taking medical advice, that I promised him to comply with his request.

It was not long before I received another visit from Soulé, who really was full of anxiety. "Well, Armand," he said, "have you kept your promise?" "I have, and consulted three of my colleagues successively and separately. The first found fault with my heart; the second with my spine, and the third with my liver, each of these vital organs being fatally affected." "Good Heavens! exclaimed Soulé, three mortal diseases! What is to be done?" "I have decided upon that. You have brought to me from France, with the utmost care and precaution, a cask of one of the finest and richest wines of Burgundy. I had reserved it for some grand occasion, but now I will prescribe to myself a large dose of it every day. If I have any one of the three diseases mentioned, it will make short work of me." "But, Armand, it will be suicide." "Perhaps so, perhaps not. *Nous verrons.*" True to my resolution, I

kept drinking a bottle of Chambertin at my breakfast and another bottle at my dinner, until the three hundred bottles which the cask contained had been absorbed. And now, "look at me," continued Doctor Mercier, tapping on his abdomen, "I am as rotund as a hogshead."

Notwithstanding this demonstration from the highest and unchallengeable authority that physicians might make some rather big mistakes, I confess that I was a little shocked when, in 1835, fifty-two years ago, one of the most celebrated of the medical men of New York declared to me that my constitution was completely ruined by the deleterious climate of Louisiana, and that I could not live much longer. He even thought it useless to prescribe anything, and told me that my only chance—a slim one after all—was to spend years in Europe for the purpose of renovating and rebuilding myself up, if possible. In consequence of that sentence of death I crossed the ocean for the first time, and on my arrival in Paris, I invited three of the great luminaries of the medical profession, Andral, Chomel and Baron Louis, to meet in consultation in my chamber. They confirmed the diction of the New York celebrity, and wrote down at length their views of my case, which I sent to Governor Roman, to justify my resigning my seat in the United States Senate. All that I can recollect of their examination of me is, that I had prodigious lungs, but that by a complication of various causes affecting my nervous system, all my digestive organs were almost beyond the possibility of being so repaired or mended as to enable them to fulfil their respective functions; that I had to eschew drugs, and to trust only to hygiene, climatic influence and mineral waters. So I remained nine years abroad. I need not tell you, I suppose, that, considering the magnetic fluid which I have mentioned as sympathetically existing between me and all the members of the medical faculty, I never failed to be surrounded by a body-guard of them in the great city of Paris. There were very few of the distinguished ones with whom I did not become acquainted, without mentioning those whom I

hugged to my bosom at the numerous watering places to which I was experimentally sent every summer. On one autumnal day returning from Vichy, I met with the following incident on my way :

Just as I approached the city of Dijon, the former capital of the old Duchy of Burgundy, the public coach in which I was stopped at a small village and took in a passenger. He was the thinnest and sallowest man I had ever seen. We engaged in conversation. In the course of it, I mentioned to him that I had been trying the water of Vichy.

“I see,” he said peevishly, “that you have been duped like myself and made a fool of, excuse the expression. Those abominable physicians, those patented charlatans, whom we have the weakness to consult, and who thrive on the rich fund of credulity with which nature has cursed mankind, have reduced me to the condition of a chronic simpleton; for they have for the last quarter of a century sent me every year to some watering-place. But, thank Heaven, I am cured at last of my folly, and as I am much older than you are, allow me for your profit, as an invalid, which you seem to be, to relate to you what has recently happened to me. You see, sir, how thin I am, although I have a most excellent appetite and unequalled powers of digestion. This extraordinary thinness has always made me extremely miserable, for my greatest ambition is to be fat.”

Here his head dropped to his breast, as if yielding to the weight of a too painful thought, and he sighed heavily as if oppressed with much affliction. “Yes, sir,” he continued in a tone of indignation, caused probably by his feeling too acutely the perfidy with which he was treated by Providence and the physicians, “I have been striving in vain for the last forty years to gain flesh. I contented myself at first with devouring an enormous quantity of turkeys, capons, beefsteaks, mutton chops, Irish potatoes and other farinaceous substances, but to no purpose. I went to England, associated with none but London aldermen, studied their proverbially fattening diet, conformed to their habits, drank innumerable casks of porter, and remained as thin

as ever. In despair, I threw myself into the hands of the learned faculty of medicine. They converted me into an alembic of drugs, and when I became rebellious at last, they sent me successively to every known watering-place in Europe. I am now from Mont d'Or where, after using the waters internally and externally for a whole month, I complained to the physician of the place that I was growing thinner, if possible.

'Have faith and patience,' he answered. 'Do you not meet occasionally in your walks, an individual who is almost as large as an elephant and who seems embedded in a ton of lard which melts into heavy drops as he moves along. Well, when he came here three months ago, he had less substance than yourself. Now he is a mountain of flesh. In vain do I tell him to stop. He goes on drinking, bathing and swelling, so delighted is he with the change which has taken place in his person. He maintains that he cannot have too much of a good thing. It is the fanaticism of corpulence.'

Of course, with such an instance of the efficacy of the waters before my eyes it would have been very wrong to despond. I determined to persevere. But the next day, when in my bath as punctually as usual, the door of the adjacent room opened, somebody entered, and I heard the following conversation. 'Doctor,' said a gruff voice in tones of subdued anger, 'I have sent for you to convince you by actual exhibition that I am growing fatter and fatter. I consult you every day; you soothe me with fair promises and you regularly pocket your fees without succeeding, despite all your scientific prescriptions and the marvelous virtues of your mineral waters, in removing one ounce of flesh from my ribs.'

'Have faith and patience,' replied the doctor. 'Do you occasionally meet in your walks a prodigious thin man?'

'Certainly,' answered the patient, 'I could not but notice him. He is a shadow, an impalpable thing; a sort

of condensation of vapor assuming somewhat the indistinct lines of a human shape. What then?’

‘Well, when he came here, my dear sir, he was fatter than you are. Will you continue to say: What then?’

I heard no more—I jumped out of my bath, and I am now returning in a hurry to my little château on the banks of the Garonne, which I should never have left, swearing an eternal adieu to all watering-places, and fully determined to shoot the first doctor who may venture to cross my threshold.”

I wondered with what class of doctors this saturnine crank had been dealing. He certainly could never have met such a one as Corvisart, who occupied near Napoleon III. the same position which his illustrious father filled near Napoleon I.—Corvisart! the most entertaining of men, overflowing with such anecdotes, such gaiety of spirit, such a contagious cheerfulness of the heart, that he would have convulsed with laughter the most splenetic of patients; nor could that physician-hater ever have met Ricord, whose genial manners were as enticing as his conversational powers, when he chose to exert himself at a friend’s house. I made his acquaintance, which gradually grew into some degree of intimacy and friendship. There was not much difference of age between us. He was born of French parents in Baltimore, and rapidly rose to celebrity in the land of his ancestors. His capacity for labor was incredible, and his physical strength was equal to any fatigue. At early morn his work began. After numerous visits and after having attended the crowded hospital of which he had the charge, he would return home at 11 to breakfast, and from 12 to 6 P. M. his reception of patients lasted. At 6 precisely, the door of his office was closed. Those who had not the good fortune to see him had to take their chance on the next day. After dinner he drove rapidly to every part of the vast city where he was needed, and sometimes at 2 o’clock in the morning he was to be met at the masked ball of the Grand Opera as fresh and buoyant as if he had had nothing to do but sleep during the day. On

every Sunday he denied himself to the public and went to some solitude in the environs of Paris, where he wrote what he intended to publish. He affected to be a materialist and advocated his thesis with much intellectual vigor and much apparent conviction. As I was opposed to the annihilation of my soul, I always took the opposite side of the question. An incident, however, made me doubt the sincerity of his sentiments on that subject.

As I have already said, the immense saloons of the great physician were always full from noon to six in the afternoon. The patients were admitted in turn to his presence. He was unapproachable during those hours except to suffering humanity. As a proof of his regard he had kindly exempted me from the rule. One day when I had something to communicate to him without delay, I called at the time I knew him to be engaged.

“Pierre,” I said to the servant who was in attendance, “carry my card to your master. I must have access to him without being seen by the crowd of invalids who might complain of preference granted to me if I were admitted before those who preceded me here.”

He returned after a few minutes and said: “I will conduct you, according to the doctor’s instructions, to his bed-chamber, which can be reached through a secret passage. There you will please to wait until I am permitted to take you to his office.”

Ricord, at the time, was a bachelor, and I believe has never married. What was my astonishment, when I entered a very large bedroom, of which the walls, from the high ceilings to the floor, were covered with none but magnificent oil paintings, representing sacred subjects. At the head of the bed was a sculptured oak *pric-dieu*, on which there was a superbly illustrated copy of the Gospels that was lying open. There was a red velvet cushion to kneel on at the foot of the *pric-dieu*, surmounted by a beautifully carved ivory Christ on a gilded cross. After a little while I was led to the presence of the medical philosopher, who habitually seemed to delight in being a

cynical unbeliever. Guessing at what had passed in my mind, he said with a laugh not unmixed, I thought with some embarrassment of manner, "You are surprised, are you not?"

"Certainly," I replied; "who would not? Faith! my first impression was that I had been introduced by mistake into the bed-chamber of the Archbishop of Paris."

"Well! Well! my friend," he said, in a half jocose and half serious tone; "I hear and see so many unclean things during the day that on retiring at night I like, before going to sleep, to refresh my eyes by looking round my room on holy objects."

Several times since, in my social intercourse with Ricord, who never desisted from parading his materialism, I tried to allude to what I considered a singular and secret contradiction of his openly professed doctrine, in order to obtain further light on the subject, but he always glided away from it, and, finally, I had to cease all efforts in that direction, because I saw that it was his wish to have the incident forgotten and unexplained.

In the course of a long personal experience I never met but one physician who showed himself unworthy of his noble profession, and this is the way in which it happened: At a watering-place called Leuk, at the foot of the Gemmi in Switzerland, I became acquainted with the German Prince de Wied. He sought me and seemed to take an unaccountable interest in my health. I ceased to wonder at it when he one day told me that he was half a physician. That explained it all at once. It was another instance of the curious affinity which had never failed to manifest itself since my childhood.

"The waters of Leuk don't suit you," he said to me. Go to Carlsbad next season. In the meantime, as you will spend the winter in Paris, consult Koreff, ex-physician to the king of Prussia. He now lives in that city. He is a man of genius, but a most unprincipled fellow. Be on your guard. Here is my card as an introduction to him. Tell the rascal that I commend you to his care and skill,

and request him not to be extortionate, as he is but too apt to be. Do not scruple to repeat my very words."

According to the prince's advice, I saw Koreff and delivered as smoothly as possible the message which had been sent to him. "Ho! ho!" he exclaimed, "I here recognize the penurious character of the prince. What does he complain of? Princes must pay like princes. But I shall be moderate with you."

I frequently met Koreff in the saloons of Paris and heard it whispered that he was a Prussian spy. He was a man of sparkling wit and vast erudition, but his morality was rather worn thread-bare and came out at the elbow of his sleeves, as exemplified by the bill of five hundred thousand francs which he had the audacity to present to the Scotch Duke of Hamilton for having attended during six months Lady Douglass, the daughter of that nobleman. The duke refused to pay, and was stepping into his carriage for his final departure from France, after having tendered thirty thousand francs to Koreff, when he was arrested and had to give security for the sum claimed before he could be set at liberty. The public indignation was intense. It was thought to be a manifest and outrageous case of blackmailing. The court regretfully allowed the thirty thousand francs that had been tendered, saying that it was too much, but condemned the plaintiff to pay all the costs of the suit. The government took the case in hand and withdrew from the "man of genius," who had stooped to be an "unprincipled fellow," the license to practice his profession in France. Well, in justice to Koreff, I must state that, notwithstanding his Bohemian propensities, he treated me not only with moderation as to his fees, but also with marked sympathetic consideration. Perhaps he had intended to act otherwise, but had to succumb to the mysterious, magnetic influence in question. Perhaps when he meditated the blow he discovered some sign of a sort of free-masonic connection between me and the members of his profession which warned him that I could not be made

a victim, and so I turned out to be safe in the hands of that Dick Turpin.

Before concluding this rigmarole chit-chat, for it is nothing else, I must say that I have sometimes been almost thankful to my ill health for having been introduced to so many distinguished men, and among others to Doctor Bretonneau of Tours, who was an honor to his profession, and whose kind sympathies I secured during my sojourn in that city. His works and reputation are, no doubt, known to you. He was so run after that he hardly had time to breathe and had but few minutes to give to each patient. And yet one day he spent a whole hour with me! When he rose to depart, he said: "You probably wonder at the length of my visit. It shows the depth of my sympathy, and you will understand it when I tell you that I suffer exactly as you do and from the same causes, and, alas! there is for it no remedy known to science. No doubt you have more than once been called, *un malade imaginaire*—"an imaginary sick man"—but I do not hesitate to say that you have the most cruel disease that ever afflicted humanity. The consolation for the sufferers is that it only attacks "*des natures d'élite*." I confess that I thought but poorly of such consolation.

No. The only consolation which I derive from my long suffering is, that it has pleased Providence to use me as an humble instrument to refute a universally current belief singularly unjust to the learned body, among which I have always counted so many friends. It has been for a narrow-minded and prejudiced world an accepted tradition from time immemorial that there is danger for a patient in a multiplicity of medical attendants. Number *three* has been considered ominous; five, inevitable death. Happily it has been my good fortune to demonstrate that there never was a more egregious error; for I have always had a legion of physicians around me, and I am still alive!

Gentlemen, I have attempted, in compliance with your request, to entertain you for half an hour. I am afraid that I have signally failed. But I assure you that a large meas-

ure of indulgence will not be withheld from me when you keep in mind that the present effort has been made by one who, notwithstanding a deceptive appearance of octogenarian health, has been so many years professionally declared to be a dying man, and has addressed you this evening under the chronic influence of what a most distinguished member of the medical faculty proclaimed to be “the most cruel disease that prevails.”

Popular Medical Superstitions.

An Address read before the New Orleans Medical and Surgical Association by the Retiring President, HENRY DICKSON BRUNS, M. D.

“Far in the past, beyond the light of history,” lies the origin of our race, and no study has ever seemed to me more fascinating than that which, by the aid of comparative anatomy, paleontology, philology, sociology, and many kindred sciences, strives to draw the mystery of our hidden beginnings into the curious light of day. “When wild in woods the noble savage ran,” what manner of man, or almost man, was this near descendant of our father Adam? By a splendid effort of the scientific imagination taking its flight from and along a masterfully concatenated fabric of induction, that reverend wizard, Charles Darwin, has pictured to us our great ancestor as “a hairy, tailed quadruped, probably arboreal in its habits.” And looking thus upon his dim outlines, who but yearns to know his manners, his customs? Could he speak, had he family ties, upon what did he subsist, how obtained he his subsistence, *could he throw stones*, this remote progenitor of ours? To me, I confess, these are questions of absorbing interest. Alas, they can never be answered! The first clear view we catch of our fore-bears, they have ceased to be arboreal and have become troglodyte; they are hunters; they can not only throw stones, they have weapons and fight.

Members of a profession the most exacting in its practice, and requiring constant gleaning in many far-lying fields for necessary straw if we hope to do any brick-

making and building, we are hopelessly cut off from all original research, from all digging on our own part in mines archæological—with, perhaps, a single exception. Deeply imbedded in the minds of the people, lie certain beliefs that trace their source back to the remotest ages. They survive to tell the story of the human intellect in those dark days, as do many rudimentary and now useless organs to inform us concerning the anatomical peculiarities of our remote vertebrate progenitors. In the dim gray dawn of intelligence, phenomena at all difficult of explanation were without exception referred to a supernatural agency. With the advance of the centuries, they have one by one been brought under the action of secondary natural causes. No well-informed man now doubts the universal, unbroken reign of law; only the great first cause remains withdrawn behind the unrent veil of the temple, now and forever.

Very naturally, to no phenomena have obscure and supernatural explanations been more freely and abundantly assigned than to those manifested by the human body in health and disease, and for reasons as obvious these have been the last to leave the popular mind. These I alluded to a few moments ago as occupying the single acre in the paleontological field that we physicians might hope to cultivate on our own account. In our daily walks among the masses of mankind, we shall find our paths abundantly strown with these fossiliferous thought-concretions; interrogation should be our hammer, the note-book our collector's basket, and our museum the medical journal. Like all collections, small and humble at first, it will finally, by increase of size affording countless unforeseen opportunities for comparison, become of very great use and interest. I am not speaking now of ancient medical superstitions, or of those prevalent among savage tribes, but of such as claim to-day their thousands of believers among nations we account civilized. Let me give you an example or two.

All of you know, I suppose, the belief that a potato car-

ried in the pocket will cure hemorrhoids or rheumatism. Perhaps the "buck-eye" (*æsculus flava*) used in the same manner is more familiar to you, for in the Southern and Western States these therapeutic properties are ascribed to this seed. I have known a most intelligent (in other respects) gentleman wear a string of amber beads about his neck to prevent asthmatic attacks, and another who commanded my respect on account of many noble traits, a necklace of coral to avert an apoplectic seizure.

W. H. Babcock, of Washington, D. C., writes in a recent number of *Science* (April 22d, 1887), that the negroes of Maryland, Virginia, and the District of Columbia assert that a mole's foot cut off and hung around a child's neck will help it in teething, half excusing themselves (as their betters are wont to do in similar cases) with the phrase: That's what the old-time people say.

In parts of Pennsylvania, the superstition prevails that bleeding from the nose may be arrested by the recitation of certain words from the Bible by an occult person—*i. e.*, the descendant of a seventh son of a seventh son. For measles a tea made from fresh sheep's dung is prescribed, and colic and intestinal disorders are held to indicate the exhibition of juice from the excrement of a stallion, voided before day-break. To relieve the pangs of toothache, a branch is cut from a sweet-apple-tree during a certain phase of the moon, both ends of it are sharpened, and the "occult person" with it pricks the gum until it bleeds; the small end of the twig being used in the case of an upper tooth, the large in that of a lower. Stump-water, the water that gathers in an old stump, is regarded as the sovereignest remedy for freckles, but to be efficient it must be taken before daylight on the first of May and the two following mornings. The chances for health and long life of a puny child are thought to be improved by boring a tree, putting a lock of the child's hair in the hole and plugging it up. The author (Wm. F. Mitchell, *Medical and Surgical Reporter*, 1887) from whom I have quoted the above instances, states that on being called to a woman who was

almost lifeless from uterine hemorrhage, he found large quantities of blue and red yarn wrapped around her fingers and toes, and even the knees and thighs, the operation being performed in the hope of checking the flow.

The use of eye-stones, the crystalline lenses of crabs and crayfish hardened by boiling, and flaxseed for the removal of foreign bodies from the eye seem to me mainly superstitious, though occasionally, perhaps, the offending particle adheres to the stone or seed and is removed with it. But we must class as rankly superstitious the employment of head-lice for the cure of corneal pannus, an instance of which occurred in the practice of Dr. A. D. Williams.—(*St. Louis Medical and Surgical Journal*, 1887).

Our fellow townsman, Lafcadio Hearn (*Harper's Weekly*, *New Orleans Daily Picayune*, January 2, 1887), who is curiously learned in all such lore, says that "in New Orleans among the colored people, and among many of the uneducated of other races, the victim of muscular atrophy is believed to be the victim of voodooism;" and that "it is dangerous to throw hair combings away instead of burning them, because birds may weave them into their nests, and while the nest remains the person to whom the hair belongs will have a continual headache."—From the *Nineteenth Century* (reprinted in *New Orleans Picayune*, 1887), I gather the following information concerning the healing spells practised by the British peasantry:

In the vicinity of Stamfordham, in Northumberland, whooping-cough is cured by putting the head of a live trout into the patient's mouth and letting the trout breathe into the latter. Or else a hairy caterpillar is put into a small bag and tied around the child's neck. The cough ceases as the insect dies. Another cure for whooping-cough is offerings of hair. In Sunderland the crown of the head is shaved and the hair hung upon a bush or tree, with the full faith that as the birds carry away the hair, so will the cough vanish.

In Lincolnshire, a girl suffering from the ague cuts a lock of her hair and binds it around an aspen tree, praying the

latter to shake in her stead. In Rosshire, where living cocks are still occasionally buried as a sacrificial remedy for epilepsy, some of the hair of the patient is generally added to the offering. At least one holy well in Ireland (that of Tubber Quan) requires an offering of hair from all Christian pilgrims who come here on the last three Sundays in June to worship St. Quan. As a charm against toothache it is necessary to go thrice around a neighbouring tree on the bare knees and then cut off a lock of hair and tie it to a branch. The tree thus fringed with human hair of all colours is a curious sight and an object of deep veneration. The remedy for a toothache at Tavistock, in Devonshire, is to bite a tooth from a skull in the churchyard and keep it always in the pocket.

Spiders are largely concerned in the cure of ague. In Ireland the sufferer is advised to swallow a living spider. In Somerset and the neighbouring counties, he is to shut a large black spider in a box and leave it to perish. Even in New England, a lingering faith in the superstitions of the mother country leads to the manufacture of spider-web pills for the cure of ague.

In Devonshire, the approved treatment for scrofula is to dry the hind leg of a toad and wear it round the neck in a silk bag; or else to cut off that part of the living reptile that answers to the part affected, and, having wrapped the fragment in parchment, to tie it round the sufferer's neck. In the same county the "wise man's" remedy for rheumatism is to burn a toad to ashes and tie the dust in a bit of silk to be worn round the throat. Toads are made to do service in divers manners in Cornwall and in Northampton for the cure of nose-bleeding and quinsy; while "toad powder," or even a live toad or spider, shut up in a box, is still in some places accounted as useful a charm against contagion as it was in the days of Sir Kenelm Digby. The old small-pox and dropsy remedy, known as *pulvis ethiopicus*, was nothing more nor less than powdered toad.

Frogs, too, are considered remedial. Thus, frog's spawn placed in a stone jar and buried for three months till it turn to water has been considered wonderfully efficacious in Donegal, when well rubbed into a rheumatic limb. In Aberdeenshire, a cure for sore eyes is to lick the eyes of a live frog. A man thus healed has thenceforth the power of curing all sore eyes by licking them! In like manner, in Ireland, it is believed that the tongue that has

licked a lizard all over will be forever endowed with the power of healing whatever sore or pain it touches.

In some of the Hebridean Isles, notably that of Lewis, the greatest faith prevails in the efficacy of perforated water-worn stones, called "snake-stones." These are dipped into water, which is then given to cattle as a cure for swelling or for snake-bite. If the stone is unattainable the head of an adder dipped in the water gives an equally good result.

In Devonshire any person bitten by a viper is advised to kill the creature at once and rub the wound with its fat. It is said that this practice has survived in some portions of the United States, where the flesh of the rattlesnake is accounted the best cure for its own bite. Black, in his "Folk Medicine," states that the belief in the power of snake skin as a cure for rheumatism still exists in New England. Such a belief is probably a direct heritage from Britain.

In Durham an eel's skin, worn as a garter round the naked leg, is considered a preventive of cramp, while in Northumberland it is esteemed the best bandage for a sprained limb.

The common wart, that curious little tumour the microscopical anatomy of which approaches so closely the malignant type, the while its clinical behavior is so entirely benign, may be said to be fairly encrusted with superstitions. I have heard rubbing with a pea, a piece of meat, stolen or otherwise procured, an apple, a potato, all of which are buried and allowed to rot away, highly extolled by persons in all classes of society. My Pennsylvanian authority states, that in his part of the world the favourite cures are rubbing with a potato, which is afterwards thrown to the hogs, or tying a knot over each wart in a bit of string, which is then buried at the north-east corner of the house under the eaves. They may be cured by the "occult person," who utters certain words and blows them away. "The Northumbrian cure for warts is to take a large snail, rub the wart well with it, and then impale the snail on a thorn hedge. As the creature wastes away, the warts will surely disappear. In the west of England, eel's blood serves the same purpose." (*Nineteenth Century*,

loc. cit.) The behavior of warts is so unaccountable—"they come like water and like wind they go"—witness the sudden outbreak of crops of warts upon the hands of cleanly persons, the disappearance of many warts when one or two in the neighbourhood have been removed by the action of caustic, that we can readily explain many of these beliefs as originating in cases of coincidence mistaken for cause. The same explanation probably applies to the cure by very small doses of magnesium sulphate taken every morning, and to the origin of many of the other superstitions I have mentioned. In still other cases an essential and very useful part of the practice has been omitted through ignorance or stupidity, and the remainder has survived to excite our wonder at human credulity and love of the mysterious. For instance, a bit of carrot or onion is sometimes pushed into the ear to relieve ear- or toothache. Originally, doubtless, the succulent vegetable fragment was boiled and introduced while very hot, and the caloric did to a certain degree relieve the pain, for I have often known persons to apply a hot onion to an aching ear and obtain comfort. But if we can thus explain a number of these popular delusions in this way, what are we to say to the two following:

The "British and Colonial Druggist," relates that a curious display of superstition was lately witnessed at Maryhill, where measles and whooping-cough were prevalent. A travelling candy-man and rag-gatherer's cart, drawn by an ass, was standing before a row of houses a little off the highway. Two women, each the mother of a child suffering with whooping-cough, took up a position one on each side of the ass. One woman then took one of the children, and passed it under the ass's belly to the other woman, the child being held with its face towards the ground. The second woman caught the child, and giving it a gentle somersault, handed it back to the first woman over the ass, holding its face towards the sky. Each child was so treated three times, after which the ass was allowed to eat something from the child's lap. Subsequent inquiry showed that the mothers, whose number had been increased by two others during the ceremony,

were thoroughly satisfied that their children were the better for the enchantment.—*N. Y. Med. Journal*, 1887.

A correspondent of the *Medical Press and Circular* (1887) says that in the highlands of Scotland, as in the Continental Highlands, a belief in miracles, and in incantations and superstitious practices of the grossest nature in curing certain forms of disease still exists, of which the following incident, occurring the other day at a village on the west coast of Ross, is an illustration: A middle-aged fisherman was seized with a somewhat sharp attack of an eruptive disease, popularly known by the name of shingles, which, according to the local wiseacres, could be cured only by an application of blood drawn from a black cat with a knife or other instrument, with which the umbilical cord, of at least seven male children had been divided, and applied with a feather from the wing of a black domestic hen, which had hatched not less than three broods of chickens. To this sanguinary ordeal, the patient, at the solicitation of his friends, agreed to submit with becoming resignation and unquestioning faith in its efficacy. Having been undressed and laid on his back, with his head toward the south, operator A walked around him three times with the cat, in accordance with the course of the sun. He then held the cat over the patient's breast while B, with the proper instrument, cropped its right ear, and, as the blood trickled down the sufferer's breast, besmeared it over the affected parts with the feather from the black hen, at the same time muttering incantations in the vernacular. Strange to say, the treatment failed to effect a cure; and, as the patient is still unwell, he is about to undergo a repetition of the performances.

In an address on the "Psychology of Joking" [*British Medical Journal*, Oct. 22, 1887], Dr. J. Hughlings Jackson gives as illustrations of what he terms "mental diplopia": Killing a rabid dog to prevent people already bitten by it going mad.

A cleanly mother, from maternal solicitude, refraining from washing the top of her baby's head, lest it should come to have water on the brain.

Anointing a blade with healing salve to cure a wound by it inflicted.

The first and last of these illustrations were familiar to

me, as doubtless they are to you, but the second I found both new and amusing.

And now, apropos of rabid dogs, one word about mad-stones. Every now and then the daily papers give us accounts of marvelous cures wrought through the influence of mad-stones, and by collecting these I have come into possession of some valuable facts. Precious as they are, there seems to be quite a number of these stones in different parts of our country. Virginia, Georgia, Missouri, Kansas and New York rejoice in the presence of one or more. The stone is usually small, porous and of a dark colour, though the Kansas stone is described as "nearly white." In all cases the mode of application is the same; the stone is applied directly to the bite or to an incision in the neighbourhood; if the wound be envenomed the stone clings tightly, for it possesses diagnostic as well as therapeutic virtues, and the person to whom it refuses to adhere may dismiss care from his mind and go on his way rejoicing. On the other hand, if the wound be a poisoned one, after "clinging" the stone is observed to undergo a change of colour, the tint varying in every instance I have seen reported from a "poisonous green" to that of a fresh oak leaf. This being accomplished, the intelligent mineral, like a sated leech, drops off. It is then soaked in warm water or milk, when the charge of poison being removed it resumes its former colour; the process is repeated until the stone refuses to "cling," when the cure is accounted complete. Bites of poisonous serpents, scorpions and even spiders are treated in a similar manner. The application, as far as I have been able to gather, is usually painless, but in one case "as the stone adhered a scream of unutterable anguish escaped from the lips of the sufferer, as if life itself was being drawn out."*

Is it not incredible that at this day persons can be found

*Not so incredible, perhaps, when we remember, in spite of all that has been said and written, how little scientific teaching, practical scientific instruction, enters into our present systems of education, and against belief in madstones, wart cures or other superstitions, "culture" alone is powerless to protect us.

to believe such nonsense! And yet I remember when a few years ago the child of a gentleman of culture and position in this city was bitten by a pet dog supposed to be rabid, the little victim was transported to Virginia where a mad-stone was applied. As no evil resulted from the wound except, as in Goldsmith's ballad, the death of the dog, parents and child may now be numbered, I suppose, among the firm believers in the mad-stone myth!

Enough. It is not mine to hold you long on this occasion. Your Committee on Arrangements has provided that you shall have an opportunity to hear one whose wisdom informed our judiciary in its golden age, the eloquence of whose lips has charmed our senators, and whose honoured name has long been indissolubly linked with the History of Louisiana.*

It now only remains for me to introduce my successor, Dr. Edmond Souchon, and bespeak for him the same unbroken courtesy you have ever shown to me.

HOSPITAL REPORTS AND CLINICAL NOTES.

ANTISEPTIC MIDWIFERY IN THE CHARITY HOSPITAL, NEW ORLEANS.

By GEORGE H. LEE, Resident Student.

The puerperal septicæmia, which existed nearly continuously in the obstetrical wards of the Charity Hospital, sometimes for a short time disappearing almost entirely, and then raging as an epidemic, so fierce on one occasion as to render it necessary to close the wards for a while and remove the patients to other parts of the building, had assumed a mild type during the last months of 1886, and nearly ceased in the first quarter of 1887. It is true that during January, February and March of 1887 two deaths

*Hon. Charles Gayarré.

occurred, creating a mortality very unusual and very discouraging. The morbidity though was comparatively small, and the deaths occurred in cases of great severity, complicated by other serious diseases. In April there was no case of fever. In May two patients had a fever, suspicious of sepsis, one of whom died on June 1st. Rapidly following this, the dreaded fever appeared with great violence; all the women were affected; two deaths occurred; the air itself seemed impregnated with the contagion. The situation was fearful; the time had evidently come when some radical measures were necessary to stamp out the disease, or to again close the lying-in wards.

In this position antiseptic midwifery irresistibly attracted attention, and the very favorable statistics it affords seemed to offer the thing needful.

The details of the various systems were carefully reviewed by Dr. Parham, and from them a system elaborated, of which, with its results, it is the object of this paper to speak.

Introductory thereto, the systems of Drs. H. J. Garrigues, of New York, and W. L. Richardson, of Boston, which had been published prior to this time, will be briefly discussed, because upon them this was chiefly founded. With these that of Dr. B. C. Hirst, of Philadelphia, will be mentioned, because much simpler and well illustrating the principles, although the article* describing Dr. Hirst's plan did not appear until September 3d, 1887, two months after the Charity Hospital system had been put in operation. As interesting in this connection their statistics will be added.

The Systems of Drs. Garrigues, Richardson and Hirst.

1. At the beginning of labor the patient is given a bath. Dr. Garrigues adds an enema of soap suds. Drs. Garrigues and Richardson that the genitals be scrubbed off with corrosive solution, the former using 1 to 2000, the latter 1 to 3000, and a vaginal injection of same solutions.

* Medical News, Sept. 3, 1887.

2. Dr. Hirst (September 3, 1887) describes the arrangement of the puerperal bed thus: The mattress is covered with a rubber cloth, this by the sheet, which in turn is covered by a second rubber cloth, and on this, under the patient's buttocks, a piece of old blanket folded, which has been soaked in the 1 to 2000 corrosive solution and dried.

3. The hands of all attendants are thoroughly scrubbed in bichloride of mercury solution (1 to 1000 Garrigues and Hirst; 1 to 3000 Richardson), and are bathed in same before each examination, for which purpose a basin of the solution is placed by the bed.

4. Each time, before examining, the genitals are washed off with cotton dipped in the 1 to 2000 solution (Dr. H. Hirst).

Every examination is avoided when possible to do so. Dr. Garrigues insists that the finger be not introduced within the os in normal cases.

5. As a lubricant Dr. Richardson uses the oil of eucalyptus and vaseline 1 to 7. Dr. Garrigues, 1 to 2000 bichloride of mercury in glycerine when a lubricant is necessary.

6. At the end of first stage Dr. Richardson gives a vaginal injection, Dr. Garrigues only when the hand has been introduced. Dr. Hirst uses no injection at this stage.

7. As the presenting part distends the perineum, it and the genitals are kept mopped off with cotton wet with 1 to 2000 solution (Dr. Richardson). Dr. Garrigues places a piece of lint wet with 1 to 1000 solution over vulva and perineum, and again when the placenta is coming away.

8. The placenta is expelled by Crede's method.

9. Drs. Richardson and Hirst give a vaginal injection of corrosive solution after expulsion of the placenta, Dr. Garrigues only when the hand has entered the vagina as in extraction of the placenta. Dr. Hirst also has the genitalia, buttocks, etc., washed off with the 1 to 2000 solution, the soiled blanket and the rubber cloth removed, and

clean ones prepared in same way put in their places. These are changed three times daily. Each time the genitalia are washed off as above.

10. Lacerations of the perineum are repaired with carbolyzed catgut. All instruments are left in carbolic acid solution (1 to 40 Dr. Richardson, 1 to 20 Dr. Hirst) before being used about the patient.

11. Drs. Richardson and Garrigues use antiseptic pads as occlusion dressings, a description of which will be found in the *Boston Medical and Surgical Journal* (January 27, 1887), and in the little book on Antiseptic Midwifery published for Dr. Garrigues by Geo. S. Davis, of Detroit, in 1886. Dr. Hirst advocates a simpler method, and uses no such pad.

12. After labor no vaginal injections are used unless especially indicated by fœtid discharges.

13. Uterine injections are only used as a preventive measure when the child is macerated or putrid, or placenta decomposed, or the hand has been introduced into the uterine cavity.

14. In addition, hygienic measures looking to the preparation of the apartment and proper ventilation are described by each—a subject which will be clearly illustrated in the description of our own system.

Statistics of Drs. Garrigues, Richardson and Hirst.—Dr. Garrigues, in the little work mentioned, shows that for nine years previous to Oct. 1st, 1883, the mortality in the New York Maternity Hospital was 4.17 per cent., while in the next two years and ten months under the antiseptic system, the total mortality was .98 per cent., while .42 per cent. only died of sepsis.

Dr. Richardson describes how during 1884 and 1885 antiseptics were used in the Boston Lying-in Hospital in various ways, until the above system was formulated and put into practice in the fall of 1885. The following table shows the result:

Year.	No. deliveries.	No. deaths all causes.	No. deaths of sepsis.	Per cent. of deaths all causes.	Per cent. of deaths of sepsis.
1881.....	259	8	6	3.09	2.31
1882.....	288	17	16	5.90	5.55
1883.....	242	14	11	5.78	4.58
1884.....	310	6	5	1.93	1.61
1885.....	308	4	2	1.29	.64
1886.....	373	3	0	.80	0

Dr. Richardson also gives some interesting tables, showing the morbidity, after which those used in this paper are modeled.

Dr. Hirst does not speak of the statistics in the Philadelphia Maternity Hospital before the use of the antiseptic method. From May 1st, 1885, when it was introduced, to May 1st, 1887, there were 220 confinements and only one death, or .45 per cent. At date of his paper (September 3d, 1887) there had been 218 consecutive confinements since the last fatal case.

Cardinal Points in Successful Antiseptic Midwifery.—

The basis of any antiseptic system is that the cause of puerperal septicæmia is heterogenetic, coming from without, and if the introduction of this poison can be prevented, or if it can be at once destroyed after it finds lodgment, there will be no septic fever.

All authorities very generally agree in the assertion that any antiseptic system depends for its security on its completeness. The objects aimed at are:

To deliver the pregnant woman in a room prepared for her reception by cleansing, disinfection and thorough ventilation; in a perfectly clean bed, on an antiseptic pad, which, receiving the discharges, will disinfect them.

To cleanse the woman and remove all bacteria from the genitalia before labor.

To avoid conveying the germ to or within the parturient canal by always using a perfectly clean hand, surgically clean, about the vulva; by avoiding examinations whenever it is possible; by expelling the placenta after Cr  d  's method; by rendering all instruments thoroughly aseptic, and by keeping the parts washed off with the antiseptic

solution; to remove any possible infection which may have found entrance from the introduction of the hand or from a putrid fœtus or placenta, by an antiseptic uterine or vaginal injection—uterine if the hand has entered the uterus, vaginal if only the vagina.

To give no vaginal injection unless specially indicated, on the assumption that it is better not to risk the introduction of the germ, than to use a measure which seems of doubtful utility, certainly of no demonstrable advantage.

As an antiseptic the evidence at command gives preference to the mercuric chloride with certain precautions.

ANTISEPSIS IN THE CHARITY HOSPITAL.*

Hygienic Arrangements.—The lying-in wards for white women consist of one large ward with fourteen beds, and six rooms separated from the large ward by a hallway and gallery, two beds to each room. In these rooms there are 1275 cubic feet of space to each bed. The ventilation is good. The large ward is never full. The space to each *patient* (1000 cubic feet to each *bed*) about equals that in the rooms.

On the date mentioned (July 1st, 1887), five cases of puerperal fever were in the large ward, where deliveries had recently taken place, owing to the previous infection of the small rooms. The bedding in the little rooms was changed, the furniture and floor scrubbed with 1 to 2000 corrosive solution. The walls were scraped, washed off with same solution, and while still damp fumigated for twenty-four hours with burning sulphur, the gas being thus more freely absorbed. The rooms were then aired for several days and were occupied by the patients waiting confinement. There they were delivered and kept under charge of a separate physician, student and nurse, thoroughly isolated from the cases in the large ward. No one but the medical attendant and the nurse was admitted to these cases.

After the convalescence of the septic cases in the large

* Reference in these remarks is made to the white wards only.

ward the patients were transferred to the general medical wards and the apartment thoroughly cleaned and disinfected as the small rooms had been. It is now occupied by those awaiting delivery and those convalescing. The small rooms are used in rotation to confine the patients. On the thirteenth day or about that time after labor the women are moved into the large ward. As each little room is emptied it undergoes the process of cleansing and disinfection. When a suspicious case occurs or is brought in from the city, measures are at once taken to isolate.

The Details of the Management of a Case.

1. Two solutions are kept constantly on hand.

Solution A—1 to 2000 bichloride of mercury.

Solution B—1 to 40 carbolic acid.

Both can be readily prepared in private practice. All that is necessary is a two-ounce vial of 1 to 16 bichloride mercury solution, and the same amount of carbolic acid. The two ounces of 1 to 16 solution added to two gallons of water will approximate a 1 to 2000 solution, and two ounces of carbolic acid in five pints of water produce a 1 to 40 solution.

2. All metallic instruments are left for twenty to thirty minutes in solution B, before being used.

Rubber catheters, syringes and non-metallic instruments are disinfected in solution A.

3. An antiseptic pad is prepared thus: Two pieces of domestic, a yard square, with a layer of batting between are quilted together. This is thoroughly washed and boiled, then soaked in solution A and dried.

4. The hands of the medical attendant are scrubbed with a nail brush, first in soap and water, then in solution A. Before each examination the vulva is washed off with, and the hand allowed to remain for a few minutes in, same solution. For this purpose a basin of solution A, containing some charpie, is placed by the bed.

5. The mattress is covered by an oil cloth. On this is

placed a clean sheet, on this an oil cloth 6 by 4 feet and on this under the patient's buttocks the antiseptic pad.

6. At the beginning of labor the patient is given a bath and an enema to move bowels. The vulva is washed off with solution A before an examination is made. Examinations are only made when absolutely necessary to obtain information, and then only by the member of the resident staff in charge of the confinement. As a lubricant 1 to 2000 solution of mercuric chloride in glycerine is used only when a lubricant is necessary. As the presenting part distends the perineum, and is advancing and retreating with each pain, it and the genitalia are occasionally bathed in solution A.

7. The placenta is delivered by Cr d 's Method of Expression. Ergot is only given when the placenta has been expelled. This, by contracting the uterine fibre and expelling clots, is considered an excellent antiseptic measure.

8. Lacerations of the perineum are first thoroughly washed with solution A, then sutured with carbolized catgut. The parts are again wiped off, and a piece of lint, wet in same antiseptic, laid over the vulva. The soiled pad and upper oil cloth are removed with all other soiled articles and replaced by clean ones.

9. This pad is changed three or four times daily or oftener if necessary. Each time the nurse first thoroughly cleanses and disinfects her hands, and then wipes off the genitalia with a clean cloth and the antiseptic solution A.

10. No vaginal injection is used unless specially indicated by some local condition in the vagina or when the hand has been introduced for some purpose. Then a 1 to 4000 hot corrosive solution is employed, always by the medical attendant. Uterine injections are given when it has been necessary to carry the hand into the uterus, when the f etus is macerated or placenta decomposed. For this purpose a 1 to 4000 hot mercuric chloride solution is employed through a Bozeman's double current uterine catheter, followed by 2½ per cent. carbolic acid solution to wash

away any bichloride which may remain. Of course, these remarks apply to uterine and vaginal injections used as preventive measures during or immediately after labor. During the puerperium they are never used except when especially and sharply indicated by symptoms of sepsis, and then always by the medical attendant.

The Results as Shown by Hospital Statistics.

This system was put in operation on July 1st, 1887. In arranging the method, simplicity as well as efficiency was aimed at. A close analogy exists between it and the plan of Dr. Hirst, which, however, as above stated, was not seen until after the publication of his article on Sept. 3, 1887. By this method no measure was introduced which might be so complicated and difficult as to risk its being neglected; but no measure was left out which was deemed essential in the carrying out of antiseptic principles.

The result is far less anxiety for the medical attendant, very much less trouble for the nurse, wonderfully less morbidity and no mortality in the puerperæ. Concerning this result the following tables have been arranged to show the morbidity and mortality.

For convenience of comparison the year 1887 is divided into four periods, three of three months each and one of two months and ten days (September 30th to December 10th). The cases are classified according to temperature range, 98° to $100\ 2\text{-}5^{\circ}$ Fah. being considered the normal for the puerpera, from $100\ 2\text{-}5^{\circ}$ to 102° as probably indicating infection unless otherwise explainable, from 102° to 105° dangerous, and over 105° as usually fatal. The percentage of cases is used instead of the numbers, i. e., in the first quarter twenty-three patients were delivered. Of these ten, or twenty-three per cent., had normal range of temperature during the puerperium.

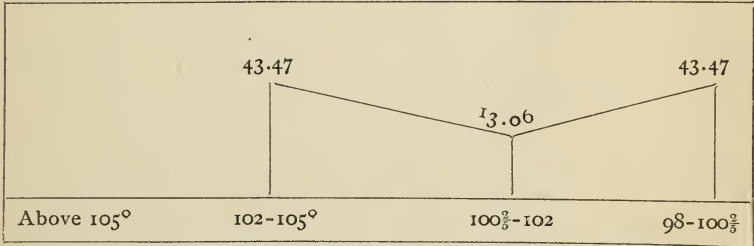
CASE I.—M. S., age 27 years. Was brought in by the ambulance on the afternoon of July 18, 1887. Profoundly comatose, with temperature $105\ 2\text{-}5^{\circ}$; pulse, 145; respiration rapid and jerky. On the day before had undergone great excitement and severe exercise in the sun, searching for a lost child. Labor began prematurely at 2 A. M. next morning attended

with convulsions. When admitted os was dilated, membranes ruptured, and uterus tightly contracted. As the delivery made no progress, labor was terminated by the forceps. Patient died next A. M. at 4 o'clock, twelve hours after admission.

There was only one case of puerperal fever, which occurred early in the third period.

FIRST PERIOD, JANUARY 1ST TO APRIL 1ST, 1887.

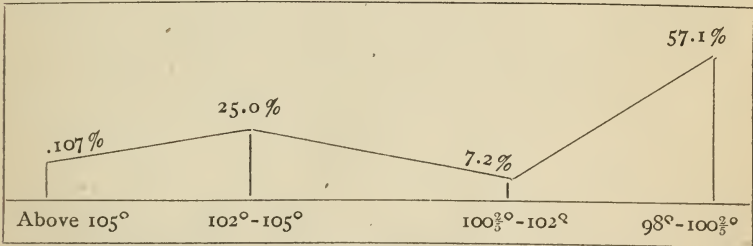
No. Cases. 10 3 10=23.



Number of deliveries, 23. Number deaths of Sepsis, 2. Mortality, 8.7%.

SECOND PERIOD APRIL 1ST TO JULY 1ST, 1887.

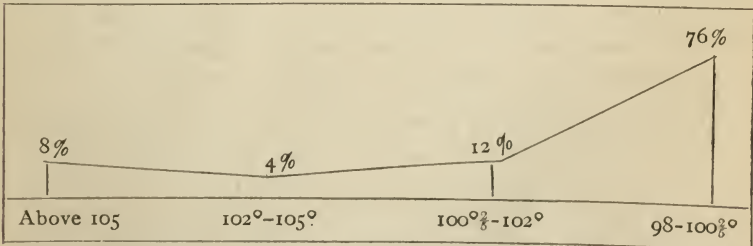
No. Cases. 3 7 2 16=28



Number deliveries, 28. Number deaths of Sepsis, 3. Mortality, 10.7%. Antiseptic Method introduced, 1.

THIRD PERIOD, JULY 1ST TO OCTOBER 1ST, 1887.

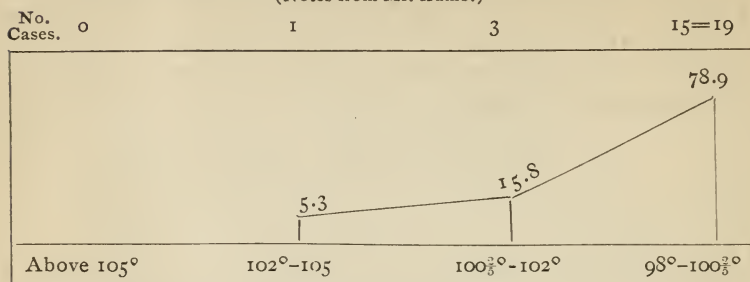
No. Cases. 2 1 3 19=25



Number deliveries, 25. Deaths from Sepsis, 0. One death from inso-
anation. [See case 1.]

FOURTH PERIOD, OCTOBER 1ST TO DECEMBER 10TH, 1887.

(Notes from Mr. Lamb.)



Number deliveries, 19. Number deaths, 0.

CASE 2.—M. K., age 18 years, primipara, was admitted July 20, 1887. Pregnant seven months. Inefficient pains during the 20th until evening of the 21st when labor began in earnest. Normal delivery at 12:15 A. M., July 22. Temperature just before delivery 102°, and normal next morning. No laceration of the perineum. In the absence of the student regularly in charge of the lying-in ward, one examination was made by another member of the resident staff before cleansing his hands in the corrosive solution. Excepting this the confinement was conducted according to the antiseptic method. No vaginal injection used. Pulse continued a little rapid, temperature normal (98 to 100 2-5) till August 3. Patient, however, never seemed to do well; face anxious; nervous, uneasy air. Bowels moved on 25th (July), and daily afterward till August 3d, when evening temperature was 103 4-5. No tenderness over abdomen. Lochia offensive. Antifebrin gr. vii was given. At 3 A. M. on 4th had a chill. At 5 A. M. temperature 103°, pulse 114. Repeated the antifebrin. Temperature 102° at 8 A. M. Ordered quin. sulph. gr. x at 9 and 11 o'clock. At 2 P. M. temperature still disposed to rise, vaginal discharge very offensive, tenderness in left iliac fossa. An intra-uterine injection of 1 to 4,000 warm mercuric chloride solution given through Bozeman's double current uterine catheter. Thirty minutes after injection, temperature 101 2-5°, followed in a short time by a terrible chill, when it seemed actually necessary to hold the patient in bed. Morph. S. gr. ¼, atrop. S. gr. 1-120 given hypodermatically. Temperature 106°. Antifebrin gr. vii administered by mouth. In fifty minutes temperature had fallen to 101 1-5, leaving the woman extremely weak, and bowels moving very frequently with much hemorrhage. From this condition convalescence was tedious. No other symptoms of septicæmia. Ultimate recovery satisfactory and complete.

REMARKS.—In one case of puerperal fever in June, uterine injections of 2½ per cent. carbolic acid solution were given twice, followed both times by the severe chill and rapidly rising and falling temperature, but not by the frequent bloody stools. In the only case among the colored women so far this year which occurred in November, puerperal septicæmia developed on the fourth day after labor. On the sixth day a uterine injection was given of one to four thousand warm corrosive solution under chloroform

anæsthesia by Dr. Parham. At this time the woman's condition was critical; tenderness over abdomen, high temperature (104° F.), depressed pulse, and pus could be seen discharging from the vulva. In the first two cases no anæsthetic was used and in this case it was given with the idea of preventing the chill. The mercuric solution was followed by hot water; temperature after injection 101° (before it had been 103°). In half hour the same terrible chill with rapidly rising and falling temperature. No bowel symptoms. Patient died suddenly two hours after. Autopsy disclosed a uterus undergoing normal involution, but intense general suppurative peritonitis, especially marked in the pelvis. Nowhere have I noticed mention, among the advocates of uterine injection, of a similar experience. Two of these three cases injected late in the puerperium died. There is reason to believe that in the case which recovered, the recovery was in large part due to the antiseptic injection; but, as even in this case, as well as in the two that died, the appalling chill and shock followed by high temperature seemed to be directly connected with the uterine injection, we must in any case satisfy ourselves of the absolute necessity of the procedure, before we determine to subject the woman to such risks. We believe that as a *preventive* measure the uterine injection should only be used immediately after labor, and then only when positively indicated, but later in the puerperium unmistakable signs of sepsis should be the only indication for its employment.

This case of puerperal fever and that of insolation are the two in which the temperature exceeded 105° in the third period. The single case of temperature range to 102° in this period was on the nineteenth day after labor and only lasted a day, yielding to a purgative and quinine. Of the cases of temperature in same period reaching between $100\ 2\text{-}5^{\circ}$ and 102° , one accompanied tuberculosis and was distinctly hectic. The other two were malarial tertian intermittent fever of two paroxysms each and yielded to quinine, the patients making a speedy recovery.

Of the three cases of temperature, ranging from $100\ 2\text{-}5$ to 102 in the last period, one was a case of venous thrombosis of femoral vein, one in a very nervous woman, whose temperature rose to $101\ 4\text{-}5^{\circ}$, consequent upon excitement, and one due to retention of urine. The temperature above 102° was in a woman who had malarial fever before admission; the elevation was on the nineteenth day after labor and intermittent in type, lasting only three days.

To recapitulate, before the introduction of this antiseptic method nearly one-half the puerperæ of this year suffered

from septic fever, the average mortality 9.8 per cent. for the first six months. Since that system was put in operation there has been only one *case* of septic fever and no *death* from sepsis.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The Prevention of Puerperal Fever—The Treatment of Chlorosis—Suprapubic Cystotomy and Prostatectomy—Alleged Cure for Epithelioma—Quiet Iritis, etc.

Dr. W. S. Playfair (he is the brother of Sir Lionel Playfair) is in the enjoyment of one of the largest obstetrical practices in London, his opinion therefore of the management of the puerperal woman must be of considerable value. In speaking of the prevention of puerperal fever in a recent address, he said that we have to (1) prevent the poison being formed in the patient, (2) to prevent its being conveyed to her, and (3) to so manage her that should the poison come into contact with her, the chances of absorption may be reduced to a minimum. The last named indication (3) is met by (a) insuring strong and permanent contraction of the uterus; "the practice I myself follow" writes Dr. Playfair, "is never to remove the hand from the uterus for at least twenty minutes after the expulsion of the placenta, and during this time to keep up continuous, but not rough, friction or kneading, so as to prevent uterine distension, and stimulate the muscular fibres to contract; I believe it also to be thoroughly good practice to administer at this time a large dose of ergot;" (and b) giving immediate attention to the perineum; every tear more than a slight laceration of the fourchette should be closed with catgut or wire suture, after thorough cleansing with perchloride of mercury solution, and subsequently dusted with iodoform night and morning. Indica-

tion (2) is met by strict attention to antiseptis; he uses perchloride of mercury (one in a thousand) for cleansing instruments and the hands both of the doctor and of the nurse, the hands having been previously cleaned with soap and water and a strong nail brush; at an early stage of labor the vagina should once be thoroughly syringed with this antiseptic lotion, and the vulva sponged with it; when the head is distending the perineum, the external genitals should again be sponged with the lotion; the only unguent used for the fingers should be carbolized oil or vaseline (1 in 8); he prefers sanitary towels to linen cloths to receive the lochia. After labor, he orders the vagina to be syringed out twice daily with warm water tinted with Condyl's fluid, which he prefers to the perchloride, as a few cases of mercurial poison have been reported. The most dangerous element is the nurse, who is often prevented by her ignorant prejudice from appreciating the importance of antiseptis; he uses a printed card of antiseptic rules for monthly nurses and exacts implicit obedience. If this system is considered irksome to the patient, it will perhaps be sufficient to say that Dr. Playfair is not only an eminent professor, but a fashionable obstetrician; he would not be fashionable if his method was inconvenient.

Sir Andrew Clark has been talking about chlorosis, or, as he would prefer to call it, fœcal anæmia; he believes the symptoms of chlorosis to be due to retention of fœces and the absorption of poisonous ptomaines from them; this theory is, he considers, confirmed by the favorable and speedy action of tonic aperients. He prescribes an old-fashioned ferruginous cathartic, to be taken twice a day, about eleven and six. Usually it is an acid mixture, designed somewhat as follows;

R̄	Ferri sulphat.....	gr. xxiv.
	Magn. sulph.....	ʒ vi.
	Acid sulph. aromat.....	ʒ i.
	Tinct. zingiberis.....	ʒ ii.
	Inf. gentianæco (vel quassixæ).....	ʒ viii.

Fiat Mist. Sig. One sixth part twice daily, about 11 and 6 o'clock. Occasionally this acid mixture produces sickness, dries the skin and is otherwise ill-borne. In such cases I prescribe an alkaline cathartic mixture :

R̄ Ferri sulph.....	gr. xiv.
Sodii bicarb.....	ʒ ii.
Tinct. zingiberis.....	ʒ ii.
Sodii sulph.....	ʒ vi.
Spiritus chloroformi.....	ʒ i.
Inf. quassiā.....	ʒ viii.

Fiat Mist. Sig. One sixth part twice daily, about 11 and 6 o'clock. Sometimes neither mixture agrees, and then I prescribe sulphate of iron in pills, with meals, and a saline aperient on first waking in the morning.

At a recent meeting of the Clinical Society, Sir Henry Thompson related a case in which he had performed *suprapubic cystotomy* for enlarged prostate and cystitis. A tube was placed in the wound by which all the urine issued, and he rapidly improved from the cessation of catheterism and pain. In three or four weeks when he had thus regained health and strength, Sir H. Thompson adapted a silver plate to the suprapubic region with an opening, admitting a silk gum tube, No. 20, English scale, and consequently very large, one end being in the bladder, the other projecting half an inch from the outer surface of the plate, and attached thereto an ordinary urinal worn in the usual manner. After a few experiments and adjustments, this answered perfectly, and all the attention necessary now was its removal and cleansing once a day, and washing out the bladder, all which he learned to do. The result of the operation was most satisfactory. Mr. Christopher Heath also spoke very favorably of the suprapubic drainage in cases of long-standing prostatic enlargement with its consequences. Mr. Bryant also spoke well of the operation. Mr. McGill, of Leeds, described an operation which he called *suprapubic prostatectomy*. It consists in opening the bladder above the pubes in the usual manner, and removing with scissors and forceps that portion of an

enlarged prostate which prevents the outflow of urine. He related three successful cases. The benefits derived from the operation are of two kinds: First, acute symptoms are relieved by the drainage of the bladder; and second, the cause of these symptoms is removed by excision of a portion of the enlarged prostate.

Cancer-curer is a term of opprobrium; it requires a certain amount of courage for a regular practitioner to announce that he can cure cancer. Professor John Clay, of Birmingham, said that he had found a remedy for epithelioma seven years ago; if he had not been a Professor of Midwifery, well known and respected, he would have been merely laughed at; as it was, his assertion was tested in a half incredulous way and found wanting; nobody else got as good results or indeed, as a rule, any results at all. An error of diagnosis was the popular explanation. But Professor Clay is not to be laughed out of his belief in Chian turpentine. From time to time he publishes cases of recovery; three, which have recently been made public, are specially worthy of notice, because the diagnosis was made by well known surgeons; in two of the cases, it is stated that Mr. Knowlsley Thornton had made the diagnosis of epithelioma of the uterus and that in both he had refused to operate, because he considered the case too far advanced; both of these women recovered. One was under the care of Professor Clay, who administered the Chian turpentine in combination with resorcin, while applying chromic acid (1 in 24) to the affected parts. The other patient was under the care of Dr. Hamilton, who practices in the city of London. In this case, the cervix was amputated and the diagnosis verified by microscopical examination; the disease recurred and the woman was then put upon Chian turpentine and recovered.

Another case was a man aged 45, with epithelioma of the tongue. Mr. Jonathan Hutchinson made the diagnosis and advised immediate excision. Professor Clay saw him shortly afterwards; he found a fungus-like growth in the floor of the mouth on the left side, involving the gum and

the edge of the tongue for an inch and a quarter. The tissue surrounding it was very dense, the infiltration extending for quite half an inch; he was ordered Chian turpentine with resorcin, and to take one-twelfth of a grain of chrysophanic acid in pill every other night, also to have the growth painted with a solution of chromic acid (1 in 24) every other day. A gargle of perchloride of mercury (1 in 2000) was used as an antiseptic. This was in May 1886; in August 1887, all that remained of the growth was a small ulcer, little more than half an inch in diameter.

Iritis is sometimes very insidious, neither pain, congestion, nor photophobia being present. Mr. J. Hutchinson, Jr., has analyzed thirty-seven of these cases of insidious or quiet iritis and has drawn the following conclusions from them:

1. Sympathetic inflammation, congenital syphilis, and inherited arthritic (gouty or rheumatic) tendency are probably the most frequent causes of quiet iritis.
2. This form is very rare in the iritis of acquired syphilis, that of the ordinary rheumatic type, and in traumatic or herpetic iritis.
3. Sex and age have little or no influence in modifying the severity of the symptoms accompanying iritis.
4. That a constitutional tendency cannot always be invoked as a reason for iritis taking on an insidious form is shown by the occasional occurrence of two attacks in the same patient, one being accompanied by violent inflammatory symptoms, the other perfectly quiet throughout.
5. The absence of the ordinary symptoms of iritis by no means always implies a mild course of the disease, some of the cases going on to complete blindness of the affected eye.

M. Lawson Tait has raised a controversy as to priority in the use of electrolysis in the treatment of uterine tumors, which he claims for himself and Dr. Althaus. Mr. Tait does not seem to have had very good results and has criticized Dr. Apostoli's method rather severely in the *British Medical Journal*; Dr. Apostoli has replied

and so far seems to me to have had decidedly the best of it. At any rate, his method is now being carefully tested by Playfair, Kieth and other well-known gynæcologists in this country, so that we shall soon have independent opinions on its value.

The Crown Prince of Germany, in spite of the unfavorable turn which the disease has taken, continues to have unabated confidence in Sir Morell Mackenzie, with whose treatment throughout he expresses himself fully satisfied.

Sir William Gull is suffering from right hemiplegia with slight aphasia ; he is reported to be slowly improving.

VIENNA LETTER.

[Our Regular Correspondent.]

Sixth International Congress for Hygiene and Demography in Vienna—Sessions of the Sections.

The sessions of the four sections of the Hygienic Congress began on Tuesday, the 27th of September, and the first section discussed on that day the reports of Prof. König, of Münster, in Westphalia, and Mr. Frankland, of Yew-Reigate, in England, viz. : " On the Present State of the Purification of Sewage and the Utilization of Human Excrements, with a Special Reference to the Prevention of River Pollution, and on the Legislation Connected therewith." Dr. Frankland, who referred to his experience in England, proposed the following conclusions :

1. The utilization of human excreta and their interception from English rivers and water courses has made slow, but steady progress during the last thirty years.

2. The utilization of human excreta, either *per se*, or in the form of sewage, is generally attended with very considerable loss. Only in rare cases has it been carried out with a profit.

3. For towns not too far removed from the coast the most economical mode of dealing with sewage, so as to prevent river pollution, is to discharge it into the sea.

4. Most English towns are now sewered, and in such

towns the so-called preventive methods of dealing with human excreta hinder river pollution to a very slight extent only; and the sewage of these towns requires to be dealt with exactly in the same manner as that of water-closeted towns.

5. No chemical method has yet been devised by which sewage can be so far purified as to render it incapable of polluting running water. It has been generally conceded, however, that such treatment, if effective, is sufficient for sewage discharged into the tidal estuaries of rivers, provided the volume of the treated sewage is small relatively to that of the water flowing up and down the estuary.

6. The only effective, and at the same time practical, process for the purification of sewage is passage through land, and 145 English towns have adopted this process, either in the form of irrigation or of intermittent downward filtration.

7. Where land can be obtained at a sufficiently reasonable rate, irrigation is to be recommended, the sewage of about one hundred people being applied to each acre of land.

8. Where it is desirable to restrict the area of land, intermittent filtration should be employed, the sewage of from 1000 to 2000 people being passed intermittently through each acre. By throwing up the surface of the filtration area into ridges, luxuriant crops may be grown.

9. In the purification of sewage land, it is desirable, but not essential, that the raw liquid should first receive chemical treatment.

10. The sludge resulting from chemical treatment may be pressed into solid cakes or blocks and used as manure; but where land is available for the purpose, it is best to drain the sludge upon the land, and then plough it in when it has become sufficiently solid.

11. The purification of sewage by passage through land, either in irrigation or intermittent filtration, is not attended with injury to health upon the sewage works, or in the neighborhood. No locality can be named in which typhus,

enteric fever, dysentery or other zymotic disease, attributable to foul emanations, has been traceable to this source.

12. Legislation affecting river pollution is in a very unsatisfactory condition. The Rivers Pollution Act of 1876 is useless. The best available legal remedy is by injunction, obtainable in the High Court of Chancery; but it is slow and very costly. An Act giving a cheap, quick and summary remedy is urgently required. Hitherto almost all improvement in respect of river pollution in England has been obtained through the action of the Court of Chancery.

The second section, which discussed the question respecting the medical supervision of schools (the reporters on this subject being Dr. Wasserfuhr, of Berlin; Prof. Cohn, of Breslau, and Dr. Napias, of Paris), arrived at the following conclusions, which were accepted by the Congress:

1. The interest of the States and the families makes it necessary that competent physicians should continually participate in the administration of the schools.

2. The aim of this participation was to remove the damages which were connected with the frequenting of and the education in the schools.

3. The means by which this could be attained were in part certificates delivered by the respective physicians, and in part periodic school inspections in the presence of the managers of the schools, particularly during the time of inspection.

4. Above all an hygienic revision by the State of all private and public schools was necessary, and the bad conditions which were met with had to be the most quickly removed.

5. Where a physician was present, he ought to have a vote and a seat in each corporation of school inspection.

6. The hygienic school inspection has to be intrusted to competent physicians, and it was indifferent whether they had an official position or no.

7. Taking the now-mentioned statements into consideration, it becomes evident that the participation of compe-

tent physicians in the school administration has to be considered as a "*conditio sine quâ non.*"

The discussions of the second section on the following day treated with the subject referring to the hygienic instruction at schools, and ended with the adoption of several resolutions which pleaded in favor of the teaching of this science becoming compulsory in public schools.

The chief interest of the discussions of the congress was concentrated in those of the third section relative to cholera. The representative of Spain, Dr. Hauser, communicated several facts which should prove that the comma-bacillus of Koch was not the sole medium by which the contagion of cholera was caused, but that several other conditions were necessary for giving origin to an epidemical spread of this disease, and that the conditions of the soil played among these the chief part. The course of the recent epidemic in Spain was illustrated from various points of view. He showed that the cholera supervened in the different parts of Spain almost simultaneously, and in a sporadic manner, and that it was characterized by the tendency to spread towards the rivers. The curves which illustrated the course of the epidemic, to increase and decrease, were almost quite uniform in different provinces and in the midst of infected places some localities did not present one single case of cholera. Dr. Hauser gave also statistical data referring to the occurrence of cholera among the functionaries of the Spanish railways, and said that it was Pettenkofer who had stated, as an argument against quarantines and all restrictions of commerce, that officers of the posts and the railways usually were by no means the first victims of cholera, and that this, no doubt, ought to be the case if the objects which were transported by the mails and the railways, as well as travelers, really bore the germ of the disease.

Dr. Hauser furnished proofs for the correctness of his statements by the enumeration of reliable statistical data. The cases of disease among the above-mentioned officers

were not only more rare than among the rest of the population, but even those who were in constant contact with the travelers showed a less percentage of disease than the guards (the officers) of the railway stations, etc.; so that it could be inferred from this fact that the railways were rather a means of protection against cholera, simply for the reason that we were thus kept free from the damaging influences of the soil.

Prof. Max Gruber, of Vienna, reported on the cholera in Austria in 1885-6, and pronounced his opinion to the effect that there was no evidence of the contagion of cholera by means of drinking-water. The spread of cholera was quite distinctly found to be dependent on the season and the weather.

In 50 towns out of 119 which suffered from cholera, the importation was caused by patients who happened to arrive there. It had been quite evidently shown that in 50 cases in which patients who very severely suffered from cholera and traveled from one place to the other, the disease gave origin to local infection twenty-nine times. Prof. Gruber opposed Pettenkofer's views as to the prophylaxis of cholera, and recommended anti-contagionistic measures. The revisions at the frontiers were of little value, as at no single station a patient or a person suspected of being infected with cholera was arrested, and it was nevertheless quite certain that such had passed the frontiers several times.

Prof. Pettenkofer said that he wished that the combat between the "localists" and the "contagionists" would disappear entirely. He was never in opposition to bacteriology; on the contrary, he highly esteemed it, and remarked that the ætiology of cholera could never be explained without bacteriological science. There was no beer without leaven, and in the same way there was no infectious disease without an infecting agent. But just in the same way as no beer could be manufactured with the leaven alone, an infectious disease could not be produced by the infecting matter alone.

According to the reports from the different countries, a remarkably different behavior of cholera was to be observed. In France no trace of the influence of locality, soil, or underground water was found, whereas in Spain a predominant influence of the local conditions was observed. The same differences existed in the reports with reference to Austria and Hungary. He wished to cite some epidemiological facts, which were well-fitted for deciding the question. We had above all, said the great German hygienist, to answer the question as to what was the behavior of cholera in its endemical home, in India; whether it derived its origin from the localities or from the patients. Two large territories of India had to be compared with each other, viz.: those about which we had received quite certain news in the last twelve years—quite independent of any theory. In these twelve years there died, in Lower Bengal, out of 10,000 inhabitants, 80 per cent., whereas in the western districts of the Pundjab there died two per cent. In six districts of the Pundjab not even a single case has been observed among 10,000 inhabitants, nay, there existed even in many districts in spite of the animated intercourse which was to be met with there. It became already evident from these sole facts that the locality was decisive in such cases. The influence of time was just as striking. It was remarkable that in the endemic territory the period of the outbreak of cholera was quite another than outside the endemic home. In Calcutta, the maximum was to be found in the month of April, and the minimum in August, whereas Lahore showed quite the contrary conditions. Hence, the locality and the time had a great influence on the spread of the cholera, and it would be quite strange, if the cholera outside India should follow other laws. The same conditions could be shown to exist also in other countries. During the twelve cholera years of Prussia (1847 to 1859), the different provinces of this country showed a quite different behavior. The cholera disappeared at certain times, and had always to be again imported, and it became evident from this fact that the

human body alone could not be a favorable soil for the infecting agent of cholera.

The small-pox and syphilis had also been imported from the East, but these did not quit us, and had not to be imported anew. The influence of the time could also be observed during the epidemic in Prussia there had died on the whole, 167,000 persons, and out of these, 50 in April, 31,000 in September. In Genoa, where nine cholera epidemics had been observed, the cholera period was always in the months of July, August, September, October, and November, whereas no single case of cholera occurred during the rest of the time. The immunity of certain places could not at all be explained by means of bacteriology.

Speaking of the contagiousness of cholera, Prof. Pettenkofer remarked that the behavior of the patients and the nurses was an evidence against it. He also attributed little value to the disinfection of the patients suffering from cholera and to their being removed from the respective localities. During the cholera epidemic at Munich, the patients had been removed immediately after their having been taken ill from 392 houses, and in 273 out of these houses, no new cases occurred, which was considered as a striking proof of the contagiousness of cholera. When, however, the houses which had only a single case of cholera were counted, this number amounted to 1,054, hence 781 houses were left in which the patients had not been removed, and, nevertheless, no second case occurred. *Only such measures, continued Prof. Pettenkofer, as referred to the soil could be followed with success.* The English had given us the best example in this respect. Since 1869, the year of the opening of the Suez Canal, no single epidemic had occurred in England, though the English were very often made responsible for importing cholera from India by the Suez Canal. The preventive system of the English which had proved excellent should also be used by us. Prof. Pettenkofer's remarks were received with much applause by the audience.

In the session of the third section on Friday, the 30th of September, which was held under the presidency of Prof. Hofmann, of Vienna, the subject, "International Regulations for Epidemics" was discussed. The reporters on this subject were: Dr. Sonderegger, of St. Gallen, Switzerland, Dr. Pallin, of Paris, and Dr. Murphy, of London. The conclusions which the latter presented to the congress were the following:

1. The appointment of a sanitary authority at every port whose duty it should be to possess information as to the sanitary condition of the port, and of the health of the passengers and crews of vessels arriving or leaving the port, this information to be placed at the disposal of the consuls of the countries to which the vessels are bound.

2. Every country to possess a central office to which should be sent reports of the number of cases of specified epidemic diseases occurring in every large town and port during each week, immediate notice being sent of cases of cholera. This information to be placed at the disposal of the governments of other countries.

3. Precautions to be taken by the sanitary authorities and officers of vessels, as already indicated, to prevent the embarkation of persons or articles infected with cholera.

4. A station to be situated on the Suez Canal for the purpose of obtaining information of the health of passengers and crews of vessels bound for Europe, but not for their detention for more than the time necessary for procuring this information.

5. This information to be placed at the disposal of representatives of the different governments.

6. Every vessel arriving in a European port to be dealt with in accordance with the measures determined on by the government of that country.

These conclusions were in a somewhat modified way accepted by the congress.

Next to the discussions on cholera, the question as to the efficiency of the preventive inoculations against anthrax and rabies—which was discussed in a sub-section—excited

the greatest interest in the last International Health Congress. Pasteur had declared that the director of his laboratory, Mr. Chamberland, would refute, at the congress, the objections which Dr. Koch, of Berlin, had made to the efficacy of the preventive inoculations against anthrax. In one of his recent publications, M. Pasteur had stated that in Germany also his method of preventive inoculation against anthrax began to be looked upon with confidence. Dr. Koch, however, replied in a letter, addressed to the *Semaine Médicale*, of Paris, that neither the German Imperial Sanitary Board nor he had changed their views as to the efficacy of the preventive inoculations against anthrax. He gave in that letter a résumé of all the experiments which had been performed in Germany, and arrived at the conclusion that in the best cases the inoculations were innocuous, but that they rather augmented the number of the losses. Mr. Chamberland pointed out in the congress at full length, and cited statistical data referring to a million of inoculated sheep and to 100,000 inoculated cattle, that the mortality among the first had diminished from ten to one per cent., and among the latter from fifteen to one per cent. He remarked that it was not possible to deny the utility of the preventive inoculation, if we took the above mentioned results into consideration.

Mr. Löffler, of Berlin, remarked that from the scientific point of view, preventive inoculation of animals against anthrax could not be opposed, and acknowledged the great merits of Pasteur as to this discovery, but he denied the rate of mortality before inoculation to be as great as stated by Mr. Chamberland. To be able to determine exactly such a mortality, we ought to have statistical data for twenty years before the introduction of inoculation.

Dr. Pütz, of Halle, gave a very favorable report on the results which had been obtained with the inoculations under consideration in Germany, and Dr. Metschnikow the same did with reference to Russia.

Prof. Azary, of Pesth (Hungary), discussed the results which had been obtained in Austro-Hungary in a very favorable way, and M. Chauveau, the General Inspector of the Veterinary Schools in France, supported the communication of Mr. Chamberland.

At the conclusion of the discussion the president of the sub-section, Dr. Lydtin gave a "résumé," and stated that voting on the question which had been discussed had neither a scientific nor a practical value, and that it became evident from the discussions that in France, Russia, Hungary, as well as in Germany, inoculation against anthrax in oxen had caused no losses, or they were at the utmost very inconsiderable, and that as a result of the inoculations on sheep the number of cases of natural anthrax had considerably diminished; that the results of the inoculations on sheep, though not so favorable as those on oxen, were, nevertheless, worth attention, and that, finally, no one could any longer dispute the scientific value of preventive inoculation against anthrax.

No new facts were brought forward in the discussions respecting anti-rabic inoculation, but it may be safely said that M. Pasteur was supported by the members of the Congress in his assertions respecting the Pasteurian method of treating hydrophobia.

In my next letter I shall again begin with the discussion of current medical events in Vienna and Austro-Hungary.

PARIS LETTER.

[Our Regular Correspondent.]

In an interesting clinical lecture at the Hôpital des Enfants Malades, M. J. Simon established a differential diagnosis between tuberculous meningitis and other affections. Its precursory symptoms frequently resemble those of other illnesses.

The following symptoms of infantile *typhoid fever* are

analogous to those observed in tuberculous meningitis: slight cerebral congestion, cephalalgia, vomiting, constipation, etc. In meningitis these symptoms are shortly followed by the following characteristic phenomena: strabismus, inequality of the pupils, alternate pallor and redness of the face, irregular respiratory rhythm, facial hemiplegia, intermittent and irregular pulsation. In typhoid fever the temperature invariably decreases in the morning and increases at night. In meningitis the progress of the symptoms is uncertain and insidious. In typhoid fever it is slow and regular. The subsequent appearance of round pink spots on the stomach, and the inflated condition of this region are the unmistakable symptoms of typhoid fever; they are never observed in meningitis.

Pneumonia and tuberculous meningitis present the following analogous symptoms at their outset: cephalalgia, disturbed nights, convulsive movements, prostration, vomiting, but the respiratory disturbance which ensues twelve or twenty-four hours later in pneumonia is absent in meningitis.

M. Simon believes that tuberculous meningitis is incurable. Cerebral congestion, which is curable, is frequently mistaken for meningitis.

It is almost impossible to establish a diagnosis, as there is no difference between the commencement of infantile cerebral congestion and meningitis; the latter usually begins with cerebral congestion. The rapid appearance of congestive phenomena, and the sudden elevation of the temperature which characterizes cerebral congestion are symptoms which are never observed in meningitis. In this affection the temperature does not vary, but remains at about 38° Cent. (100-4 Fahr.); it has no relation with the pulse, which is irregular and intermittent.

Cerebral sclerosis, accompanied with intermittent, transitory congestion, closely resembles tuberculous meningitis. M. Simon recently met with an instance of this kind, in an infant at the breast. The following symptoms were exhibited: pain in the head, insomnia, vomiting accompanied

by hiccoughs, foul tongue, constipation. Eight or ten days later there was strabismus and inequality of the pupils.

In *eruptive fevers* the preliminary symptoms, which are allied to those of cerebral congestion, simulate tuberculous meningitis. In the case of scarlatina or measles, however, the characteristic angina of these affections is observed twenty-four hours later.

In cases where no eruption, angina nor otitis is present, these symptoms occurred before M. Simon was sent for. He found the infant in a serious condition, with all the symptoms of cerebral congestion. On ascertaining that its father had syphilis five or six years previously, M. Simon prescribed Gilbert's syrup and mercurial frictions. The child recovered.

Intermittent fever of a pernicious form is rarely observed in children. In countries where fever is common, children of about two years frequently succumb to *intermittent cerebral congestion*, which is often mistaken for meningitis.

Cephalalgia in growing children, resulting from mental strain in education, is an affection frequently met with, but hygienic precautions cause it to disappear, and its analogy with meningitis is transitory.

M. Périer has operated on a child of two months for lumbar spina bifida; reduction of the herniated portion of the medulla and its membrane, in the vertebral canal, was successfully effected. The operation lasted a quarter of an hour. Two days subsequently there was perfectly healthy cicatrization. No symptoms of disturbance in the nerve centres have appeared. It is now two months since the child was operated on.

M. Choupe has begun a series of researches upon the tonic action of cocaine. He proposes that all the results arrived at by different authors on this subject should be published.

M. Leven has for several years studied the relation between the nervous system and general nutrition. From his observations he has arrived at the following conclusion:

the normal proportion of urea during 24 hours is 28 grammes to 1250 gr. of urine.

In persons suffering from nervous disorders it is reduced to 5, 6 or 8 grammes; the number of corpuscles in the blood is reduced by two or three millions, the increase or diminution of adipose tissue varies considerably.

M. Luys, member of the Academy of Medicine, formerly physician at the Salpêtrière, but now *chef* at the Charité Hospital, lately made a communication at the Academy of Medicine concerning the effects of medicaments at a distance. The author has made similar experiments to those of M. M. Bourru and Burot, described at the Congress for the Advance of Science (Grenoble, 1885).

M. Luys has resumed his experiments at the Charité Hospital before a numerous and mixed audience. The two hysterical patients are respectively named, Esther and Gabrielle. The results he arrived at must be regarded as due to the action of suggestion rather than as the effects of medicaments at a distance, for M. Luys described aloud the effects that the remedies he employed should produce. By the aid of glass tubes, containing various substances, and hermetically sealed, he made his subject pass through different phases of emotion, by simply placing the tubes one after the other on the nape of her neck. Under the action of essence of thyme she assumed a look of great terror; under the influence of 10 grammes of cognac she assumed the attitude of intoxication; when a tube containing 50 grammes of water was applied to her neck her eyebrows became knitted, her muscles contracted, and she had the appearance of suffering from hydrophobia. A tube of morphia produced hallucinations, and 2 grammes of ipecacuanha caused intense nausea.

M. Luys, in making an injection of morphia into Gabrielle's arm three days previously, had broken off the steel point of the instrument, which remained sticking in her flesh. He threw the patient into a state of lethargy. Dr. Segond made a deep incision in her arm, removed the

piece of steel and bandaged the wound. The patient was totally unconscious of the operation.

The effects of hashish were demonstrated by Esther, when a tube of this substance was placed on her neck during a state of lucid somnambulism. Dr. Luys directed her to sing, while he held the tube to her neck. As he gradually removed it to a distance her voice became fainter and fainter till it died away entirely. She then fell, in a lethargic condition, into the arms of a hospital assistant.

By placing a tube containing 10 grammes of essence of thyme on her neck, the following results were obtained:

Her face became purple, her arms and hands grew stiff, and the neck swelled out in an extraordinary manner, increasing four centimetres in circumference. The patient appeared in great pain; it was two minutes after the tube was removed before she returned to a state of lethargy.

All these experiments may be explained by suggestion, the action of which M. Luys appears to be imperfectly acquainted with. He is evidently ignorant of the physical phenomena of hypnotism demonstrated by M. Charcot, for he asserts that the pathognomonic sign of lethargy is *cutaneous-muscular* hyperexcitability, whereas this sign is constituted by *neuro-muscular* hyperexcitability as MM. Binet and Feré have shown in an able treatise upon the subject (Alcan. ed. 1887). It is in somnambulism that *cutaneous-muscular* excitability is observed, (if the patient exhibits the phases of real hypnotism), but M. Luys did not demonstrate the existence of physical signs in this condition. The phenomena produced in his patients were the result of simple suggestion, as M. Voisin proved was the case in the experiments described by MM. Bourru and Burot (see *Les Annales médico-psychologiques* 1886-87).

In experiments of this kind a thorough knowledge of hypnotism and hysteria is required, especially if the operator, like M. Luys, attempts to establish facts in direct contradiction to the most elementary principles of physiology. In trying the effects of medicaments at a distance the following conditions must be observed, other-

wise the results are worth nothing. The state of the patient must be determined; *the medicament must be placed in a bottle hermetically sealed. The operator himself should ignore the contents; complete silence must be observed.*

M. Jules Voisin recently made experiments under these conditions, before the Medico-psychological Society, but *obtained no results whatever.* M. Luys is hardly likely to be more successful. His physiological and psychological reflexions may be entertaining, but they must be regarded as purely hypothetical, and the phenomena produced on his patients by certain substances as fantastic, not to say ridiculous.

CENTRAL LONDON THROAT AND EAR HOSPITAL, }
 Gray's Inn Road, }
 LONDON, November 4th, 1887. }

To the Editors of the New Orleans Medical and Surgical Journal:

Gentlemen—Having read a letter from Dr. Myles in the October issue of your journal, I trust you will kindly permit me to state, in simple justice to this institution, that before going to Golden Square Dr. Myles entered as a clinical assistant at this Hospital under Mr. Lennox Browne, and that he diligently attended also on the days of Dr. Grant and Mr. Jakins; thus for a considerable time he was almost a daily visitor. He moreover attended the lectures delivered by members of the staff. It is also within my knowledge that Dr. Myles took a course of twelve lessons from Mr. Emile Behnke, Mr. Lennox Browne's co-adjutor in "Voice, Song and Speech."

Not only did Dr. Myles speak very highly of the advantages this hospital afforded for study, but at the very outset he went out of his way to volunteer a most unfavorable opinion of Dr. Morell Mackenzie and all his works. He is to be congratulated that personal acquaintance with that eminent physician, and the well established Hospital in Golden Square has changed his views, but we are all none the less surprised that Dr. Myles has not had the grace to

give some acknowledgment for the privileges accorded him at this Hospital, where we treat all strangers as friends and offer to them the hospitality of our abilities to the full extent of our capacity.

I am your obedient servant,

RICHARD KERSHAW, Secretary

TO THE PHYSICIANS OF LOUISIANA.

The demise of Dr. David McCaa, late a member of the Physicians' Mutual Benevolent Association of Louisiana, leaving behind him four small motherless children, entirely helpless and unprovided for, impels me once more to appeal to your higher and refined natures in behalf of the widows and orphans of your brother physicians.

The appended receipt (a true copy of the original on file) will show that our physicians had only provided the small sum of ninety-nine dollars to give to the little helpless children of Dr. David McCaa, deceased—a man of merit and worth in his profession, a native of Louisiana and a graduate of the State Medical University in New Orleans. I confess I feel humiliated at this demonstration of the lack of sympathy and brotherly kindness among the physicians of our State one for the other—if not this, a want of interest in, or culpable indifference to, the comfort and well-being of each other's families.

Had our 800 or 1000 regular physicians in Louisiana been true to each other, and joined our Mutual Benevolent Association promptly when first organized, as was their obvious duty, instead of giving to Dr. McCaa's bereaved and helpless children \$99, we would have been enabled to contribute \$2400 or \$3000; and that too, with the insignificant tax of only \$4 to each of us, a sum which, I venture to assert, is more than ten times *uselessly spent* every year by ninety-nine hundredths of our physicians.

Brother physicians, look at the manifest truth as it is, picture in your minds and your hearts these four little be-

reaved orphans of a worthy, deceased brother, unprovided for and thrown in tender infancy upon the care of strangers, and reflect how much good you could have done, and did not do it! How many little hearts you could have made happy, and did not do it, how many sweet prayers from tender grateful hearts would have ascended to heaven to call down rich blessings upon you and our noble profession, and you did nothing to elicit the invocation; and how the good people among whom you live would have heralded your noble benevolence and brotherly love, and voiced and echoed your praises, but, alas, you did nothing to deserve it! And your professions of brotherly love one for the other are as "*sounding brass or a tinkling cymbal.*"

Brother physicians, let your hearts be moved by the noble instincts of christianized humanity, and by the fraternal principles of our noble profession, and delay no longer—join our band of true brothers at once—and let us go up to our meeting in Monroe next April with hundreds of new members added to our Benevolent Association. Don't be afraid that some old man in the profession will die before you do, and his family get the benefit first, but come in now, live as long as you can and do all the good that lies in your power, and your brothers who are alive will see to it, when you have passed from the earth, that your widow and children shall receive an hundred fold more than all you had contributed during your life time.

Fraternally,

RICHARD H. DAY, M. D.,
President P. M. B. A.

BATON ROUGE, December 7, 1887.

Received of Dr. R. H. Day, President, and Dr. J. W. Dupree, Secretary and Treasurer of the Physicians' Mutual Benevolent Association, ninety-nine dollars, the amount due the four minor children of Dr. David McCaa, deceased. \$99.

[Signed].

A. HANSTOCK, *Tutor.*

I LEADING ARTICLES.

IS CANCER A GERM DISEASE?

It has at last come to this. Even cancer, which pathologists long endeavored to explain without resort to bacilli or micrococci, is now having directed upon it the all-powerful light of the germ-theory of disease and is asked to deliver up its hidden germ, which has, since man began, been silently but surely at work destroying the lives of large numbers of the human race, baffling the skill of the surgeon's knife and laughing to scorn the efforts of the physician.

Not only is its dependence on a germ now being seriously discussed, but it seems about to be ruthlessly dragged into the medical arena, there to be fought as a contagious germ-disease. Before going into the discussion of the dependence of cancer upon a germ, it might be well to make some reference to the debate now going on in the medical journals with regard to its contagiousness, a prominent characteristic of many of the diseases explained by the germ theory.

This subject was broached in the *Lancet* of October 8 in a note referring to a case reported by M. Duplony, of Rochefort, where a man, who for a long time nursed his wife suffering of uterine cancer, became affected with epithelioma of the glans penis, requiring amputation. Was this a coincidence or evidence of transmission by contagion? Since the question was first raised by the reference to M. Duplony's interesting case a number of cases showing curious coincidence, if not actual contagion, have been briefly reported in the *Lancet*.

Some of these, we believe, it will be interesting here to recall. A physician married a lady found subsequently to have mammary and uterine cancer; he, previously healthy, became affected with cancer of liver and stomach; the first wife dying, he married again; this second wife had subsequently both mammæ amputated for cancer. A man

had his entire tongue removed for epithelioma in November, 1885; his wife died of uterine cancer in July, 1887. Mr. R. Clement Lucas removed a rodent ulcer from the eye-lid and forehead of a man in 1881, and again in 1883, followed by a second recurrence; in 1884 he removed a scirrhous of the breast, and in the month of November, 1887, a partner who had always lived in the same house with them developed epithelioma of the tongue. Several cases of uterine cancer followed by epithelioma are also reported, but the most interesting case of all is that reported by Mr. Peter Eade, in the *Lancet* of November 12. The wife had uterine cancer and finally died, but before her death the husband developed a nodule just below Poupart's ligament; this grew rapidly as an ordinary malignant tumor and caused his death. Many of our readers will doubtless recall similar cases in their experience, which they most likely regarded as mere coincidences. But such has been the history of the development of the view now held by many that, under certain circumstances, tuberculosis is communicable from person to person. So far as a uterine cancer's giving rise to a cancer of the penis, or the latter to the former, is concerned, we must say that we are unwilling to deny the possibility. As some of the writers to the *Lancet* have remarked, the transmission need not be dependent upon a germ; indeed, if it were, such cases should be more frequent. As Mr. Jennings says, there is little doubt that "cancer may be reproduced by direct implantation of small portions of the growth upon a suitable nidus," and he refers to the case related by Mr. Hutchinson, Jun., one of cancer of the face in a young girl, who developed a cancerous growth upon the back of the head, "presumably caused by implantation" from the face. Dr. Richard Budd reports a case of axillary cancer in a young and healthy girl, who persisted, despite his remonstrances, in washing the rags, saturated with the discharges from a cancer situated in her mistress' uterus and vagina; and he mentions, too, the interesting fact that five surgeons, who had officiated at the North

Devon Infirmary, died of cancer. The cases, now related, surely seem to be evidence, slight though it be, of communication. Experiments, however, on animals have, we believe, generally failed to demonstrate such communicability, but the great difficulty of meeting all the absolutely requisite conditions for success in such experiments, it seems to us, would still leave the question undetermined.

As tending to show the possibility of such communication to the lower animals when all the conditions are fulfilled, we would call attention to the instructive case of Dr. Richard Budd, published in the *Lancet*, of November 26, 1887. "A gentleman, who had spent many years in India, came under my care for cancer of the lip, for which he refused to submit to any operation. When he was confined to his bed a favorite little terrier was scarcely ever out of his room, and, as is the habit of such little dogs, frequently licked his master's lips. This dog died before his master, of cancer of the tongue."*

The rarity of cancer of the penis and the comparative frequency of uterine cancer might simply indicate that the conditions essential for propagation, even through natural contact, are not often met—there must, of course, be local tissue predisposition with abrasion and proper implantation of the cell, or nucleus, from the uterus on the abraded glans penis. Admitting, however, the occurrence of some such cases by implantation, there are yet to be explained the far rarer cases of cancer of the uterus, or the mamma, in the wife, following cancer of the tongue in the husband; these could not well be explained by cell-implantation, for, though the implantation might be successful, the difficulty of survival in the long route to the predisposed organ would be too great, and, besides, the successful implantation on the lip of the wife would mean cancer of that part, the

*In this connection the *Medical Record* editorially refers to the communication made November 2, by Prof. Von Bergmann, to the Berlin Medical Society, "Upon the Infectious Nature of Cancer," in which, after referring to the opinions of Virchow, Klebs, Kraske and Israel, concerning the infectious nature of cancer, the writer presented a striking illustration of contact-carcinoma. There was a cancer nodule in the middle of the upper lip; when ulceration had begun, a cancer appeared at a corresponding point in the lower lip. Dr. Hahn also related how he had, in a case of wide-spread deposits of cancerous nodules, removed and successfully transplanted three of them, which developed like cancer.

other growths being then secondary. But once demonstrate a cancer germ, capable like other germs of existence and propagation when separated from the environment of its birth, the communication is easily understood. The germ circulating in the blood in due course of time reaches a suitable nidus for its development and cancer results. We know that senility gives rise to predisposition to cancer and that the mammæ and the uterus manifest this susceptibility to a greater degree than all other tissues, for in them the largest percentage of cancer occurs. Traumatism might well explain the location in other cases.

The temptation is, indeed, strong to compare the development of a cancer to that of an oak-gall. Such a conservative and learned scientist and pathologist as Sir James Paget, whose thought has been busy on pathological subjects for a generation, has recently strongly favored the application of the germ theory to the explanation of cancer. In the Morton Lecture, published in the *Lancet* of November 19, 1887, he seriously discusses the subject, but in the calm and dispassionate manner that at once arrests our attention and excites our interest. To solve the as yet unknown he proceeds to argue in terms of the known. He discusses the likenesses of cancer and cancerous diseases to two other groups of diseases concerning which recently very valuable additions have been made to our knowledge. In some important respects cancers resemble the simple or innocent tumors; both are growths resembling more or less the natural structures from which they grow; both grow "as if with a self-possessed power of maintaining and increasing themselves," and both seem to lack purpose in their growth; they manifest no "adjustment to the plan of other parts, and are not subject to the general control which in health keeps each part in useful association and concurrence with every other." This "selfish" mode of growth is characteristic of both innocent and cancerous tumors, and "it seems to indicate a very close affinity between them." But there are between them very broad points of difference, characters possessed by the cancer-

ous diseases, embraced under the term "malignancy," which better than any other term identifies them. These characters it is useless here to recall; suffice it to say that the differences are sufficiently marked to make it unlikely that the mysteries involved in the origin and growth of these cancerous diseases will ever be cleared up by studying them in the light of our knowledge of the benign growths. Sir James considers their likeness more intimate to the specific or micro-parasitic diseases, which are much better understood of late years. "The reasons are constantly increasing for the belief that each of many specific diseases is due to morbid changes produced directly or indirectly by a distinct species of parasite, a microbe, a bacillus, or some other vegetable of lowest organization, yet specific—as specific as any of the species much more highly organized." Starting out with the statement that he believes "that micro-parasites, or substances produced by them, will some day be found in essential relation with cancers and cancerous diseases," he proceeds to argue from the standpoint of their likeness to specific diseases. The specific diseases are many, but may vaguely be arranged into groups. The group which cancer most resembles contains syphilis, tuberculosis, glanders, leprosy, and actinomycosis, "each of which is known to have a distinct micro-parasite." He thus points out their most important agreements with cancer: There are reasons for including them all, as does Virchow, among tumors (*granulomata*), certainly "they are morbid growths and self-maintaining"; they differ in their methods of growing, in which respect they differ from each other as much as they do from cancer. They are, like cancer, prone to special modes of degeneration, decay and death, and each one undergoes characteristic ulceration. They are all at some time infective, some by inoculation, some by invasion, or by the "transmission of material through lymph-spaces, lymphatics or blood vessels to parts far off." Since, then, there is likeness in such essential particulars, is it not likely that, as we recognize a germ in the causation of tuberculo-

sis, syphilis, leprosy and the rest, we should believe that "there is at least one in cancer and cancerous diseases?" That it has not been found is not sufficient evidence that it does not exist. We are indebted to Koch for the tubercle bacillus, now easily discovered by proper methods of staining by the mere tyro in microscopical technology, yet even its discovery by Koch was long denied, some distinguished bacteriologists for a time insisting that Koch had mistaken fat crystals for bacilli.*

Until we have demonstration we can only reason by analogy. As Sir James Paget remarks, there are a number of specific fevers, all essentially different, but all displaying a general likeness. Of many of these fevers we know that each is associated with a different morbid material in the blood; "of the rest, we do not know this, but we do not doubt it, we are as sure of it as of anything in pathology not certainly known." So we may regard cancer as specific, in the same sense that we do leprosy, tuberculosis, and the others of the group. Leprosy and tuberculosis resemble less the specific fevers than they do cancer, and, as before remarked, they differ in some respect more from each other than they do from cancer. It would seem, then, to us unreasonable to exclude cancer from specific diseases, simply because we have failed to discover the germ.

Sir James says that the non-inoculability of cancer is against its specific origin, but, then, this is negative evidence, and, too, the cases which we have above referred to would seem to show that its non-inoculability is not yet a demonstration.

To show next the influence of different kinds of virus in

*Mr. Ballance and Mr. Shattock have lately, after careful examination, failed to find one. It was recently announced that Dr. Scheuerlen, of the Charity Hospital, Berlin, had discovered a cancer bacillus, which he had inoculated in animals, but it would now seem that the "discovery" had been announced "more with regard to the present circumstances (Crown Prince, etc.) than to scientific accuracy." It is but just to the distinguished Pathologist of the Charity Hospital, New Orleans, Dr. H. D. Schmidt, to state that in 1883 and '84 he discovered bacteria in the nuclei of the cells of a so-called polypos of the rectum, of a mammary carcinoma, of a carcinoma of the stomach, and of a so-called endothelial cancer from the ear. See Dr. Schmidt's exhaustive description of the origin and development of the Bacillus Tuberculosis, pp. 93 *et seq.* He does not say that these bacteria are in essential causal relation with the *origin* of these tumors, but considers it probable that the conditions necessary to development of the bacteria "may be found in a certain form of degeneration of the elements of these tissues," just as he thinks the "shriveling of the nucleus stands in some relation to the development of the bacteria of tuberculosis," (p. 81). They would, then, be results rather than causes.

exciting different kinds of growth, the lecturer took an excursion into the vegetable kingdom, and there finds an interesting field for study and comparison. The xylomata, or woody tumors, in their origins from buds, or sleeping eyes, and in their growth, separate and purposeless, strongly parallel the benign animal tumors, while the galls illustrate the power of a virus to excite morbid growths. They illustrate both the conditions; the specific morbid material and a predisposed part. Of these galls, there are more than a thousand forms already known, each produced by a different, specific virus, inserted by a different species of insect into a leaf or other part. This morbid material has in the case of the gall been proven; to suppose that any healthy part of the human individual might of itself or in consequence of any ordinary change affecting it alone so definitely alter its method of life, etc., and that all parts, however unlike, could change themselves into likeness as cancers, would be to assume more, says Sir James, than can be matched in all rare pathology or natural history. The subject is surely worth the attention of the microbiologists. If it shall once be shown that cancer is due to a germ, an important step forward will have been taken in the direction of prevention and cure. The world already owes much to the bacteriologist, but the half of the good he may do for the future of medicine has not yet cast its shadow before.

THE NEW ANATOMY HALL OF THE UNIVERSITY OF VIRGINIA.

On October 25d, 1887, the new Anatomy Hall, or, as it is more familiarly known, "Med Hall," was formally opened at the University of Virginia. The occasion was suitably honored by a holiday amongst the "Meds." and an address by Dr. P. B. Barringer, of North Carolina.

The Doctor is an alumnus of the University, and his address as given in the *North Carolina Medical Journal* must have been a great treat to all those who love to recall the memories and traditions of their Alma Mater. He

spoke of the commissioners appointed to draft plans and specifications for a university, and their labors from the first meeting at Rock Fish Gap in the Blue Ridge, August 1st, 1818, until the University was finally opened near Charlottesville, March 7th, 1825. Up to this time, indeed even later, nearly all medical teaching was done in private schools or in the offices of physicians. Those who were more fortunate and did attend medical universities usually went to London; very few went North. Of 110 students at the Boston School of Medicine in 1824, only two were from the South. The School of Medicine at the University was, at first, somewhat after the prevailing method just mentioned, for it was conducted by one man, the afterwards famous Dr. Dunglison. Dr. D. was brought from London, where he had, even at his early age of 26 years, gained a reputation as a man of extraordinary accomplishments, both literary and scientific.

The School of Medicine was enlarged into the Medical Department of the University of Virginia in October, 1827, and in this form stands to this day. The department has three professors who divide all the subjects among themselves, with the exception of chemistry and pharmacy, which are taught in the school of chemistry. The course is one of nine months, and though lacking hospital facilities, yet one who obtains a diploma at the University and afterwards spends a year at some hospital centre seldom fails to make his mark. But the diploma is a hard thing to get. All examinations are in writing and are very severe and the applicant must attain in *every* branch and at *every* examination 80 to 83 $\frac{1}{3}$ per cent. From 1828 to 1880 there have been more than 3000 matriculants with 616 diplomas, but the records of these 616 would be interesting reading if we but had time to follow them. So it has been with all the grand old University's children. They have been and still are heard in our legislative halls, our arts and sciences, our schools and universities, and no country ever had nobler and braver soldiers than the University furnished to the South twenty-five years ago.

ANTISEPSIS IN SURGERY IS NOT ABSURD.

The late lamented Dr. Frank H. Hamilton, in March, 1886, in his book on Surgery (p. 964), quotes with approval the statement of Mr. Savory, in 1879, before the British Medical Association, that there were "no statistics showing better results from Lister's than from any other methods, in fact none quite so good." "This public statement and challenge," says Dr. Hamilton, "have remained practically unanswered to this day."

We do not intend at present to discuss argumentatively the value of antiseptic surgery; we wish simply to call attention to some cases which, to our minds, show that Mr. Savory's challenge, seconded by Dr. Hamilton, has been, and *practically*, answered. We refer to the four cases of penetrating wounds of the knee-joint, published by Dr. O. H. Howe, in the *Boston Medical and Surgical Journal*, of December 8, 1887. The injury in the four cases was almost identical. Two cases treated promptly in an antiseptic manner recovered quickly, union being by first intention. One case was first dressed antiseptically three days after the injury, when the patella was lifted by purulent fluid in the joint. Under careful management the case recovered, but the convalescence was very prolonged. In a fourth case, a boy, *æt.* 12, treatment was delayed eight days, when extensive suppuration was found. The boy died, despite the antiseptic management. As Dr. Howe remarks, these cases certainly show that early treatment is of the utmost importance, and they demonstrate the practical value of antiseptic dressings.

ANTISEPTIC MIDWIFERY.

It gives us pleasure to publish the results of antiseptic midwifery in the Charity Hospital as reported on another page by Mr. Lee, of the Resident Staff of the institution. We think the paper deserves careful perusal by our readers. We would call especial attention to the simplicity of the plan, which, though it secures the maximum of security,

avoids the unnecessary risks of the germicide employed. We think the attention to the uterus after placental delivery, to secure efficient contraction and expulsion of clots, merits special commendation as an antiseptic measure, as well as on ordinary grounds. On this point Dr. Playfair lays stress. Nothing in our opinion is more important, antiseptically considered, than this firm contraction of the uterus. When the placenta is delivering, unless the uterus firmly contracts, there is at once an aspiration of air into the cavity, which besides fills with clotting blood, afterwards difficult to expel. By the method of Cr  d   the placenta can, with very few exceptions, be delivered without any assistance *per vaginam* and besides this, the accoucheur is enabled as the placenta leaves the uterus, to materially assist nature, by means of the hand grasping the uterine fundus in closing the cavity against the entrance of air. Ergot then, given *after* placental expulsion, as the routine practice in the Charity Hospital, must be regarded as an invaluable antiseptic in obstetric practice. We think, too, the practice in the hospital is to be commended, because it deprecates the unnecessary routine use of the vaginal injection, as advocated by Dr. W. S. Playfair. (See letter from London on another page.)

THE ARKANSAS MEDICAL SOCIETY.

No State Medical Society in the South, with the exception of that of Texas, has issued a neater volume of transactions than has the State Medical Society of Arkansas. Not only is the work neat, but the proceedings themselves have an air of dignity and a business-like nature about them which impress and attract the reader at once. The papers are certainly up to the standard of those anywhere. The Reports on Medicine and on Surgery are very full and all committee matters show care and earnest work. We congratulate the Society and wish it continued prosperity.

THE COMMITTEE ON REPORTS AND ESSAYS
OF THE LOUISIANA STATE MEDICAL
SOCIETY.

The first day of the New Year 1888 has come and gone, and the Committee on Reports and Essays yet remains unheard from.

It is needless to repeat all that we said last year upon this subject, but we warn the committee that the Society now knows from experience where to lay the blame or accord the praise for a successful and interesting meeting. We earnestly advise the chairman of the committee to adopt the course pursued by his predecessor last year: divide his committee into sub-committees, furnish the chairman of each sub-committee with blank forms of request for papers, printed on post-cards, and have such cards sent to every member of the State Society. By setting about this work at once every member can be canvassed by each sub-committee several times before the meeting (Monroe, La., April, 1888), and judging by the number of papers elicited in this way last year, though the canvass was begun at far too late a day, the committee will be able to distinguish itself by being instrumental in presenting to the Society a larger number of reports and essays than ever before.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

ANTIPYRIN HYPODERMATICALLY.

Antipyrin is now recommended as an analgesic in a variety of conditions. This action of the drug seems to be most prominent when it is administered hypodermatically. The following is a good extemporaneous manner of preparing a solution for subcutaneous use:

Ry Antipyrin.....gr. xxx.
Water, recently boiledʒij.
M. S Twenty drops hypodermatically.

Fränkel found that for the relief of pain three and three-quarters grains of antipyrin were equal to one-third of a grain of morphine. He commonly used a fifty per cent. solution, but crystals of the drug frequently clog the syringe when used of this strength.

Antipyrin in good doses, fifteen to thirty grains internally, has afforded complete relief in dysmenorrhœa, neuralgia, rheumatic arthritis, lumbago, and many other most opposite conditions, where pain, or pain and fever are present.

PROGRESSIVE, PERNICIOUS ANÆMIA AND INTESTINAL
PARASITES.

Reyher noticed thirteen cases of recovery from this disease after having been regarded as necessarily fatal. It was only after the accidental discovery of some joints of the bothrio cephalus passed *per anum* and the removal of the parasites by male fern that improvement began. Perroncito speaks of a serious anæmia in the workmen in St. Gothard tunnel caused by parasites. Others speak of a cachexia of the Hungarian mountaineers arising from a parasite of the small intestines. *Medical Chronicle—L'Union Médicale.*

DIPHThERIA.

Dr. Dumas does not think anything will cure fully developed diphtheria. He therefore watches all children in the least exposed, and upon the slightest indications administers iodide of potassium and tincture of iodine in combination, day and night. He continues this for a week.—*Therapeutic Gazette.*

G. P. May, in the *British Medical Journal*, protests against the use of gargles in diphtheria. The throat, he says, should be allowed to rest as much as possible. He uses locally a mixture composed of carbolic acid, sulphurous acid, tincture of the perchloride of iron and glycerine. Internally he gives the same, in combination with chlorate of potash.

The *Medical News* quotes a long list of antiseptic formulæ for use in diphtheria.

1. R̄ Aquæ destil..... $\bar{5}$ 3 $\frac{3}{4}$
 Tinct. aconit.....m. 15 to 30
 Sodii chlorid.
 Pepsinæ \bar{aa} gr. $\frac{3}{4}$
 Hydrargyr. bichloridi.....gr. 1-6 to 2 $\frac{1}{4}$

M. S.—A teaspoonful every hour.

2. R̄ Ether $\bar{5}$ 6 $\frac{1}{4}$
 Balsam. Tolu.....m. 75
 Iodoformgr. 38

M. S.—Apply locally. Or iodoform and sugar, 1 to 3 as a powder locally.

3. R̄ Bromini (pur.)
 Potass. bromid..... \bar{aa} gr. 8 to 15.
 Aquæ destill..... $\bar{5}$ 50.

M. S. Pencil pharynx every 2 or 3 hours; or use by inhalation.

4. R̄ Calcii sulphidi.....gr. $\frac{3}{4}$.
 Digitalin
 Quiniæ arseniat..... \bar{aa} gr. 1-60.

M. S. In pill at a dose;—for an infant one-half.

5. R̄ Aquæ destil.....
 Aq. menth. pip..... \bar{aa} $\bar{5}$ 10.
 Syr. aurant. cort..... $\bar{5}$ 2 $\frac{1}{2}$.
 Sodii benzoat.....gr. 75.

M. S. One-half teaspoonful to a dessertspoonful hourly.

6. R̄ Aquæ..... $\bar{5}$ 25.
 Syr. aurant..... $\bar{5}$ 7 $\frac{1}{2}$.
 Acid lactic.....gr. 75.

M. S. As a gargle, or use lactic acid as a spray in solution 1 to 100.

7. R̄ Glycerine..... $\bar{5}$ 15.
 Lactic acid.....gr. 45.

M. S. Locally to ulcers.

8. The writer recommends: Touch the diseased surfaces three or four times daily with solution of corrosive sublimate 1 to 100 in alcohol. Thoroughly spray or douche the nares and fauces with *warm* boric acid solution 4 to 100. Internally, benzoate of sodium gr. 45 to $\bar{5}$ 3 per day. Bordeaux, Spanish and Champagne wines and coffee freely.—*Archives de Laryngologie*.

[Several physicians in this city have been using with good results a solution of listerine with water or glycerine, 1 to 3 or 4 as a spray. None have reported any results from the digestants, pepsin, papaine, etc. Reports of

formulæ used and results attained would be gladly received for publication. Eds.]

SURGERY.

SUBLIMATE PAPER AS A WOUND-DRESSING.

Gedeke (*Centralbl. f. Ch., No. 41*) has used with advantage as an antiseptic dressing filtering paper soaked in a two per cent. solution of sublimate with five per cent. of glycerine, and then dried. He has used it after extirpation of the cervical glands, amputation of fingers, and in one case after amputation of the thigh, when it was left on for ten days. He formulates the following conclusions: 1. Filtering paper soaked in a two per cent. solution of sublimate is a valuable dressing. 2. It should be used in from two to eight layers, according to the size of the wound. 3. It is especially indicated in recent wounds. 4. In complicated wounds of the fingers it has the advantage of immobilizing the parts. 5. It should usually be left on not longer than two to three days. 6. In the absence of other antiseptic materials, it will often suffice in a short time to render suppurating wounds aseptic.—*American Journal of the Medical Sciences*, January, 1888.

THE WICKING TAMPON.

According to the *Centralblatt für Chirurgie* (quoted in the *Medical News* of Sept. 24, 1887), Dr. Gersung, of Vienna, has found wicking an excellent material for tampons in the drainage of wounds furnishing a moderate discharge, and it is used with excellent results at Billroth's clinic. Its use as a material for vaginal tampons was advocated by the editor of this journal in June, 1880 (see *New York Medical Journal*, vol. XXXI, p. 593), and we are glad to observe that its advantages have lately been recognized abroad, with an enlargement of its field of application.—*New York Medical Journal*, Nov. 19, 1887.

HOW TO MEASURE THE DIFFERENCE IN LENGTH OF THE LEGS.

In many cases of shortening of the leg, producing lateral curvature of the spine and concomitant disorders, all that is necessary is to make the legs equal in length, as shown by Dr. Morton. The ordinary method is to put blocks un-

der the foot affected, judging by the eye as to when equality is secured. But the eye is notoriously fallible, and it is especially liable to be deceived when there is a marked curvature. In order to make the length of the legs equal beyond a doubt, Dr. Sudduth suggests the following method:

Draw a line from one iliac crest to the other, apply to the line an ordinary spirit level, put blocks under the foot until the instrument marks level; at this point the distance from each iliac crest to the ground must be the same.—*Medical Times (Phil.)*.

THE OSTEOGENIC FACTORS IN THE DEVELOPMENT AND REPAIR OF BONE.

The articles of Dr. William McEwen, of Glasgow, in October and November numbers of the *Annals of Surgery*, are well worth careful perusal. The following are some of the propositions advanced with convincing arguments drawn from his experience. Some of them we have slightly modified for the sake of brevity:

I. Periosteum mechanically detached from bone may, if replaced even after several hours, unite with the bone without sloughing or observable augmentation.

II. This separation, even for days, as the result of a pathological process, may be followed by union of the bone and periosteum when brought together.

III. The complete destruction or permanent removal of a piece of periosteum does not necessarily involve the death of the bone, which may throw out cells and form new periosteum.

IV. A portion of bone which has had its continuity severed on all sides, and at the same time has had its periosteum removed, is capable of living and growing.

Some remarkable cases reported, prove this proposition.

V. Detached pieces of bone deprived of periosteum and parts of deeper layers, which had no periosteal connection, have been transplanted and have grown.

A résumé of the case reported in detail before the Royal Society of London, in 1881, is given; this case was one in which the diaphysis of the humerus had been lost by suppurative periostitis. By transplantation from another boy's tibia, four inches and a quarter were added to the humerus. ¶

VI. Periosteum does not initiate the reproduction of bone.

Reproduction will only take place after subperiosteal resection, when there has been sufficiently prolonged irritation to cause the pouring out from the Haversian canals of true osseous elements. In cases of fractures, the soft tissues, muscles, even periosteum, do not contribute to the formation of bone. The provisional callus is *not* thrown out by the periosteum, but by the bone itself. The other tissues serve simply to limit the amount of the callus, which, therefore, depends not only upon the displacement of the fragments and the movements, but also upon the extent of the separation of the periosteum, etc. In simple fractures without rupture of the periosteum there is an exceedingly small amount of callus, which is quickly absorbed.

VII. Bone may be regenerated independently of the medulla, which may itself be reproduced.

VIII. The histo-genetic phenomena support the foregoing observations, showing that the periosteum does not generate bone.

The deduction from histogenesis and experimental inquiry is:

Bone is produced and regenerated by proliferation of osteoblasts and its development and reproduction can take place independently of the medulla and periosteum. The periosteum acts as a sheath, as a protecting limiting membrane, through which the bone receives some of its blood supply, a very important portion being provided by the nutrient vessels. The cells of which the bone is composed are capable of living, separated from periosteum and medulla; they possess the power of proliferation and consequently of regeneration of osseous tissue.

GYNÆCOLOGY.

A CASE OF TETANOID CONSTRICTION OF THE UTERUS.

An interesting and instructive case has been reported by Dr. H. M. Wilson, of Baltimore. The following is his account of the case:

Four years since I was first consulted by Mrs. J., a lady of about twenty-four years of age, just married. She was of fine physique and healthy appearance. Her trouble at that time was uterine neuralgia. I learned that each cata-

menia was attended by distressing pains, continuing from one to two days. I suspected stenosis and advised an examination, but she declined, giving as a reason her great sensitiveness to, and nervous dread of, pain. Several years before she had had stricture of the bowels, requiring medical assistance. Nothing of special note occurred during the two years following, except a small subcutaneous abscess in the right iliac fossa, which was lanced and soon healed. This reappeared in a smaller form—about the size of an almond—two months since. At the end of three years she became pregnant, and having been informed of the severe accouchement of a niece in whom eclampsia had developed, I was unusually attentive as to any premonitions of albuminuria. Her gestation was accomplished without special distress, except on several occasions after moderate exercise she had slight attacks of syncope—the last about four days prior to her confinement. Five days before labor, whilst in bed, and without any exertion on her part, her water was discharged. I was called to see her on Wednesday, 19th ulto., at six o'clock in the morning, and found the lady bright and cheery, free of headache, with pains described as sharp at intervals of about ten minutes. Upon examination the soft parts were found to be in much better condition than had been feared. Bowels twice moved; kidneys acting freely. The os was entirely closed. I left her doing well. Upon my return in two hours the os had opened to the size of a dime, edges soft and thin, and as far as could be made out the head presented in the right occipito-anterior plane.

From this time I remained with her. Quinine was ordered, to assist in relaxation. My patient now commenced to complain of nausea to the extent of emesis, which was frequently, but not inordinately repeated. The further progress was slow, but not requiring in my judgment either bleeding or medicine. At 5:30 in the afternoon I deemed the os sufficiently dilatible to admit a careful application of the forceps (Simpson's), the head being within easy reach. No difficulty was encountered in their adjustment, but in the effort to deliver no advance could be made. Thinking the funis might be abnormally short or tightly wrapped about the neck, I substituted the Tarnier instrument. I could cause the caput to appear at the vulva so as to be seen, but instantly it would disengage itself from the blades and fly back to its former position. Realizing the existence of a very different obstruction to what I had sup-

posed I dispatched a messenger for Prof. Miltenberger, and prepared to make a trial of version. At this point, I first observed her pallor, and putting my finger on her pulse was shocked to find it a mere thread. Instantly suspending the anæsthetic, I administered brandy freely by the mouth, and, at my request, Dr. Pole, who was quickly at hand, kindly assisted me in repeated hypodermics of the same. The lady never rallied and died within thirty minutes. Dr. Miltenberger arrived before her death, but too late for me to avail myself of his great experience. We satisfied ourselves of the death of the fœtus, but, seeking for some solution of this terrible and inexplicable result, the Doctor, at my request, effected the post mortem delivery. Upon introducing his hand he found a band embracing the shoulders, which, to use his own words, "gave the impression of a band of steel." It was only after a prolonged and most persistent effort, and that coupled with the occasional fear that the trial would have to be abandoned, that version was finally accomplished. Such were the different phases of the case. Let us consider the remedial appliances, and first as to anæsthetics. Chloroform was used occasionally, and in small quantities, for an hour, probably just at the completion of a pain, "to blunt its edge," as the lady expressed it, but not carried to its full effect, indeed more as a placebo. This was thought proper on account of the lady's highly sensitive organism, and to quiet, as far as possible, her urgent demands for relief. When instruments were used it was inhaled freely, but as I have before stated, instantly abandoned upon the appearance of dangerous symptoms. She came from under its influence speedily, asking questions, complaining of the strength of the brandy, demanding water, requesting to be fanned, etc., her intellect remaining unclouded to the last.

The forceps were used in the absence of any indication to the contrary, as offering the speediest relief. At the time, nothing was known, nor indeed could have been known of the actual complication. A healthy patient—a slowly dilating, but dilatable os, and true pain enduring eleven or twelve hours, were the conditions confronting me. Had version been deemed the better procedure, at the first it would have been impossible of execution. The hand could not have passed the os. But supposing that accomplished, the great barrier—the gravamen of the case, would have been encountered. For if after death, the tetanoid stricture of the uterus could so entirely tax the

skill and tact of such an obstetrician as my distinguished friend, what might have been anticipated from the additional resistance of living tissue; In narrating my case to an accoucheur of large experience in a neighboring city, he wrote me of one in his own practice very similar. He had supplemented what I had done by copious blood-letting, had failed with forceps, and after so long a time had succeeded in introducing his hand, but suffered the further complication of a ruptured uterus, losing both mother and child.

Another factor of fearful potency must be considered—the suddenness of the invasion of collapse and the rapidity of its work. From the time that every effort of necessity was directed towards sustaining the lady, until the final issue, not more than thirty minutes elapsed, probably less. During this space every effort made seemed to be utterly fruitless.

As to the immediate cause of death, chloroform, whatever dangers may invest its use in general surgery, is singularly harmless in obstetrics. Indeed, the physiological changes of labor seem to neutralize its toxic qualities. I cannot recall an absolutely certain death from its use. If such result has happened, it is an exception to the general rule. In this case the lady passed from its influence quickly, and so far as I could observe, entirely. She asked and answered questions, and her intellect was unclouded. As for the forceps, they were applied without difficulty and used with discretion. In nothing did the manipulation differ from their constant and ordinary use.

I can see no reason why this exhibition, although ineffectual, should have induced the collapse. We must look to the real cause, I think, in the tetanoid condition of the uterus, as I ventured to name it. Whether the opinion held by some be correct that this condition is induced by the early evacuation of the waters, or that the source of danger must be sought elsewhere, I cannot determine. Whatever doubt surrounds the exciting cause of this condition the effect upon the organ was perfectly apparent. It held it as in a vice, resisting all efforts to force its grasp, and even after death was barely overcome. The reflex symptoms indicated a tetanic condition of the womb. Curiously enough, the lexicographers and surgeons speak of puerperal tetanus, but little or no mention is made of such a malady by any obstetrical author within my knowledge; Dr. R. P. Harris, in a note in *Playfair*, writes of

“tetanoid falciform contraction of the uterus.” Dr. Thomas C. Smith, in the *American Journal of Obstetrics*, under the caption of “Antepartum Hour Glass Contraction of the Uterus,” has given the fullest account I have seen of this form of dystochia. He has collated many reported cases as illustrating the general subject, referring to Dr. Roper’s paper before the London Medical Congress in 1881. Dr. Hosmer’s case reported in the *Boston Medical and Surgical Journal*, 1878, in which craniotomy was done, but without success, and a case reported by Dr. McDonald before the Edinburgh Obstetrical Society, 1878-9. But the nearest approach to the case under consideration is reported in the *Philadelphia Medical Recorder*, 1821, by Dr. I. Baltzell, of Frederick, Md. After a fruitless trial of every expedient, the patient died undelivered, and upon a post mortem examination the tetanic band was still so rigid as to require the knife in order to release the child.

How should such a case be treated? If the actual touch verifies the condition, the best procedure, in my opinion, would be version if possible, and in the failure of this the Cæsarean section. Should collapse supervene, the free use of brandy with external heat and electricity. Should its invasion be as rapid in point of time and progress as in my case, and in which respect it differs from all others known to me, then the prospect of success by the expedients suggested, or by any other would seem to be very slight.

[We have seen mention of tetanoid constrictions of the uterus from the application of the forceps.

A possible cause of the constriction was the quinine administered during the first part of the labor. Dr. Wilson mentions that after the quinine (in what doses we are not told) was given, the patient was seized with nausea and emesis frequently repeated. Quinine is held by some authors to have an action similar to ergot. The fact that this is strenuously urged by some authors and vehemently denied by others, must point to the fact that some women have an idiosyncrasy which would cause quinine to act as an oxytocic of greater or less violence. May it not be possible that in this case such an action of the quinine, followed by the use of the forceps, was the cause of the tetanoid constriction? Had a large dose of ergot been given instead of the quinine, no one would have been sur-

prised at the results and no one would have hesitated to lay the blame to the ergot.—EDS.]

OPHTHALMOLOGY.

POST-DIPHTHERITIC OCULAR PARALYSIS.

“Doctor, I just want you to see and tell me that there is nothing the matter with this lazy boy’s eyes. He does not want to go to school, and says he cannot see. I have punished him, but he is so obstinate he will not read nor write. Now I just want you to tell him that there is nothing the matter with his eyes and he has got to go to school.”

Such poor little fellows are from time to time brought to an oculist’s office with just such an explanation from the parents, and often they add that their family physician was of the same opinion.

“Then the boy has been sick?” is the question.

“Yes, his sister had the true diphtheria and was very sick, but he had only a little sore throat. She is all right again; but this lazy good-for-nothing boy has hardly been sick.”

Not to string this out too long, the little fellow is found to suffer from paralysis of the accommodative apparatus and absolutely unable to read or write, and has had all his punishment for nothing. In another case, perhaps, the parents bring the little patient on account of his squinting. He has been making faces, and now his eyes are crossed and he will not keep them straight in spite of all they say or do, is their report.

To this class of little patients the oculist must appear as a savior. The pity is only that they have to suffer, aside from their very uncomfortable affection, also from the ignorance of the parents.

A little teaching might prevent this. If the family physician would tell the parents that there may be an ocular paralysis developed in from one to four weeks after the attack of diphtheria, they would be prepared and the little ones would be spared much ill-treatment. But the physician must go further. In our supposititious case, the little sufferer’s original ailment has been considered to be no more than a simple sore throat: yet, the paralysis following, almost proves this little sore throat to have been diphtheritic in character. The physician, therefore, should not exclude from his remark the children who have apparently

been suffering from a mild throat trouble, while others in the same family have had "true diphtheria." The frequency of just such experiences as those here related is astonishing, and if these few remarks help to make some little sufferer's hardship lighter, my wish has been fulfilled.—A. Alt in *St. Louis Weekly Medical Review*.

AN EXPERIMENTAL EXPLANATION OF THE RARITY OF
PANOPHTHALMITIS AFTER SHOT-WOUNDS
OF THE EYE.

The frequency with which penetrating wounds of the eye made by bits of iron, copper, stone, etc., are followed by panophthalmitis, and the comparative rarity of this disastrous effect from shot wounds (the author has never seen a case) has led Dr. E. Rolland, of Monte-de-Marsan, to make certain experiments. He argued that the first class of missiles were usually dirty, covered with micro-organisms, the wounds were made in the foul atmosphere of workshops, and subsequent efforts at extraction were often made with the soiled hands of workmen and their equally unclean instruments; shot wounds, on the contrary, were, as a rule, inflicted in pure country air, and the shot are purified by fire of all micro-organisms or other septic material. In the first series of experiments shot which had been handled by the unwashed hands of a workman, were introduced by means of instruments similarly treated into the eyes of eighteen rabbits. Panophthalmitis followed in every case. The wounded animals remained in the shop for eight hours and were then transferred to a stable. In the second series shot which had been exposed to the flash of gunpowder were introduced aseptically into the eyes of eighteen rabbits, kept in the country. After fifteen days not a case of panophthalmitis had occurred.—*Recueil d'Ophtalmologie*, Sept., 1887.

These experiments are very interesting, but for evident reasons, inconclusive.

THE CONTAGIUM OF MEASLES IS SOMETIMES COMMUNICATED BY WAY OF THE EYES AMONG THE MEMBERS OF A FAMILY.

In a short article (*Recueil d'Ophtalmologie* for September), under the above heading, Dr. Galezowski says, that during an epidemic of measles which prevailed in

Paris this spring, he was struck by the fact that the disease often manifested itself by a phlyctenular kerato-conjunctivitis or a subacute catarrhal conjunctivitis, lasting many days, affecting several members of a family, and running its course before other symptoms of measles appeared. Members of the family who had before had measles were attacked more or less severely by this inflammation of the eyes.

INTERSTITIAL KERATITIS DUE TO MALARIA.

Dr. Sedan, of Toulon, who has passed the greater part of his professional life in malarial regions, says that he has become convinced that interstitial keratitis is often due to this cause and that such cases do well on quinine, arsenic, bark and a generous tonic regimen. He supports his views with impressive figures.—*Recueil d'Ophthalmologie*, Sept., 1887.

DERMATOLOGY.

The Blackfriars Hospital for Diseases of the Skin (London) has the following rules printed upon a small strip of stiff paper, and a copy is given to each of the many daily applicants to that great charity:

RULES OF DIET TO BE OBSERVED BY PATIENTS.

MEALS.

Breakfast—Bread and milk, rice, milk or porridge, instead of much tea; coffee or cocoa, with or without eggs; and bread and butter, or a little animal food.

Dinner—Plain roast or boiled fresh meats, fish or poultry, plainly cooked; egg or farinaceous puddings, potatoes, and few other vegetables, plain boiled rice.

Supper—Milk and water, or gruel, or other farinaceous food, with bread and butter, a little cream cheese or poached eggs.

Beverages—Barley water, toast and water, thin gruel, beef tea, soda, potash or seltzer waters.

N. B.—*To be Avoided*—Salt meats, soups, sweets, acids, fruits, pastry, and raw vegetables.

No malt liquors, wine or spirits are to be taken without the sanction of the medical officers.

GENERAL DIRECTIONS TO BE OBSERVED BY PATIENTS.

Remove flannel from next the skin affected, or line it with soft linen. Wash with warm water, and as regards the *diseased* skin, not more frequently than cleanliness requires.

Avoid using *soap of any kind* to the affected parts; substitute to cleanse the diseased skin, instead of soap, a paste or gruel made of bran, oatmeal, linseed meal, arrowroot, or starch and warm water, and rinse off with warm water or warm milk and water, and employ yolk of egg and warm water to cleanse the scalp.

Dry the skin with soft linen, and smear it lightly with the ointments or liniments, or dress wounds with the same; spread thin upon lint or linen, and afterwards evenly apply the bandages, should they be required. Bathe the affected parts by means of a sponge or rag with the lotions or embrocations, or paint them over with a camel's-hair brush; but not more frequently than directed by the apothecary. Rinse the mouth with water, and brush the teeth after taking the medicine, and observe that neither more nor less than the dose ordered is taken.

Professor Fournier has recently recommenced his Friday lessons at the Hôpital St. Louis, where he has been lecturing to immense audiences. At his first lecture he reiterated the statement that syphilis can occur but once in the same person. With an experience of twenty-seven years he has never seen an indurated chancre occur upon a person who had already contracted syphilis. The treatment of syphilis is the treatment of a diathesis. A chronic disease demands chronic treatment. Just as gout and scrofulous conditions are to be combatted by long continued treatment, so the syphilitic temperament is to be corrected only at the price of a long continued depuration.

For dandruff.—*L'Union Médicale* prints the following prescription by Vigier for pityriasis of the scalp: Turpeth mineral, forty-five grains; essence of bergamot, twenty drops; pure vaseline, enough to make two ounces. Mix carefully, and keep in a covered porcelain jar. Rub the ointment on the scalp at night, and the next morning wash it well with luke-warm water and soap-suds.

BOOK-NOTICES.

Treatise on Human Physiology, for the Use of Students and Practitioners of Medicine. By Henry Chapman, M. D., Prof. of Institutes of Medicine and of Medical Jurisprudence, Jefferson Medical College, etc. Philadelphia: Lea Bros. & Co., 1887, pp. 930. New Orleans: Armand Hawkins, 194 Canal street.

In his preface the author says that to those familiar with the many excellent German, French and English treatises on physiology, it may appear strange that he feels it incumbent upon himself to add one more contribution on the subject. He was moved to the work by a feeling that a want was felt by students and practitioners for a systematic work which would "represent the existing state of physiology and its methods of investigation, and based upon comparative and pathological anatomy, clinical medicine, physics and medicine, as well as upon experimental research."

Dr. Chapman has succeeded in presenting to the medical world an excellent work on physiology. Each chapter opens with a description of the organ about to be discussed. The elements of structure and the proximate principles are disposed of in the first part of the work. Food, digestion and absorption are treated of at considerable length; this part of the work is illustrated by many observations taken from comparative anatomy and physiology. The blood and circulation take up nearly 200 pages. In chapter 22, the author seems to have gone a little too deeply into the subject of hydrostatics. A student is supposed to know all that the author here says before engaging in the study of medicine, still nothing is said that is not useful. Chapter 49, on physiological optics, is also rather elaborate for a work not destined specially for a description of the eye; but, as remarked before, nothing is said that is not profitable. In the chapter on electricity and nerve force, the author reproduces engravings of electrical apparatus usually considered in works on physics, but these serve merely to illustrate the workings of the intricate appliances used in modern physiological research. The printing and binding of the book are in keeping with the fine work usually turned out by the publishers. The engravings are all very clear. The number of original engravings by the author is conspicuously small; he has borrowed liberally, but he has always shown good taste in selecting.

Dr. Chapman's work, on the whole, is an excellent one. It presents a faithful view of physiology as it now stands, and it can be commended as a safe guide in the study of this all-important branch of medical science. A. McS.

A Practical Treatise on Diseases of the Eye. By Dr. Edouard Meyer, Prof. à l'École Pratique de la Faculté de Médecine de Paris, Chevalier of the Legion of Honor, etc. Translated with the assistance of the author, from the Third French Edition, with additions as contained in the Fourth German Edition. By Freland Fergus, M. B., Ophthalmic Surgeon, Glasgow Royal Infirmary; Assistant Surgeon, Glasgow Eye Infirmary. With two hundred and sixty-seven illustrations and colored plates. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1887. Price \$4.50.

Dr. Meyer in his preface says that his book was written fifteen years ago for the purpose of replacing in the hands of the French student Wharton Jones's celebrated work on Diseases of the Eye. In 1872 being asked by the publisher "to provide it with a fresh infusion of modern ophthalmology," he preferred to write a new text-book. This he has emphatically done; the book has a strong flavor of originality.

One of the most admirable features of Dr. Meyer's book is the arrangement. Each main division opens with a quite complete anatomical description of that portion of the eye, of which the diseases are about to be considered. Each affection is then discussed under the subdivisions—Diagnosis; Progress and Termination; Prognosis; Ætiology and Treatment. Among these the assignment of Prognosis to a separate heading, and the careful attention rendered to it, are especially to be commended, for it is here that the young practitioner finds his greatest difficulty staring him in the face, and the question is not handled with sufficient clearness and precision in most text-books. In laying down rules of treatment, Dr. Meyer is quite happy in avoiding commendation of a multiplicity of remedies. He evidently restricts himself to that line of treatment which his experience has taught him to prefer. Yet, for all this, Dr. Meyer's book is not one we would advise the student or general practitioner, who required but one or two books on the subject to buy. We should consider him better equipped with Nettleship or Juler, with

Soelberg Wells as a sort of ophthalmological encyclopædia. The specialist on the other hand will welcome this work to his library as an expression of opinion from one who justly ranks as a master of his art. Making such corrections as are dictated by his own experience as he reads, he will find much to interest and instruct him. This, in our opinion, cannot fail to be the case with the chapter on granular conjunctivitis (p. 90, *et seq.*), with the section on the treatment of irido-choroiditis (p. 211), and with that on the management of hypermetropia (p. 431), although the latter does not direct the use of a mydriatic, which we regard as indispensable. We concur heartily also in the propositions that jequirity infusion is to be preferred to infection with blennorrhagic pus (p. 120) in dealing with old and intractable pannus; that enucleation is better than evisceration (p. 158); and that the train of symptoms we group under the name glaucoma are not to be referred to a single and invariable cause (p. 253). But we regard as a serious error the recommendation to employ glycerin in *dry* states of the eye (p. 100). Owing to its bland unctuousness glycerin is often used on dry skin and mucous surfaces, but it is really a very hygroscopic substance, and no one who has ever immersed a piece of fresh tissue in this fluid is apt to make this mistake. To-day we cannot regard the view which ascribes the origin of pterygium to marginal corneal ulcer and pinguecula due to irritation by dust particles (p. 103), as comprising the whole truth. The description of corneal herpes (p. 122) applies to a very trivial vesicular keratitis, but not at all to true corneal herpes (zona), a severe, painful and dangerous affection due to an abnormal condition of one of the ophthalmic twigs of the fifth nerve. The picture also of episcleritis (p. 162), which, in our limited experience, is an intractable, painful and dangerous malady, is far too mild. We cannot follow the complicated division of inflammations of the iris into plastic, serous, parenchymatous and syphilitic (p. 173). We believe that but two types of iritis can be distinguished clinically—serous and plastic. The latter is due to syphilis in the great majority of cases, but not always, and comprises, of necessity, the so-called parenchymatous and purulent cases. The former we have never been able to convince ourselves exists as a distinct disease and not merely as a consequence and symptom of a keratitis, or an inflammation of some deeper seated por-

tion of the uveal tract. The difficulty of distinguishing three types of cyclitis is still greater (p. 207.) The statement on p. 425 that "the refractive power of a hypermetropic eye is insufficient in proportion to its length" is exactly the reverse of the truth, and why the life of a person who has undergone the cataract operation should be made a burden by three pairs of glasses—1. for a great distance; 2. for "six yards"; and 3. for near objects—when we know that to all intents and purposes rays reflected from objects twenty feet (six yards) away proceed as if coming from infinity—we are at a loss to see.

Finally, the book is adorned by many excellent illustrations, and marred by much careless proof-reading and bad English—e. g., "pediculated" for pedunculated, pedicled or pedicillate, pp. 95, 99, 110, 112. "Undisputable" p. 99. P. 154, "pieced" should be pierced. P. 191, *hyphæma* is printed *hyperæmia*, though the mistake is corrected in the index. Strange to say, this same error occurs in Bull's editions of Soelberg Wells, 1880 and 1883. On p. 253 Fantana's should be Fontana's, and on page 267 we find the noun "*flexuosities*."

H. D. B.

The Medical News Visiting List, 1888. Lea Brothers & Co., Philadelphia, 1887. Price, \$1.25.

No house issues a more convenient or neater list than this one of Messrs. Lea Brothers & Co., and we heartily recommend it to the profession.

MARRIAGES.

At Baton Rouge, La., Nov. 23, 1887, DR. W. W. MATTHEWS, of Point Coupée, and MISS LOTTIE LILLY, daughter of Mr. J. M. Lilly, of The Plains.

On Thursday, Dec. 8, 1887, at Milwaukee, Wis., DR. WILLIAM HAMILTON WATKINS to AMY CAMILLA ORTON. THE JOURNAL tenders its sincere congratulations.

On November 29, 1887, in Caldwell, Texas, DR. THOS. O. MAXWELL, of Fiskville, Texas, to MISS FLORENCE PORTER, of Caldwell.

In Austin, Texas, November 24, DR. A. L. COCKE, of San Marcos, to MISS EMMA EARNEST, of Austin.

Married, in Quincy, Ill., Dec. 21, DR. FRANK B. KING, of Bennett, Texas, to MISS LIZZIE WINSTON.

On Wednesday, Nov. 30, 1887, DR. T. M. STONE, of Colmesneil, Texas, to MRS. SALLY NORSWORTHY, of Jasper.

DEATHS.

The death is announced of DR. WILLIAM H. BARLOW, of Georgetown, Ky., in his seventy-eighth year.

MEDICAL NEWS AND MISCELLANY.

MRS. MARY YOUNG RIDENBAUGH, the grand-daughter of the famous Dr. Ephraim McDowell, is the author of a "Biography" of that Surgeon, the work to appear shortly. In it she proposes to give a history of Ephraim McDowell, with a sketch of his antecedents, a review of the times in which he lived, and a scientific treatise on ovariectomy, prepared by a well-known operator in that line of surgery.

The life of Dr. McDowell is interesting to the American profession, not only through his original work in surgery, but also on account of the eccentricities which he possessed, and which have given rise to a sufficient number of anecdotes in connection with him to fill a large volume. The work is illustrated with a fine steel engraving of Dr. McDowell, and photographs of his tomb and monument. Eminent surgeons have contributed their share of knowledge concerning him, and altogether, the book promises to be both interesting and instructive.—(*St. Louis Weekly Medical Review.*)

GAILLARD'S MEDICAL JOURNAL.—Dr. P. B. Porter has retired from the editorial management of this popular publication, and hereafter it will be edited by the owner and publisher, Mrs. M. E. Gaillard, assisted by George Tucker Harrison, M. A., M. D., and J. Herbert Claiborne, Jr., M. D., both Virginians. The management is to be congratulated on its excellent corps of collaborators, which consists of T. Gaillard Thomas, M. D., W. T. Lusk, M. D., D. Bryson Delavan, M. D., and P. B. Porter, M. D., of New York, and Hunter McGuire, M. D., of Richmond, and C.

H. Mastin, M. D., of Mobile. The first number of the journal under the new management is bright and attractive in its make-up, the contents embracing a variety of interesting, original, and selected matter.

Mrs. Gaillard deserves, and we are happy to say, is receiving, a cordial support from the profession of America; her enterprise and pluck have challenged the admiration of the profession everywhere, and the distinguished gentlemen whose names appear on the cover of her journal have gallantly come to her aid and support from pure admiration for, and sympathy in, her heroic endeavors to keep the *Journal* up to its old-time standard of excellence; and declining any compensation, give their names and their services to this end with a chivalry which has ever characterized the Virginia gentleman. We cordially endorse the *Journal* as "the best journal with which we are acquainted," and recommend our readers to subscribe for it, if they would get the best and purest medical literature of the day.—(*Daniel's Texas Medical Journal.*)

DR. N. O. HARRIS has been appointed as assistant to the Chair of Obstetrics and Gynæcology in the Atlanta Medical College, and Dr. Wm. S. Kendrick, first honor graduate of 1874, as Proctor in the same institution, to fill the vacancy caused by the death of Dr. Jas. A. Gray.

DR. H. MCS. GAMBLE, the accomplished translator from the French for *Gaillard's Medical Journal*, has removed from Morefield, West Virginia, to Orlando, Fla.

The Brooklyn Medical Journal is to be published by the Medical Society of the County of Kings, edited by five members of the society, appointed by and under the control of the society. We shall be happy to place it on our exchange list.

WE gratefully acknowledge the receipt of an invitation to be present at the celebration of the twenty-second anniversary of the Boyle County Medical Society, at Danville, Ky., Wednesday, December 28, 1887. Our good friend, Dr. Fayette Dunlap, who is secretary of the society, read a paper on "Application of Antiseptic Methods in Midwifery Practice."

A FRENCH medical man, Dr. Cauvy, of Beziers, has just died from hydrophobia. He was bitten by a rabid dog some three months ago, and immediately went to Paris and underwent the inoculation treatment.—*Weekly Med. Review.*

DR. FRANK A. MAXWELL, late assistant physician State Lunatic Asylum, Austin, Texas, is now Demonstrator of Anatomy in the Medical Department of the University of Nashville and Vanderbilt University, Nashville, Tenn.

AN imperial decree has been issued in Brazil, rendering cremation compulsory in cases of death from yellow fever. The expenses of the construction and maintenance of the crematoria, together with all other expenses thereto, are to be paid out of the rates.—*Maryland Medical Journal*.

A NATIONAL PURE FOOD CONVENTION will be held at Willard's Hall, Washington, D. C., beginning Tuesday, January 19th, 1888, at 12 o'clock noon. All national, State, commercial, mercantile, agricultural, health and other organizations favoring the enactment of a judicious national anti-adulteration act, which will supplement those of the various States and municipalities by reaching imported commodities, interstate transactions and territory exclusively under the jurisdiction of the United States authorities, are invited to send one or more delegates, not exceeding three in number, to this convention. Editors of trade and other journals favoring this object are also invited to attend as delegates.

A most strikingly French procedure has been proposed by a French surgeon, which consists in tattooing the course of the arteries on the bodies of soldiers, so that in case of receiving wounds in war, each one would know where to apply the necessary pressure in case of the absence of medical aid. If the plan was adopted it would open a new industry throughout France, that of professional tattooing.—*Weekly Medical Review*.

Strophanthin, the recently introduced heart-tonic, is about to meet with some difficulty in its introduction, through the "cussedness" of the African natives, who tear off the unripe strophanthus pods to prevent them from falling into the hands of Europeans.—*Weekly Medical Review*.

The fluid extract of quebracho is said to be an excellent application to frost-bitten extremities, burns, etc. In half an hour it has dried, forming a tough adhesive crust, under which the formation of the skin progresses favorably.—*Weekly Medical Review*.

MORTUARY REPORT OF NEW ORLEANS

FOR NOVEMBER, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	4	1	2	3	1	4	5
“ Congestive.....	2	1	1	2	3		3
“ Continued.....							
“ Intermittent.....	1		1		1		1
“ Remittent.....		1		1	1		1
“ Catarrhal.....	1		1			1	1
“ Typhoid.....	2		2		2		2
“ Puerperal.....	2	3		5	5		5
“ Typho-Malarial.....	2	1	3		3		3
Small-pox.....							
Measles.....							
Diphtheria.....	24	3	14	13	3	24	27
Whooping Cough.....	1		1			1	1
Meningitis.....	4		3	1	4		4
Pneumonia.....	22	9	22	9	19	12	31
Bronchitis.....	10	3	8	5	7	6	13
Consumption.....	41	31	32	40	68	4	72
Congestion of Brain.....	6	3	6	3	8	1	9
Diarrhœa.....	9	6	10	5	13	2	15
Cholera Infantum.....	5	3	6	2		8	8
Dysentery.....	4	1	3	2	5		5
Debility, General.....	2	1	2	1	3		3
“ Senile.....	19	11	12	18	30		30
“ Infantile.....	9	4	6	7		13	13
All other Causes.....	179	86	141	124	175	90	265
TOTAL.....	349	168	276	241	351	166	517

Still Born Children—White, 33; Colored, 17; Total, 50.

Population of City.—White, 176,500

“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 23.72.

“ “ “ “ “ “ Colored, 30.43.

“ “ “ “ “ Total, 25.55.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector

METEOROLOGICAL SUMMARY—NOVEMBER.
STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund	GENERAL ITEMS.	
		Mean	Max.	Min.			
1	30.10	61.0	74.0	49.0	....	Mean Barometer, 30.070.	
2	30.10	61.0	70.0	55.0	....	Highest Barometer, 30.36, 28th, 29th.	
3	30.08	62.0	70.0	53.0	....	Lowest Barometer, 29.84, 19th.	
4	30.09	64.0	72.0	56.0	....	Monthly Range of Barometer, 0.52.	
5	30.15	63.0	73.0	56.0	....	Mean Temperature, 61.1.	
6	30.11	61.0	66.0	55.0	....	Highest Temperature, 80.1, 17th.	
7	30.00	65.0	70.0	61.0	....	Lowest Temperature, 34.0, 21st.	
8	29.93	67.0	74.0	62.0	....	Monthly Range of Temperature, 46.1.	
9	29.92	66.0	68.0	64.0	.03	Greatest daily range of Temp., 27.8, 22d.	
10	29.98	64.0	70.0	61.0	.02	Least daily range of Temp., 3.9, 9th.	
11	30.07	60.0	70.0	51.0	....	Mean daily range of Temperature, 16.4.	
12	30.03	61.0	70.0	52.0	....	Mean Daily Dew-point, 51.6.	
13	29.97	62.0	75.0	56.0	....	Mean Daily Relative Humidity, 73.5.	
14	29.98	63.0	72.0	55.0	....	Prevailing Direction of Wind, N.	
15	30.04	66.0	77.0	56.0	....	Highest Velocity of wind and direction, 24, N.E. and N.W., 20th; N.24th, 27th.	
16	30.00	66.0	77.0	56.0	....	Total Movement of Wind, 4873 miles.	
17	29.98	69.0	80.0	61.0	....	Total precipitation, 0.52 inches.	
18	29.97	61.0	69.0	58.0	.31	Number of days on which .01 inch or more of precipitation fell, 5.	
19	29.89	58.0	64.0	54.0	....	No. of clear days, 17. No. of fair days, 7. No. of cloudy days, 6.	
20	30.06	44.0	58.0	40.0	....	MEAN TEMPERATURE FOR THIS MONTH IN	
21	30.16	43.0	52.0	34.0	....	1872.....	1880.....56.4
22	30.14	59.0	74.0	42.0	....	1873.....61.2	1881.....61.2
23	30.14	65.0	75.0	58.0	....	1874.....66.3	1882.....62.8
24	30.08	66.0	76.0	60.0	....	1875.....65.6	1883.....63.5
25	30.03	69.0	76.0	60.0	.03	1876.....59.2	1884.....59.8
26	30.05	70.0	78.0	63.0	....	1877.....53.8	1885.....59.7
27	30.08	66.0	78.0	57.0	.13	1878.....51.2	1886.....59.1
28	30.31	50.0	58.0	44.0	....	1879.....64.9	1887.....61.1
29	30.34	49.0	59.0	38.0	....	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN	
30	30.34	52.0	59.0	46.0	....	1872... 1878... 7.78	1883... 6.36
31	....	....	....	....	....	1873... 5.95	1879... 3.79
Sums	....	....	....	....	0.52	1874... 1.12	1880... 3.04
Means	30.070	61.1	....	....	....	1875... 6.79	1881... 7.24
						1876... 4.35	1882... 1.98
						1877... 6.58	1887... 0.52

Dates of Frosts { Light, 0.
Killing, 0.

MONTHLY METEOROLOGICAL BULLETIN OF THE LOUISIANA WEATHER Service for November, 1887. New Orleans, December 2, 1887.

The prominent meteorological conditions affecting Louisiana during November 1887, were as follows: On the morning of the 9th a cyclonic disturbance of slight energy was observed central in Eastern Missouri that moved northeasterly and out over the north Atlantic coast: light rains resulting therefrom in this State on evening of the 9th. This disturbance was followed by an anticyclone, with cold northerly winds, occasioning a fall in the temperature of from 12 to 18 degrees throughout the State by the morning of the 11th. Frost was reported from the northern parishes. Light local rains occurring on the 17th and 18th, due to temperature changes. An anticyclone developed in the northwest Territories on the morning of the 19th, that moved almost due south, occasioning a decided fall in the temperature and general frost. On the morning of the 22d a cyclone of considerable energy developed in Northern Texas, but was hemmed in by anticyclones on the south Atlantic coast and in the northwest Territories that speedily overcame the energy, leaving the depression without a marked center, but resulting in a heavy rainfall in the northern part of this State on the 23d, 24th and 25th. The prominent meteorological feature of the month (predicted forty-eight hours in advance by the Signal Service) was the anticyclone that developed in the far northwest on the morning of the 26th, causing a decided fall in the temperature in all States east of the Rocky Mountains, and minimum temperature in the twenties in the Northern parishes of this State on the 29th. Light rains, due to temperature changes, fell on the 27th and 28th.

R. E. KERKAM, Signal Corps Director

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

FEBRUARY, 1888.

ORIGINAL LECTURES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Broncho-Bronchitis.

By NATHAN S. DAVIS, M. D., LL. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Chicago Medical College. A Clinical Lecture delivered at the bedside in the Mercy Hospital. Reported by WM. WHITFORD, M. D.

Gentlemen—I shall occupy your time this morning chiefly in considering a case that was admitted to the hospital with clear, well-marked indications of broncho-pneumonia on the right side of the chest. The patient was under treatment about the usual length of time; the inflammation had subsided, and all the principal symptoms characteristic of the disease had disappeared, and convalescence so complete that he left the hospital supposed to be pretty well. He was outside about four weeks and came back with a renewal of the inflammation on the opposite side. He had pain, aggravated by shortness of breath, some mucous râles, dullness on percussion, fever, cough and quite a good deal of expectoration, indicating the establishment of an active grade of broncho-pneumonia on the left side of the chest.

There was no re-establishment apparently of active symptoms on the right side. He had been here about a week before he was directed into my ward. I found him expectorating quite copiously, the expectoration being of a muco-purulent character; he was having decided night

sweats; quite feverish in the afternoon and along towards the first part of the night; his pulse ran up to 110. Learning the previous history of the attacks, I inferred there was a strong tendency to establish a supplicative action in the left side of the chest, and I rather drew the inference at the time that there might have been latent tubercular deposits in his lungs before the original attack, and that these attacks of a broncho-pneumonic character were simply superventions upon a miliary tubercular condition. My impression was that the case would run into a rapid, supplicative action, and establish all the characteristic phenomena of what we sometimes call "quick consumption;" or, even if there were no tubercular deposits there prior to the inflammatory, pneumonic attack, in a favorably predisposed constitution, we are liable to have more or less exudation into the texture of the lungs from the pneumonic inflammation, and the exudation not having been entirely cleared up or removed in the right lung, now taking place in the other lung, with obvious enfeeblement from the previous attack, left him in this condition. I had him put upon the muriate of ammonia mixture every three or four hours after he came under my care. In addition, I told the house physician to give him two-grain doses of quinine three times a day. Well, he continued in a rather precarious condition for about two weeks, and during that time I expected to see some distinct signs that would indicate the work of disintegration. Instead of that, at the end of a week or so, his cough began to lessen, fever to go down, expectoration to diminish, and he was required to take less of the muriate of ammonia mixture. From that time on he began to gradually gain. This morning he tells us he continues to have a more or less annoying, severe cough at nights. His pulse keeps above the natural rate; his temperature has not been high, ranging from 99 deg. to 100 deg. Instead of the disintegration process continuing, keeping up a purulent expectoration, he expectorates very little. His bowels move about once in twenty-four hours; slightly irregular. He dresses every day, goes from one ward to another, being

able to move about quite freely, but, at the same time, he continues to have a rather quick pulse, and a very harassing cough. The probability is, there is a sufficient degree of retention of inflammatory exudation still remaining on that side with an irritative action. You may call it pulmonary sclerosis or a chronic inflammatory action in the connective tissue of the lung and bronchioles, which doubtless causes the soreness about his chest, and a little progressive disposition to contract it, not in the line of a suppurative action, excavating and making abscesses there, but a continued irritation, proliferation, an increased sclerosis of the portions of the connective tissue of the lung and cell-walls, which, added to the obstructed bronchioles, diminishes the capacity for air. It is a pattern of the class of cases every practitioner meets with, particularly in the northern range of the country, where the general tendency of the climate is to produce attacks of bronchitis, broncho-pneumonia, etc., and each attack failing to clear up or remove the exudative material that occurs, consequently adds a little more and a little more, till, in a few years, a patient finds the connective tissue of his lung so extensively involved in that slow, gradual, inflammatory, sclerotic condition, and the air-cells obliterated to such an extent, that he at no time gets a full expansion of the lung; as a result, he complains of shortness of breath, and continues to waste in flesh until he gets a renewal of decided, inflammatory irritation; the more diseased part of his lung takes on a purulent disintegrating process with the ordinary phenomena of pneumonia. The disease undoubtedly was not one of primary tuberculosis at all; I asked the patient this morning whether he was expectorating much, so that we could examine the sputum microscopically to see if we could detect the tubercular bacilli, but he says he had little or no expectoration.

We find that there is not only less vesicular murmur on the left than on the right side, but both sides give a defective degree of pulmonary resonance; it is simply a diminished tone of resonance with a slight increased vibration of

voice not strongly marked, such as to indicate that the permeability of the air-cells has become less than normal. The irritating, and we may say, destructive process is more marked on the left than on the right side, and this, together with the continued increased frequency of the pulse, harassing cough unattended by expectoration, brings up the question, "What is the actual pathological condition of the lungs?" An acute attack of pneumonia may terminate in suppuration, and you may get pulmonary abscesses. These pulmonary abscesses would give increased fullness over the portion of the lung involved, and it would be accompanied by irregular chills and sweats, a continued expectoration and cough, with fever in the afternoon and evening, gradually growing worse and worse, and unless there is some outlet made through surgical interference for the free exit of the purulent matter, the patient dies.

Not very long ago a patient came to this institution with a clinical history of an acute attack of inflammation of the lower and middle parts of the left lung, presenting all the physical signs of abscess in the parenchyma of the left lung, having its center a little below and to the left of the nipple. The patient had commenced to discharge by coughing at irregular intervals about twice in twenty-four hours large quantities of pus, which gave off a very disagreeable odor. The patient continuing to lose flesh and strength rapidly, the supposed center of the abscess was punctured with an aspirator needle; pus having been found, a free incision was made affording exit for a large quantity of thick, disagreeable matter. A drainage tube was introduced and the cavity washed out daily with mild antiseptic solutions. From the day of the operation the patient's cough and expectoration diminished rapidly until both stopped, and a short time afterwards he had so far regained flesh and strength as to enable him to attend to his ordinary business.

But there are no phenomena discernible here that would point to pulmonary abscess. There is no circumscribed point anywhere that would lead us to infer there is a puru-

lent collection of pus in his chest. The ability to be up and to move about, together with the fair appetite he has, and the slight irregularity of the bowels, is averse to the idea of a circumscribed pulmonary abscess or suppurative process being present. If we throw aside any idea of abscess in the lungs from the recent attacks of pneumonia or purulent effusion into the pleura, and there are no signs of that, that would still lessen the presumption and liability of tuberculosis. We have no condition or symptoms in this case that would point to, or be indicative of, primary tuberculosis. The question that demands our careful consideration is, the condition that exists in that lung or on both sides of the chest. When the patient first came into my charge, he had such a severe, harassing cough, and so much expectoration of a semi-purulent character, occasionally streaked with blood, that I feared the direct commencement of disintegration of lung tissue, going right along in the line of developing more and more the characteristic symptoms of consumption. The harassing cough, the night sweats, the defective respiratory capacity, and continued soreness through the lungs, bring up this conclusion, that it is one of those cases that consist of a regular broncho-bronchitis. Remember, with these two attacks he has had bronchitis going on in connection with a limited degree of pneumonia.

While the pneumonic process undoubtedly underwent resolution at the time his fever subsided, and his expectoration began to diminish steadily, and his temperature became more nearly normal, and was pretty well cleared away, the bronchial inflammation, extending to the capillary bronchial ramifications, left, a great many of them, more particularly on the left side, permanently occluded. Shut off the air and these cells collapse. We do not get any indication of râles in this case at present, but simply a diminished vesicular murmur; the bronchioles being occluded from hypertrophy or thickening of the membrane lining them, and the air cells getting no air, naturally collapse. It is a good deal like some cases

that are purely asthmatic bronchitis, the regular asthmatic attacks not affecting the lining membrane so much as the fibrous coats of the bronchial tubes, but it undoubtedly invades both. We may suppose there are two or three of the smaller bronchial tubes involved in this case in that kind of chronic, persistent, inflammatory action, in which, by an increased thickening and proliferation of the tissues in those tubes, we get a diminished ingress of air, a diminished vesicular murmur, a slight lack of pulmonary resonance throughout, and a persistent, irritating cough. If that be the condition of this patient, the question that arises is, "What prospect has he of getting well?" I think that depends largely upon where he can be. I believe the best thing for him to do is to seek a milder and dryer climate, to go to the place whence he came (Italy), if he has the means to do so, before he gets another attack, while he is on the line to recuperation. Under the influence of a mild, genial, soothing atmosphere, he would probably get no renewal of the attacks; his soreness would doubtless subside, cough would disappear, and while it is not likely he will ever again regain full respiratory capacity, still he might live to a reasonable old age, with a slight pulmonary inconvenience. In such cases, a change of climate is of the utmost importance, and should be governed by the pecuniary circumstances of patients. If this patient cannot see his way clear to return to Italy, I would recommend that he go to the southwestern part of Texas, as San Antonio, or to some portion of New Mexico or California—places which are known to be favorable to a condition such as his, where there is a mildness and dryness of the air, unlike the harsh, irritating condition of the atmosphere we get almost every day at this season of the year in this part of the State. He continues to take the muriate of ammonia mixture three or four times a day. He has been taking also two-grain doses of quinine two or three times a day. If we cannot further benefit him in that way, we might try cod liver oil after a little while, with or without the hypophosphites. His case, however, is one where cod liver oil is not likely to do as

much good as in cases of suppuration of a consumptive character. The main object is to protect him from a renewal of the attacks; and we will therefore direct that he be given also just enough of the soothing anodyne expectorants to keep his chest free from an active, irritating action, without impairing appetite, and have him go to a suitable climate for further safety, if possible.

ORIGINAL ARTICLES.

One Year of Dermatology : Report of the Department for Diseases of the Skin in Charity Hospital, New Orleans, 1887.

By HENRY WILLIAM BLANC, M. D., Lecturer on Dermatology, Tulane University of Louisiana; Dermatologist to Charity Hospital and Touro Infirmary.

Having been appointed to the charge of the Skin Department of Charity Hospital, on October 1st, 1886, it became my pleasant duty to organize the first systematic course upon skin diseases in this well-known institution.

This record, then, will include for the first time an enumeration of *all the diseases* treated in the service, for it has been the custom in the annual reports of the hospital to specify only such cases as have been assigned a bed in the wards; no particular cognizance being taken of the many interesting skin diseases seen in the clinic-room from day to day; and, in the event of a complication, the disease of the skin has frequently been left unpublished, giving place to some fellow-invader of no greater importance.

It will be noticed that the following analysis includes a number of syphilodermata. But these were cases which presented, for the most part, late lesions of the disease often simulating other dermatological cases, and received treatment in this service because of their most prominent symptom, rather than in the wards for venereal diseases, where the majority of syphilitic cases are attended to.

It is true that a record of cases from a single institution, though the centre of a large district, is but an imperfect

way of exhibiting the most prevalent diseases therein, yet it is with an idea akin to this, and with the hope of showing the relative frequency of certain forms of skin disease that I make this report.

Allowing a few weeks for the purpose of organization, the subjoined report begins December 1, 1886, and includes all cases treated up to December 1, 1887.

The sum total is 373 cases, and of these only 21 were negroes—a small proportion when we consider the large number of blacks in New Orleans. This may be partially accounted for by the irregularity of the service until a few months ago; and it is believed that the number will increase in the coming year.

ANALYSIS OF CASES OF SKIN DISEASES.

Disease.	M.	F.	Tot.	Disease.	M.	F.	Tot.
Acne.....	2	1	3	Pediculosis Capitis.....	5	12	17
Acne Rosacea.....	1	0	1	“ Corporis .	13	2	15
Albinismus.....	1	0	1	“ Pubis	7	0	7
Chloasma	1	0	1	“ Pemphigoid ”.....	1	1	2
Degeneratio Unguium.	0	1	1	Pernio.....	1	0	1
Dermatitis	1	2	3	Prurigo	1	0	1
“ Calorica.....	2	0	2	Pruritus Cutaneus.....	6	6	12
“ Exfoliativa. 1	0	1	1	Psoriasis	2	1	3
“ Traumatica 5	0	5	5	Purpura.....	2	1	3
“ Venenata....	7	2	9	“ Hemorrhagica 1	0	1	1
Eczema	38	49	87	Seborrhœa	6	1	7
Ethyma	4	0	4	Sarcoma of Skin.....	1	0	1
Elephantiasis Arabum.	1	1	2	Scabies.....	11	6	17
Epithelioma of Skin....	1	4	5	Scleroderma.....	1	1	2
Erythema Simplex.....	1	0	1	Scrofulosis	2	2	4
“ Multiforme. 2	1	3	3	Sycosis non-parasitaria 1	0	1	1
Erysipelas.....	0	3	3	Syphiloderma	37	19	56
Furunculosis.....	2	2	4	Trichophytosis Barbæ 3	0	3	3
Herpes Zoster.....	7	6	13	“ Capitis..	4	0	4
Hydroa.....	1	0	1	“ Corporis 2	2	4	4
Hyperidrosis.....	3	0	3	“ Pubis.....	4	0	4
Impetigo.....	1	0	1	Tinea Favosa.....	1	0	1
Impetigo Contagiosa..	1	7	8	“ Versicolor.....	4	3	7
Lepra.....	14	8	22	Ulcus	2	1	3
Lichen Tropicus.....	0	1	1	Urticaria	0	2	2
Lupus Erythematosus.	1	0	1	Vitiligo	2	1	3
Morphœa	0	1	1				
Molluscum Fibrosum..	1	2	3	Total	221	152	
Nævus Unius Lateris..	0	1	1	Grand total.....			373
Nævus Vasculosus.....	1	0	1				

ALBINISMUS.

The single case recorded is one of *partial* albinism, occurring in a young octoroon 16 years of age, a native of

New Orleans. The healthy skin—somewhat fairer than that of the average Spaniard, for instance—has the clear, transparent look so frequently seen in these persons of mixed blood. Hair black and curly, eyes dark, eye-lashes long, upper lip thick and prominent. General health good, though the above-mentioned features, together with a delicate appearance, suggest a strumous diathesis.

Was *born* with the disease, and has noticed very little change in it as he grew older. Numerous patches of white skin with clearly defined border of hyper-pigmentation are distributed all over the body. The largest, which are situated upon the elbows, knees and trunk, have diameters varying from two to three inches, and no definite shape; but the smaller ones distributed upon the knuckles have diameters varying from two to eight lines, and are usually circular. The face and neck are free, but patches of white hair occur upon the head growing from a *healthy* scalp. Sensation everywhere upon the skin has always been normal. The deposit of pigment is excessive upon the nates and perineum; and as a consequence the leucodermic spots seated thereon look whiter than elsewhere.

One of the peculiarities of this case is the location of these spots almost invariably upon the bony and other prominences of the frame such as the elbows, knees, malleoli, abdomen about waist, crests of the ilia—particularly the spines; while each knuckle is covered with a whitish spot, as if the pigment had been rubbed away with a nail-brush. There is no family history of this or other disease; and an older brother who was also examined by me had a perfectly healthy skin.

Another peculiarity to be noticed in this case is the pigmented border of the patches, which is said to be always absent in congenital* disease. This condition, though not marked upon the fingers, was quite discernible

*E. Lesser, in Ziemssen's Cyclopadia.

about larger patches. The older brother asserts most positively that the youth was born with the disease.

ECZEMA.

The eighty-seven cases of eczema constitute 23 per cent. of all that have been treated, and represent every variety and stage of this disease. Of twenty-seven persons under eighteen years of age there were eleven males and nine females under ten, and there were four males and three females over ten years of age. Six persons had passed the age of sixty; the remainder being very evenly distributed over the intervening decades.

We thus see that nearly one-third of the eczema patients were under eighteen years of age and nearly one-fourth of them under ten years of age.

The cases here reported are all of eczema pure and simple, care having been taken to exclude those forms of dermatitis which differ from eczema, not only in etiology, but in pathology and clinical history; also the eczematous eruptions that accompany the majority of the cases of pediculosis and scabies, which are really a part of these diseases, and not entitled to separate consideration.

HERPES ZOSTER.

These cases all presented the familiar and characteristic vesicles in groups of two or more along the distribution of nerve twigs.

CASE I. *Z. pectoralis*.—Man, æt. 26. Four groups of vesicles beginning on right side of spine at ninth costal interspace, and extending forward as far as median line. Pain and eruption appeared simultaneously; pain worse at night. Found great relief in poultices. Citrate of iron and strychnia administered internally, and eruption painted with liq. ferri chloridi. After three days the paint was discontinued, and a three per cent. salve of dilute hydrocyanic acid in zinc oxide ointment was substituted. This worked well, for the pain ceased; and the eruption had nearly healed on the tenth day of treatment, and on the eighteenth day of disease.

CASE 2. *Z. pectoralis*.—Woman, æt. 65. Eruption on side of thorax six days old, and well marked. History of an injury to back shortly before appearance of eruption.

CASE 3. *Z. pectoralis*.—Man, æt. 48. Has tubercular lesion of late syphilis on right hand. Been taking iodide of potassium for five days. Two days after beginning this medicine the zoster appeared, extending forward from the spine to the sixth costal interspace, a few scattering vesicles appearing over the deltoid muscle. Is feverish at night, for the eruption is then intensely painful and of a burning character. Hydrocyanic acid salve used on eruption and bromide of potassium internally; mercurial ointment to syphilitic lesion, and iodide discontinued. Pain continued intense after eruption had begun to heal. Cure in twenty-one days after treatment instituted, and twenty-four days from beginning of disease.

CASE 4. *Z. pectoralis*.—Man, æt. 20. No prodromic symptoms nor history of injury. Eruption extends forward on right side of thorax from a tender spot just to right of seventh dorsal vertebra. Treatment: Half a drachm of oxide of zinc in an ounce of flexible collodion.

This paint acted nicely, and patient was pronounced "cured," after thirteen days of treatment and sixteen days of sickness.

CASE 5. *Z. pectoralis*.—Woman, æt. 59. Outbreak preceded by fever. Eruption painful and itchy. Extends from spinous process across left side of chest to median line in front. R̄.—Acid. carbol, ʒss; amyli; calaminæ, aa. ʒiij; ung. zinci oxidi, ad, ʒij m. S. External use.

CASE 6. *Z. pectoralis*.—Chinaman, æt. 40. Eruption located on right side, extending forwards from second dorsal vertebra. Treatment: Aconite liniment.

CASE 7. *Z. facialis*.—Woman, æt. 23. Has an eruption of four days' duration, on right cheek, extending backward to the external auditory meatus, which is implicated, and forwards to the median line of the chin, where it passes over one inch to the left side. Eruption most marked just in front of ear and on chin, whence it passes

on to the vermilion of lower lip. Tongue thickly coated. On right side of tongue, and on mucous membrane beneath right cheek, are broken vesicles. The face is swollen, and patient has several badly decayed teeth on right side, which ache at times.

Treatment: Zinc-collodion as a paint, and sulphate of magnesium as a purgative. Improvement was rapid, for the swelling had subsided and all was well on twelfth day, except a minute ulcer on chin, and a slight itching at night near meatus. This patient took the compound syrup of hypophosphites.

CASE 8. *Z. pectoralis*.—Man, æt. 48. Fell five feet off a ladder ten days before the symptoms appeared. The fall produced no bruise or special discomfort, though he struck the right side of his body as he fell. Eruption begins a quarter of an inch to the right of the spinous process of eighth dorsal vertebra, passing downwards and forwards to the median line. Vesicles large and occasionally confluent. Eruption well marked, but pain not severe.

Treatment: Painted with equal parts of tincture of the chloride of iron and water. Later on, crusts removed with olive oil, and vaseline applied.

CASE 9. *Z. facialis*.—Negro boy, æt. 4. Duration, one week. Cause unknown. Said to have had a "cold." Disease ushered in by fever. Eruption on left half of forehead extending from left eyebrow to fronto-parietal suture. Both lids of left eye are œdematous and closed. Upper lid has a few small vesicles upon it. Skin much reddened. Treatment: Zinc collodion.

CASE 10. *Z. sacro-ischiadicus*.—Man, æt. 26. Duration, five days. No history of traumatism. Characteristic vesicular grouping on left side of sacrum. *Only a single group*. Burning pain beneath seat of eruption. Tenderness and enlargement of left inguinal gland. Treatment: Zinc-collodion.

CASE 11. *Z. collaris*.—Man, æt. 35. Been carrying heavy loads of cotton-seed on right shoulder. General health good. Eruption began, a week before consultation,

at the root of the neck about three inches to the right of the first dorsal vertebra. It rapidly spread upward all over right side of neck, to the lobe of the ear and left side of the lower jaw. Spreading downward, it passed over the right great-pectoral muscle to the median line. Face somewhat swollen over right parotid gland, and right temple tender to the touch. Three days after first consultation there were a few vesicles of the disease on the scalp over the occiput. Treatment: Cinchona and bitter tonics internally; hydrocyanic acid salve externally. Eight days after commencement of treatment he was doing well.

Besides the above, two other cases of this disease (forms of *z. pectoralis*) were observed and treated in my service, but I can find no record of them. In reviewing these notes there appear several features which are well worth of careful study, but remarks must be brief. We first observe the great preponderance of *zoster pectoralis*—for nine cases occur upon the thorax and only four elsewhere. As to etiology—three cases may be traced to traumatism, one to dental irritation, while another appears upon a syphilitic subject two days after the institution of the iodide treatment.

It might be well to note that the negro child had a "cold" at the beginning of his disease, though the exact nature of his attack, and the importance of a "cold" as an etiological factor, are not well determined. Two of these cases present unusual features. In *Case 7* we note the involvement of the buccal mucous membrane, including the covering of the tongue, and that the eruption upon the chin passed beyond the median line. This latter is not very uncommon in the history of the disease, but it is mentioned to show how far the disease may extend over without apparently involving the opposite nerve. *Case 11* is interesting because in it every one of the superficial branches of the cervical plexus is clearly involved, which is somewhat unusual, as we generally find disease of the ascending branches of the superficial group of nerves independent of the descending ones, and not associated with them, as in

this case. A better and more descriptive, though somewhat ponderous, name for this case would be *Zoster occipito-cervico-subclavicularis*.

In the treatment great satisfaction was attained with the zinc-collodion mixture, which was painted on twice a day. This I use when the disease is recent and before any ulceration has occurred, believing that it tends to prevent this accident; but there can be no objection to the use of a collodion solution late in the attack, as recommended by Duhring, who combines sulphate of morphia with it.

The idea of painting the eruption with chloride of iron was suggested to me by a number of cases which I saw thus treated at the Hôpital St. Louis in Paris, two years ago. The rationale of the treatment was assumed to be antiseptis, protection and astringency; but these traits can be found in other applications which also relieve pain to some extent, and do not form hard, rust-like crusts to irritate a very tender surface. Strong and weak solutions have been tried by me with like unfavorable results. To say the best of these iron preparations in *Zoster*—they are inelegant. Before passing on I cannot help mentioning a case classed in this report as “*pemphigoid*,” but which in several respects closely resembled *herpes zoster*.

Man, *æt.* 22. General health not very good; bowels costive. Without any prodromic symptoms noticed, while in a bath four days before consultation, a number of blebs on abdomen. Only sensation is that of soreness. Eruption begins as clear tense bullæ, size of a small pea, which rapidly increase to that of a butter-bean—becoming at times even larger. Occasionally the bullæ are confluent. The large ones become flaccid, and the fluid, which looks like a yellowish serum, gravitates to the lower portion. There is no grouping of the blebs, nor tenderness near spinal processes, and very little peripheral redness. The blebs are quite numerous, being situated upon the right side of the abdomen as high as two inches above the navel, and no farther to the right than a vertical line drawn from the middle of the crest of the ilium.

In other directions they are limited by ilium, Poupart's ligament and the median line of the abdomen. The inguinal glands on the side of the eruption are painful. The location of these blebs along the distribution of the *lower intercostal nerves*, and the hypogastric branch of the *ilio-hypogastric*, would suggest irritation near the origin of these nerves.

HYDROA.

One case of this disease came under my observation, and is diagnosticated Hydroa simplex.

Boy, æt. 5. General health good, and bowels regular. Has had for past four years, with occasional intermissions of two or three weeks, an itching eruption which appears upon various portions of the body, there to remain a few weeks, when it fades away and reappears elsewhere. Eruption is not marked in proportion to the discomfort produced. It appears as discrete vesicles the size of a pin-head, which are surrounded by pinkish areolæ an inch in diameter. Seldom are more than eight or nine of these seen on the body at one time, and they closely resemble at their inception the bite of an insect.

None of the vesicles were in groups, and the patient, whom I watched a few days before beginning treatment, was under my care long enough for me to observe several crops of vesicles come and go.

Treatment: Calomel purge, followed by castor oil. Then, five grains of potassium iodide three times a day. Under this treatment the eruption ceased to reappear within three weeks, and when the child was brought to me again three months after the eruption disappeared, his mother stated that he had had no return of the disease.

LEPRA.

Of the 22 cases of leprosy here reported, 20 now reside in this city; and all, with the exception of two, are still living. Four cases are now being treated in the dermatological wards of the hospital. Eleven were white males, four of them being boys under 17 years of age. Five

were white females. Of negroes, there were two males and two females. Natives of New Orleans, 10; of Louisiana elsewhere, 5; of Germany, 5; of England, 1; of St. Louis, Mo., 1. In 11 cases the tubercular form predominated; in 4 cases the anæsthetic form was more marked, and in the remaining 6, both forms of the disease were equally well manifested.

The subject of etiology has been carefully inquired into, but with rather puzzling results, for most of these patients belong to a low grade of society and can give but imperfect answers to questions as to family history.

This much has been ascertained: The majority have not been compelled to live upon a restricted diet, such as fish or salt meats, nor is this their favorite food. The disease usually occurs in only one, sometimes two members of a family in which the greater number, including parents and children, are healthy; and there is only occasionally a history of suspicious ancestry or living relatives diseased. On the other hand, one or two histories suggest contagion from persons not related by consanguinity. But the investigation of the etiology of these cases is still unfinished, and until it be so, a pronounced opinion would be premature.

These cases, with the exception of one that died immediately after admission into the hospital, have all been put under treatment.

Among a number of remedies used internally, such as chaulmoogra oil, ichthyol, nux vomica, cod liver oil, and a variety of tonics, the first mentioned has given most satisfaction.

Under the use of chaulmoogra oil, improvement in all forms of the disease is immediate, the progress becoming slower after two or three months of medication, and if the dose be not increased the disease ceases to improve or becomes worse; but *if increased*, a gradual but perceptible improvement ensues.

Ichthyol has also been tried externally, as recommended by Unna. Made into a salve with vaseline, it has been used as strong as 50 per cent.; or weakened to 10 or 20

per cent. when salicylic acid is combined with it. This has done good whenever used, and in one case, where the tubercular lesions of the face were large and nodular, the skin is now, after five months of treatment, much smoother and nearly as soft as normal skin. Upon ulcers and denuded surfaces of anæsthetic leprosy, ichthyol does not seem to act better or more rapidly than iodoform ointment.

MORPHŒA.

The subject of this disease is a girl eleven years of age, who has otherwise always been perfectly healthy, with the exception of several attacks of malarial fever. No history of a similar complaint in other members of the family. Duration, three years. Appeared first on chin and then on neck, as dirty-looking spots; but upon the former location the pigment gradually faded, leaving the place white, hard, and glistening like ivory, while the spots upon the neck have remained about the same.

The disease upon the chin first impresses one as a depressed scar, for the white spot is quite concave, and when first seen was firmly adherent to the mental process of the inferior maxillary bone. This spot, which is the size of a silver quarter of a dollar, is surrounded by a distinct, violaceous border, and is located on the left side of the median line. On the same side of the neck, just below the angle of the jaw, are two irregularly-shaped brownish patches on a level with the skin, which is slightly thickened beneath them.

A smooth and shiny pigment deposit upon the abdomen has been present nearly as long as that upon the neck. It begins over the crests of the ilia and passes forwards and downwards on both sides in ill-defined, but more or less linear, patches as far on the abdomen as mons veneris, and over the groin to the inner surface of the thighs, where it ceases abruptly. Wherever the disease exists there is marked hyperæsthesia, while the sensation of the surrounding skin is perfectly normal.

Treatment: Fowler's solution, three drops thrice daily,



DR. BLANC'S CASE OF MOLLUSCUM FIBROSUM, WITH HYPER-
TRICHOSIS OF THE CHIN.

and applications of the galvanic current three times a week.

Patient is still under treatment, but the white spot upon the chin is much softer, the deposit being thinner and less firmly attached to the bone. The pigmentation of neck is just as it was, and that of abdomen has, if anything, increased. The electricity has not been applied to the abdomen. The limitation of this disease upon the face by the median line of the jaw, and its location along the distribution of branches of the *trigeminus* nerve, would seem to confirm Mr. Hutchinson's view as to its neurotic nature; and when we consider that the same disease is likewise located over the distribution of the *ilio-hypogastric* and *ilio-inguinal* nerves, it would seem to point all the more strongly to them as etiological factors. Bilateral or symmetrical morphœa is uncommon, but it is as possible for it to occur as for *herpes zoster* to appear on both sides of the body at one time; and, besides, it seems only natural that the cause which can produce morphœa in the same subject upon two very distant places which are entirely independent the one of the other, might just as easily produce it upon opposite sides which are more closely related.

MOLLUSCUM FIBROSUM.

Two of the three cases observed were in negroes—a man and a woman; the third was that of a white man suffering with hydro-thorax. All three are natives of Louisiana. The white man had had the disease eight years; the negro man, five years. None were able to assign any cause for their malady. The history of the negress, whose case was the most marked of the three, is as follows.

*Woman, about seventy years of age; native of Louisiana. Patient is rather stupid, and unable to give clear history of her disease, but says that she does not remember the time when the disease was not present, and that parents told her she was born with it. Has hypertrichosis of chin, consisting of numerous white and black hairs about an inch

*See accompanying illustration.

in length, giving the face the look of a man's. Is short of stature, and has clubbed nails. The healthy skin presents the dark, brownish-black of the negro everywhere except on the left wrist and elbow, where there are irregularly shaped patches paler than the surrounding skin. Entire body, with the exception of palms and soles, is covered with innumerable tumors, which are lighter in color than the normal skin, and perfectly painless—with one exception. They vary in size from that of a small pea to a man's closed fist, the average size being that of a filbert. To simplify description, we will divide the tumors into small and large, the *small* ones being less in size than a filbert, and the term *large* covering all the rest.

The *small tumors* abound everywhere, with the exception already noted, being most abundant on thorax in front and behind, and are more aggregated and larger near the median line, particularly in the back. Next to the thorax the tumors abound upon the face. They are both sessile and pedunculated. The pedunculated ones do not hang, though the construction at the root is well marked. They are soft to the feel, and when taken between the fingers the skin is thin and loose. The more sessile tumors can be pressed in beneath the skin, when a feeling as if there were a hole* in the integument, is experienced.

The *large tumors* are usually pedunculated. They have a harder and more solid feel than the smaller ones, yet do not possess the elasticity of fatty tumors. Several are as large as a pigeon's egg, and stand out prominently from their attachment. This is particularly noticeable in one on the side of the scalp, and several on the extremities. The two largest are deserving of special notice on account of peculiar characters which they present. The first is a soft, pendulous bag of skin, $5\frac{1}{2}$ inches long and $1\frac{3}{4}$ inches in breadth when hanging flattened against the body. It arises in the median line of the sternum on a level with the fifth rib, and hangs down over the epigastrium. Its

*See Taylor in Jour. Cutan. and Gen.-Urinary Dis., p. 1887—p. 44.

pedicle, or constricted extremity, has the breadth of a lead pencil. The skin is thin and arranged in folds resembling festoons, from above downwards, and the fleshy mass imparts, when taken in the fingers, a sensation very much like that of varicocele. When allowed to hang away from the body the mass resembles a long cone with the apex near the body, but when hanging naturally it is flattened. Several others, located on the right side, over the eighth rib, right arm, and right leg respectively, have similar peculiarities of shape and feel, though they are less extensive. None of them are painful. The second tumor referred to is the largest on the body, about the size of a man's fist, and in shape like a large pear or cone with apex attached. It hangs by a pedicle two inches long and an inch and a half thick, from the spinous processes of the last lumbar vertebræ. This tumor differed from the others in that it was larger, darker, harder and more painful. On its large distal extremity a circular ulceration was produced by the friction of the patient's skirts, which rest upon the tumor as it hangs over the rima clunium, like the tail of a quadruped. Patient states that this tumor has grown a great deal during the last few months, is always troublesome, and occasionally painful, preventing her from sleeping on the back. It is painful when raised from its resting-place on the nates. Indeed, it was on account of this growth that treatment was applied for, as the others seemed to give as little inconvenience as they did pain. Accordingly, a four per cent. solution of cocaine hydrochlorate was injected into the skin of the pedicle, and the tumor removed by me without giving pain, care having been taken to cut two small flaps which should meet in a straight line on the surface of the skin. This line was about $1\frac{3}{4}$ inches long, and healed readily. When seen two weeks later, the cicatrix of the wound was scarcely perceptible amidst the many small tumors surrounding it, and the patient was able to sleep comfortably the first time in several months. Sections from all three of these

fibroma cases were examined under the microscope, and the usual fibrous tissue growth noted.

The tumor removed from the back of the negress, when cut open, presented a white, hard, glistening surface, like that of a raw potato, only slightly softer in the center. It was found that a part could be split off from the mass, the result of a natural division in the fibrous growth. It weighed 14½ ounces.

NÆVUS NERVORUM.

This case was in a young mulatress, æt. 8 years. Had been enjoying good health up to one month ago, when present skin disease appeared on face without any ascertainable cause. It consists, upon a close examination, of a papillary growth, very slightly raised above the skin. The papillæ, which are rough to the touch, are exceedingly small, quite painless, and paler in color than the normal skin. The eruption forms two long, narrow patches from one-half to three-fourths of an inch in breadth, which begin on the right cheek, one inch in front of and one inch below the meatus auditorius. A vertical patch passes upward two and half inches to the temple, and a horizontal one extends forward as far as the symphysis.

Treatment: A five per cent. solution of chromic acid in water was painted on the growth four or five times, in as many weeks, and when last seen the nævus had nearly disappeared.

This disease, like the case of morphœa already mentioned, seems to have a special relation to the *trifacial* nerve; for its location over the branches of this nerve, its sharp limitation at the median line, and configuration, certainly justify such a conclusion. I take it that this is the same disease described by Von Baerensprung* as *nævus unius lateris*, and likened by him to Herpes Zoster.

*Charité Annalen, 1863, Bd. xi. Heft 3.

HOSPITAL REPORTS AND CLINICAL NOTES.

CLINICAL REPORT OF A FEW CASES OF DIPHTHERIA.

Reported by R. W. WALMSLEY, Canandaigua, New York.

During a recent outbreak of this disease, the following cases were treated by me:

No.	NAME.	AGE.	Amount of Membrane on First View.	TREATMENT.	RESULT.
I	Johnnie D....	5 yrs..	{ Both tonsils, edge soft palate & uvula..	{ Bichloride mercury, gr. $\frac{1}{16}$ hourly; free feeding and stimulation; spray every $\frac{1}{2}$ hour in nose & throat	{ Recov'd in about a week.
II	{ Mrs. D., mother I..	35 yrs	One tonsil	{ Bichloride, gr. $\frac{1}{8}$, till 8 doses were taken in as many hours; gr. $\frac{1}{16}$ hourly; spray whisky, coca wine and frequent food.....	{ Recov'd in about ten days
III	{ Mary D., child of II	6 mos.	Both tonsils....	{ Bichloride, gr. $\frac{1}{64}$ alternating, at hourly intervals, with sodi'm benzoate, gr. iij; spray whisky, etc.	{ Died on 12th day
IV	Willie B.....	18mos	{ Both tonsils and walls of pharynx.....	{ Bichloride, gr. $\frac{1}{64}$, on alternate hours, with sodium benzoate in gr.v doses, spray, free stimulation, etc.; Dr. Smith's astringent....	{ Recov'd in about a week.
V	Johnnie B....	18mos	Both tonsils....	Same as preceding.....	Died 12th day.
VI	{ J. B., father IV & V..	38 yrs.	One tonsil.....	{ Bichloride, in gr. $\frac{1}{8}$ doses, till eight were taken, then gr. $\frac{1}{16}$; this alternated with sod. benz. gr.4 doses, spray, Smith's astrin	{ Recov'd in about a week.
VII	{ Mrs. A., h'lpd n'rse I, II & III..	60 yrs.	{ In irregular patches over both tonsils, uvula, soft palate, p'rnx	{ Bich. and other rem. as in VI; discontinu'd bichl. on 5th day as it caused cramps; benzoate was then given hourly	{ Recov'd in about ten days
VIII	Charlie C....	7 yrs..	Both tonsils....	{ Bichl. gr. $\frac{1}{32}$, altern. with benzoate gr.iv, spray, Smith's astrin. Bichl. caused cramps 4th day, was discontinued, when benz'te was given hourly.....	{ Recov'd in about ten days
IX	Mary O'B....	13 yrs.	{ Both tonsils, pharynx, larynx, soft palate, uvula etc.....	{ Bichloride and whisky, spray and Dr. Smith's astringent.	{ Recov'd in about ten days

In all the above the character of the membrane, with accompanying glandular enlargement, fever, great prostration and anorexia, were pathognomonic. The slow recovery of strength after the disappearance of the active symptoms, without exception, served further to confirm diagnosis.

In addition to the treatment noted in the table, water with spts. turpentine in it was kept boiling constantly in the room. Stimulation was pushed to the utmost night and day, and the medicines were uninterruptedly administered during the twenty-four hours. When necessary, opium was used to induce sleep.

The "spray" mentioned was a saturated solution of sodium benzoate used in hand atomizer every half hour. "Dr. Smith's (J. Lewis) astringent" I got from a formula published by him in the *Record*. It consists of: Acid carbol. m. x.; sol. monsel. f̄5ii.; glycerin. ad. f̄5j.

Dr. Smith says this renders the membrane free from all micro-organisms by destroying them. This he demonstrated under the microscope. It did me yeoman service in all the cases in which it was tried. It is to be applied very gently two to four times daily with a large-sized, long-handled camel's hair brush. After the first application the membrane shrivels up and begins to separate at the edges. With the exception of cases IV and V, there was no disposition on the part of the membrane to extend after the first thorough contact with the astringent. To even a greater degree was this combination proven to be valuable in the hands of another physician here, to whom I communicated my faith in it and experience in its use.

The first case developed without, so far as is known, having come in contact with the disease, though there were many cases in town. None, however, were within half a mile of his house, which was in the more elevated and better-drained portion of the place. Within the house itself I found sanitary defects, still they were not graver than surround many, without producing any apparent deleterious

results. From him it spread to his mother and sister. The other children, four in number, ranging from eighteen months to twelve years of age, were at once sent away and escaped.

Cases IV and V were twins not well nourished—the first markedly anæmic. Their grandmother was a professional nurse and had taken care of the D. cases. Notwithstanding my most explicit instructions she did not disinfect herself. The fourth day after her return home, a half mile distant from the Ds, and in a locality where there had previously been no diphtheria, the first child developed the disease. Within a week the other contracted it. In spite of all efforts they both grew progressively worse and died of septic absorption.

Mr. B. (VI) contracted his from his children.

Mrs. A. (VII) was a neighbor who volunteered to help the Ds. After more than a month's hard work she succumbed. This was her second attack, the first having occurred some fifteen years ago.

Cases VIII and IX could not be traced to any contagion. They were in widely separated portions of the town with fairly good sanitary surroundings. They both used well-water and in this community this practice cannot be too strongly condemned. The wells are all from six to twelve feet deep, and the recently introduced and still incomplete sewerage system is as yet not in general operation by any means. Consequently when it rains a great deal of surface drainage as well as that from cess-pools is carried into the wells.

Case IX passed from my charge very early into the care of another physician who used only the bichloride. But he kept up the "spray" and the "astringent." This girl coughed up great shreds of membrane three to four inches in length and half an inch wide. In spite of this severe laryngeal invasion she survived without any other measures being adopted. The last time I saw her before leaving the case, she could barely talk in a weak whisper. Although the case was not entirely mine I have ventured to include

it with the others, as the treatment was in the main the same.

Cases I and VI had temporary paralyses and IV and V also suffered from this complication. By saying the favorable cases recovered in about so many days, I simply mean to indicate the disappearance of the membrane, subsidence of the fever and the beginning of convalescence.

REPORT OF CASE OF MALARIAL HÆMATURIA TREATED BY
RECTAL MEDICATION, WITH REMARKS.

Read before the Baton Rouge Medical Society December 19th, 1887, by RICHARD H. DAY, Baton Rouge, La.

On Friday night, the 21st of October last, I was requested to prescribe for the son of Mr. Anada Hebert, aged ten years, and to visit him the next morning. Accordingly, on Saturday morning, the 22d, at 8 o'clock, I saw my little patient.

Naturally small, and delicate from birth; has lived continuously since in the Mississippi bottom, four or five miles south of the city of Baton Rouge, in what we would regard as a highly malarious locality, the bottom being quite extensive and traversed by several sluggish bayous and canals, subject to partial or general inundations almost annually and very imperfectly drained; and as might be expected, subject to much sickness, especially when the summer and fall season is very dry.

This past spring his father purchased some land on the hills adjacent to the bottoms, and built a house or residence a few yards only from the brow and removed his family to this place. Here they have been residing since early spring, but all during the summer one or the other has been sick with some form of malarial disease, and only a few weeks previous to the occasion of my call to this present case a younger child died suddenly, before being seen by a physician.

I found my little patient suffering from a most violent attack of malarial hæmaturia. I learned that he had had, during the past summer, repeated attacks of intermittent

fever, was treated by his parents and relieved. His present sickness commenced on Wednesday preceding my visit, with a chill succeeded by a fever. He was given a dose of calomel that night, followed by quinine next morning. That afternoon (Thursday) he had another chill, followed with fever more violent than that of the day before, attended with frequent discharges of bloody urine. On Friday there was only a partial remission in the morning, with a more aggravated paroxysm in the afternoon, complicated with great nausea and continued discharges of bloody urine. The night when his father consulted me, after hearing his statements, I prescribed quinine in five grain doses every four hours, to be commenced at midnight, hoping thereby to arrest the paroxysm of the next day. At 8 o'clock next morning, however, I learned he had spent a sleepless and restless night, being troubled with nausea and frequent vomiting of a greenish slimy mucus. His temperature was $102\ 2\text{--}5^{\circ}$, pulse 120, respirations 30, but sighing and irregular, skin and conjunctivæ jaundiced, stomach very irritable, and urine small in quantity, frequently voided, thick and filled with the debris of decomposed red blood corpuscles.

With the view, if possible, of arresting the afternoon accession of fever, I continued the quinine in five grain doses, and ordered the frequent application of mustard cataplasms over the epigastrium and oxalate cerium in peppermint water to relieve the sick stomach, hoping thus to enable the stomach to retain the quinine. On Sunday morning, the 23rd, at 8 o'clock, I again visited my patient and learned that during all the preceding day and night he had frequently vomited, presumably, had retained nothing given him either of medicine or nourishment. His temperature was up to 105° F., pulse very frequent and feeble and respirations so frequent and irregular as not to be counted satisfactorily. Finding it impossible to administer medicine by the stomach on account of its extreme irritability and constant nausea, and the crisis being imminent and impending, I decided as a last resort to treat him per

rectum; and to meet what I considered the pressing indications prescribed fifteen grains quinine, fifteen drops tinct. digitalis and five drops spirits turpentine in the form of an emulsion (in quantity two tablespoonfuls), to be given every four hours, and applied over the region of the stomach and liver Brown's Blistering Tissue 4x6 inches, and gave by the mouth in very small quantity at a time, often repeated, milk with lime-water, and one or two tablespoonfuls of iced water as desired. Sunday evening, at 5 o'clock, I found my patient had been given and retained four of the enemas. His temperature had fallen from 105° down to 102°, pulse 120°, respirations 30°. The blister had drawn well, stomach bears nourishment better, to which is now added beef tea and Ducro's Alimentary Elixir, to be given alternately and as best tolerated; the urine still bloody, but not so thick and dark; enemas continued every four hours. Monday morning, the 24th, at 8 o'clock, the patient had rested fairly well during the night, but had slept but little; had taken and retained four more of the enemas; urine void of blood and increased in quantity; temperature 101°, very little nausea; takes more nourishment, enemas continued every four hours; ordered per stomach twelve grains calomel, eight grains Dover's powder in three powders, one every four hours. On Tuesday morning, the 25th, 8 o'clock, found my little patient better. The calomel powders had procured two good alvine dejections; temperature nearly normal, slept well during the night, and had retained all of his enemas, making eight since the preceding morning. Found him for the first time slightly cinchonized; urine void of blood and normal in quantity; skin and conjunctiva clearing up, and he begins to relish his food. Patient clearly convalescent. Discontinued the enemas and gave that day fifteen grains quinine by the mouth in three doses six hours apart. I made the following prescription to be commenced with the next day, and continued till his strength is fully regained: ℞. Comp. tinct. cinchona, ℥iii; Fowler's Solution, ℥iiss; syrup ginger, ℥i. M. S. Teaspoonful three times a day. Patient discharged.

In consonance with the wish of our worthy President made at our last meeting, that I would prepare a paper for this Society, I have written this report, which, I hope, will be of interest to us all and of special practical importance to our junior members.

The points in this case which I think will claim your attention and special consideration are the following:

1st. The practicability and the utility under special conditions (as in this case) of rectal medication.

2d. The large amount of quinine that was tolerated, before the slightest cinchonism was manifested; perhaps, in part due to the excessive malarial intoxication of the little patient. And

3d. The almost positive demonstration (by the prompt beneficial effects) of the certain antagonism of quinine to the malarial poison, and hence its curative value in this and all other forms of malarial toxæmia.

It will be observed in the history of this case that his parents had given him several doses of quinine on Thursday and Friday; that on Friday night I directed quinine in 5 grs. doses every four hours, beginning at midnight; that on Saturday morning I still ordered its continuance, hoping by proper efforts to enable the stomach to retain it, for I was satisfied that up to Saturday morning every dose given had been promptly ejected, and on Sunday morning I was equally assured that not a grain had been retained of that which was given on Saturday and Saturday night. Hence on Sunday morning, forced to abandon all hope of introducing any medicine into the system by way of the stomach, I determined to make the effort by the route of the rectum, giving 15 grs. every four hours. And it will be noted that up to Tuesday morning, forty-eight hours from the time of commencing the rectal medication, he had received and retained 240 grs. of quinine, and then for the first experienced, and only in a slight degree, the characteristic evidence of cinchonism.

Whether the tolerance of this exceptionally large amount of quinine in a child so young was due alone to a limited

absorption of the drug, or to its impurity, or to the profound malarial infection of the patient, is a matter of doubt in my own mind, to be cleared up only by more extended observation and experience.

The administration of aliments and medicines by the rectum is, by no means, a thing that is new to the profession, for from the earliest history of practical medicine, enemas have been used to evacuate the bowels, and for the last half century, at least, nutrient enemas have been prescribed to sustain the sick in certain forms of protracted illness, where gastric digestion and normal assimilation were inadequate to meet the exigencies of the sick; but always without fully comprehending the forces at work or the rationale of the results obtained. Perhaps, it was at one time thought by physiologists and anatomists, that the large intestines were without absorbents or lymphatics, and that no absorption from their mucous surfaces could take place of either food or medicine, or, if at all, in a very limited and imperfect manner, and hence it was maintained that clysters could only empty the bowels by virtue of mechanical irritation, and that nutrient enemas could not be absorbed and assimilated as food to the nourishment of the system.

These opinions, if ever entertained by any of our predecessors, have been exploded by the stern logic of clinical experience, and to-day it is a recognized and established fact that nutrition given by the rectum will be absorbed and assimilated to the nourishment of the system, and that medicines administered by that channel will be taken up into the general circulation and produce their physiological and toxic effects almost as readily as if introduced into the stomach, and that, too, not upon the principle of *inhaustion*, the sucking up of these agents into the small intestines, as advocated some years back in a well written article by Dr. H. F. Campbell, of Augusta, Georgia, but by direct absorption from their own cavities, by their own lymphatics and venous radicles.

But as far as I know, my case now reported is the first

on record where a grave and virulent disease has been systematically treated, almost exclusively, by rectal medication and conducted to a favorable termination.

I have thrown out these hints and reflections as food for your thoughts, and to stimulate you to critical observation and noble work in your profession. May I not hope, at each of our subsequent meetings, we will have a full attendance of our members, and interesting reports of interesting cases, or essays from them, showing good and noble work done in the cause of afflicted humanity and the advancement and elevation of medicine?

The reading of my paper was followed by a desultory discussion participated in by all present. It was urged on the part of one or two that the observed effects of rectal alimentation were to be explained upon the principle of *inhaustion*, and that albuminoid substances, if absorbed, could not be assimilated, as no digestive ferment is there met with to convert the albuminoids or protoids into peptones, and hence cannot serve the purposes of assimilation and nutrition in the animal organism. It is necessary I should inquire if this is a physiological fact?

The process of digestion and assimilation of foods, notwithstanding all the light which scientific research has shed upon the subject during the present century, remains beyond all question a very complex one, with many of its most interesting problems but dimly seen or imperfectly comprehended. The function of gastric and pancreatic digestion, even if fully understood, does not by any means explain the whole process by which the foods we take into our systems are transformed into the several elements appropriate for the nutrition of the various tissues and proximate elements forming our bodies. There are forces at work throughout our entire bodies, as yet unknown or unexplained, by which mysterious changes are effected in whatever enters into the general circulation, thereby fitting what is susceptible and suitable for every special part and want of the animal economy, and eliminating as effete matter that which is not nutritious, or would be noxious if

retained in the system. The capabilities or inherent powers of the animal organism to digest, assimilate and appropriate to its repair and growth, whatever food substances may be placed within its grasp, are extraordinary and incomprehensible.

That there exists an affinity, chemical or vital, between the tissues, molecules and cells of every part of the physical system and the nutrients circulating in the blood and juices, by which each cell, molecule and tissue selects with the precision (almost) of conscious intelligence, and incorporates into its own essence that which is its special food, there cannot exist a doubt. And yet what physiologist has ever been able to penetrate the secret laboratories of animal life and reveal the hidden and silent processes of growth and repair incessantly going on and openly displayed in their entirety before our natural eyes?

But to return. The hypothesis "that nutrients containing albuminoids in a liquid state, thrown into the large intestines, cannot be absorbed and assimilated," is at variance with the clinical experience of the profession, ancient and modern; and also with the facts and teachings of modern physiology. As far back as the time of *Augustus, Celsus* used and recommended nutrient enemas—and as year after year has rolled by, and medical men have become more conversant with the developments of physiologic research, the practice has grown into favor and is now more frequently resorted to in cases where food cannot be given by the stomach.

The theory, or rather hypothesis, that medicinal agents and nutrients, thrown into the large intestines, must be drawn up into the small intestines, upon the principle of "*inhaustion*," and thus only, get into the general circulation to produce their physiological or other effects, is of recent origin; and though, perhaps, not a physical impossibility, is at least exceedingly improbable, since it would involve a *reversal* of normal physiological function, a complete *anti-peristaltic* movement of the bowels, of which we have not the slightest evidence to claim our credence.

And besides, recent anatomy and physiology teach us that no such hypothetical principle is required to elucidate the fact, so well attested by clinical experience, as the absorption and assimilation of nutrients administered by the rectum.

The presence in the intestines, large as well as small, of the *succus entericus*, a fluid secreted mostly by the Lieberkühn glands, which abound in the mucous membrane from the pyloric orifice to the verge of the anus; and the further fact, demonstrated by the investigations of the ablest physiologists of this century, that this intestinal fluid does contain a *digestive ferment*, and is capable of *digesting* various kinds of food, including the *albuminoids*, although in a less degree (it is granted) than the gastric and pancreatic ferments, it seems to me, settles this question in the affirmative, and gives us a physiological, rational and intelligent explanation of the beneficial results of rectal alimentation and medication.

In corroboration of the views herein advanced, I refer my readers to the article "Physiology of Digestion" in Landois' recent incomparable book "Human Physiology."

MALARIAL (?) OR PAROXYSMAL NYMPHOMANIA.

Reported by J. P. FRANCEZ, M. D. Read before the Attakapas Medical Association, Lafayette, December 6, 1887.

G. G., married; æt. 35 years; mother of five children; native of Louisiana, and subject to malarial fevers for many years at intervals, if not from infancy.

One of her aunts died insane; other members of family are dead from various other causes.

Mrs. G. has suffered from dyspepsia for years, and previous to her marriage had been subject to two attacks of insanity. Her menstruation at first was tedious or difficult, but at the present time is quite regular and normal.

During last March she began to show dullness of spirits, and fits of great abstraction, causing feelings of indifference towards her husband, children and relatives. One day while sitting upright in a chair she fell prostrate to the floor unconscious. She was put to bed. After a few hours

she became quite agitated, talkative and emotionally excited. She was then subject to hallucinations, saw devils, battalions of soldiers and disguised men surrounding her and attempting to force her domicile for the purpose of raping her. She fights with those around her bed; calls on her husband to stand by her side, seizes her new-born babe in her arms, and almost chokes it to death before the attendants have time to take it away from her.

This condition of mind continues twelve days; every second day more pronounced agitation was noted, and late in the evening fever occurred. The febrile movement could not be measured by the thermometer. During the fever and agitation her hands were seen to be between her thighs, violently shaking as if in the act of scratching; groans, murmurs and unintelligible language accompanied these acts.

On the 13th day the mind became lucid, the child was taken to the breast and the family affection seemed to reanimate her. Next night some agitation occurred with the same acts with the hands. When the intelligence became brighter during the acts, agitation and fever, she would call on her husband and order him to perform his conjugal duties, and repeated her summons for more than a month. On the nights and days free of fever no sexual disturbance was manifested.

The treatment consisted of bromide of potassium and chloral hydrate, sulphate of quinine, infusion of gentian root, muriatic acid diluted, pepsin, external application of iodine to the spleen, Fowler's solution of arsenic.

I kept the case under this treatment for four months. She was discharged cured.

DOUBLE FRACTURE OF HUMERUS, CAUSED BY MUSCULAR CONTRACTION.

Reported by L. G. LEBEUF, M. D., Houma, La.

On August 28, at a baseball game, the pitcher of our local nine, Mr. C. P. Smith, our Mayor's brother,

while throwing a "curve" ball broke his arm. About five hundred persons there, at a distance of thirty yards, state that they heard a distinct snap, such as is often heard in dry cane-brakes. Patient having been brought to my office, in great pain, was immediately placed under the influence of an anæsthetic. After a careful examination I found two distinct and separate fractures in the same bone. A fracture a little below surgical neck of right humerus was plainly shown, not only by crepitus, but also by a marked deformity, upper fragment being drawn towards the chest, while lower seemed to be drawn outwards. This fracture being reduced and held tightly *in situ* by an assistant, another fracture of an oblique character was found and closely examined at about the lower third of shaft. A rectangular splint with plaster of Paris bandage was used on the spot and kept eight weeks, when solid union and perfect result was derived.

Fractures caused by muscular force, though not unfrequent occurrences, rarely happen, as this, in two places in the same shaft, unless there exists some predisposing cause; but in this instance patient was a strong, healthy, muscular man, æt. 28, who had no previous constitutional trouble of any kind.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The Queen's Jubilee Hospital, the Homœopaths and Lord Grimthorpe—Hysterectomy—Scarlet Fever and the Cow—The Agricultural Department of the Privy Council to the Rescue of the Dairy-Farmers—Professor Crookshank on Dr. Klein—Dr. Klein on Professor Crookshank—Cowpox in England.

Homœopaths seem to be gaining ground, or at least to be attracting a very unusual amount of attention in this country just now. Early in the year they got possession of an

infirmary for consumptives, which had long existed in Margaret street. Several physicians who had adopted—whether before or after their appointment was never very clearly stated—homœopathic tenets, were on the staff of this infirmary; an occasion of strife having arisen, an appeal was made to the Governors of the institution, and the homœopaths carried the day by a narrow majority. This was the first act of the drama. The second began with the foundation of a Jubilee Hospital in Kensington; the bright idea occurred to somebody that it would be a good plan to start a hospital compounded of many special departments, and Kensington, which is a fashionable residential district with a fringe of poverty, was pitched upon as a good neighborhood for the experiment. The scheme did not altogether command the complete approval of the profession, and the medical and surgical staff which was got together could hardly be described as a very strong one. It was apparently not until after the appointments had been made that the committee of management thought of passing a resolution to the effect, that no member of the staff should be connected with any homœopathic establishment, or with any institution in which homœopathy was either a recognized or an optional mode of treating the sick. This resolution appears to have been directed against Mr. Kenneth Millican, the surgeon to the throat department, who was also connected with the Margaret street infirmary. This young gentleman reminds me a little of Lord Beaconsfield's hero "Lothair," who, meeting his guardian one morning, casually remarked: "If you please, I should like to change my religion." Millican must have changed his views very completely and somewhat recently. However this may be, his opinions would not have been of much consequence to anybody but himself had he not succeeded in getting the law on his side. The Committee of the Jubilee Hospital having passed their resolution, suspended Mr. Millican, who thereupon applied to the Court of Queen's Bench and succeeded in obtaining an injunction against the Committee for thus suspending him. The Committee have appealed,

and the question will probably be fought out on a technical point, as to the constitution of the hospital and the power of the Committee to suspend a member of the medical staff without appealing to the subscribers.

The case would probably have attracted but little attention had not Lord Grimthorpe rushed into the fray with a letter to the *Times*. Now Lord Grimthorpe is one of the most quarrelsome and pig-headed old men in England, but he writes very amusing if rather flippant letters. He was once a lawyer and more recently an amateur architect. In both capacities he has had furious controversies with every person with whom he has been brought in contact. This is the Tartar that the Queen's Jubilee Hospital has caught. People read his letters because, as I have said, they are amusing; he is a smart writer with a lawyer's knack of harping upon any weak point in his opponent's argument, and has a slashing style of attack and the most copious vocabulary of polite abuse that can be imagined. I need not repeat his arguments, because, when they are not the stalest commonplaces, they are incoherent; suffice it to say that at the present moment the controversy is turning upon the question whether minute doses of ipecacuanha will check vomiting.

The gynæcologists in this country do not love one another, at least not much; Mr. Lawson Tait, Dr. Keith and his son, Sir Spenser Wells, and his friends, and Dr. Matthews Duncan and his friends are always more or less engaged in a quadrangular duel. Sir Spenser Wells introduced Apostoli's electrolytic treatment of fibroid tumors of the uterus to the notice of the profession in this country and some of his confrères whispered rather loudly that it was because he was getting an old man, and had not the nerve to perform hysterectomy. These gentlemen have received rather a rude shock from Dr. Keith, of Edinburgh, who has published a table of twenty-six cases of hysterectomy; these will probably, he says, be the last he will ever do. He expresses the deliberate opinion that hysterectomy is an operation that does more harm than good,

and that the mortality which he puts at 25 per cent., though probably higher, is out of all proportion to the benefits derived from it. Dr. Keith has performed the operation sixty-four times, so that he is entitled to an opinion which it will be seen he couches in very decided terms—one out of every four women, he says, operated on by hysterectomy has till now died after an operation for the removal of a tumor that has, as a rule, a limited active existence, and that of itself rarely shortens life. We have no right to rush our patients into such a fearful risk, yet this is done every day.

Dr. Keith has been trying the electrolytic method of Dr. Apostoli. Its success, he says, is a great fact; he has used it in one hundred cases and has made twelve hundred applications. “So strongly do I now feel on this subject,” he says, “that I would consider myself guilty of a criminal act were I to advise any patient to run the risk of her life—and such a risk, before having given a fair trial to this treatment, even were I sure that the mortality would not be greater than that which hysterectomy has given me in my private cases—under 4 per cent.”

Your readers are already acquainted with the fact that certain epidemics of scarlet fever have been attributed by the Local Government Board, which is the central sanitary bureau for this country, to the drinking of milk yielded by cows suffering from a peculiar form of ulceration of the udder; the most disquieting part of this theory was, that the cow disease was looked upon by dairy farmers as a comparatively trivial affair.

An examination of the evidence upon which Dr. Klein founded his report, showed that the whole theory rested, to a very large extent at least, on the discovery of a certain microbe. This microbe, to which in a recent report Dr. Klein applied the term *micrococcus scarlatinæ*, was found by him in the fluids of the ulcers on cows' udders, in the blood of animals (calves, rabbits, mice) inoculated from these fluids, and in the blood of human beings suffering from scarlet fever; he concluded that this micrococcus was

the cause of scarlatina. This view was adopted by Dr. Buchannan, the medical officer of the Local Government Board. It will be seen that there were two convergent lines of argument; there was the indisputable fact that an epidemic of scarlet fever was produced by the distribution of milk from certain cows which were suffering from a contagious disorder; and, secondly, there was the fact that the same microbe was present in this cow disease and in scarlet fever.

The dairy farming interest was alarmed by this theory, and the agricultural department began to make investigations. It must be admitted that this department took up the investigation with a very strong bias; veterinary surgeons said that they knew this cow disease quite well; that it was a very common disease; that it had never been in any way connected before with scarlet fever, and concluded that the connection in this case was a mere coincidence. Professor Crookshank, of the Bacteriological Laboratory at King's College, London, was intrusted by Professor Brown, the head of the Agricultural Department, with the pathological part of the investigation. A good deal of difficulty was experienced at first in obtaining material, the publication of Dr. Klein's theory having produced a scare among the dairy farmers.

At last information was obtained that the disease existed in a dairy farm in Wiltshire. In a very short time, too short a time some people say, Professor Crookshank convinced himself that the cows were suffering from cow-pox, and that the discharges from the ulcers on the udders contained the same micrococcus as Dr. Klein believes to be the cause of scarlet fever. Professor Crookshank immediately communicated his new theory to the Pathological Society of London, which held a special meeting for the discussion of his paper. As might perhaps have been anticipated, Dr. Buchannan and Dr. Klein were not very ready to accept Professor Crookshank's views. Dr. Klein maintained that the ulcers in the cows were quite different and that the micrococci were not the same; the differences,

however, were, with regard to the latter, very minute, and with regard to the former, such as might very well have depended upon the stage of the disease, for it ought to have been stated that Dr. Klein only saw Professor Crookshank's cows apparently at a very late period of the disease; this may also account for the fact, that Professor Crookshank's cows showed no visceral lesions *post mortem*. The question may be asked "What then is Dr. Klein's micrococcus?" The answer suggested by Professor Crookshank is, that it is a septic organism, not improbably the *streptococcus pyogenes*, and that its presence in the blood of scarlet fever patients is to be attributed to the absorption from the ulcerated throat.

Quite apart from the scarlet fever controversy the discovery of cow-pox in England is very interesting and may be valuable; there are, of course, a great many varieties of pox which affect the udder of the cow, but there seems good reason to believe that Professor Crookshank has rediscovered the true or Jennerian cow-pox, which has not been recognized in England for thirty or forty years. Those who wish to pursue the subject further, may do so in a very full and admirable report by Dr. Jos. Jones to the State Board of Health of Louisiana, which contains reprints of the original papers of Dr. Edward Jenner and of Mr. Ceely, of Aylesbury, both illustrated by colored drawings.

Sir George Burrows Bart, who died the other day, at one time held the leading place among London physicians, but had for many years, on account of advancing years, almost retired. He married the daughter of John Abernethy, the famous surgeon of St. Bartholomew's Hospital; he was himself physician to that hospital, and his daughter is married to Mr. Willett, now surgeon to the same institution. As Tennyson's *Yorkshire Farmer* said: "Dinna thou marry fur munney, but goa where munney beä."

VIENNA LETTER.

[Our Regular Correspondent.]

Strophanthus in its Relations to the Beat of the Human Heart.

Docens Dr. Hermann Haas made, at a recent meeting of the "Verein Deutscher Aerzte," of Prague, a full communication on his various experiments with the tincture of strophanthus. According to the statements of Fraser, Hardy and Gallois, the active principle of the seeds of strophanthus was a crystalline glycoside, of which a considerable quantity, about eighty per cent., was contained in the plant. According to W. Elborne, however, only small quantities, about four per cent., of a crystalline substance could be extracted from the seeds. In spite of the contradictory statements as to the nature of strophanthin, of which an exact elementary analysis had not hitherto been established, it became nevertheless evident, by empiric examinations, that the whole of the efficient agent could be withdrawn from the seeds by means of alcohol, and that the tincture of strophanthus should be looked upon as a reliable remedy with regard to certain effects on the patient.

As to the pharmaco-dynamical effects of strophanthin, very few experiments were on record in literature, and the results which had been obtained were also in part contradictory to each other. Fraser had found in his experiments on animals that the tincture of strophanthus, when administered in a refractory dose, stimulated the cardiac muscle to a slow but energetic activity, and, when given in a toxic dose, it produced death by paralyzing the heart in its systole. According to his experience, the cardiac muscle was stimulated to a stronger contraction, but the voluntary muscles of the organism and the muscles of the blood-vessels were not much influenced by the drug in question. The new remedy was, therefore, a poison for the muscles (muscular poison). Its effect upon the heart was the same as that of digitaline, but differed from the latter by having no effect on the muscles of the blood-vessels.

According to the experiments of Fraser on live as well

as on decapitated frogs, pressure was considerably increased in the blood-vessels after the administration of strophanthin, whereas Langaard, in spite of his repeated experiments, could not prove such an increase of the blood pressure on rabbits. Several clinical communications as to the effect of the tincture of strophanthus had already been made by Fraser, Christy, Pins, Drasche, P. Garnet and J. Hutchinson. The tincture was tried in cases of valvular affections, *adipositas cordis*, chronic Bright's disease, and also in diseases of the peritoneum and tachycardia. All the statements were in accord as to the fact that strophanthus regulated the action of the heart, that all the cardiac and asthmatic disturbances quickly disappeared, and that at length the kidneys were stimulated to active secretion and large dropsies disappeared in a few days by reason of polyuria. Ascites in diseases of the peritoneum and nervous heart palpitations were not influenced by strophanthus. The normal daily dose was, according to Fraser, Pins and Drasche, from 15 to 30 drops.

Docens Dr. Haas tried the tincture of strophanthus in 46 hospital cases, viz.: in 25 cases of heart disease, 7 cases of chronic Bright's disease, 3 of acute Bright's disease, 6 of pleuritic effusion, 1 of profuse epistaxis, and 5 of tubercular pneumorrhagia. Besides this, he availed himself of the tincture of strophanthus in 30 cases in his private practice.

In the very first cases he could observe striking changes of the heart-beat after the administration of the tincture. Twenty young male patients who presented a visible and palpable heart-beat were closely observed, and the results obtained were fixed by means of cardiographic designs. A dose of 30 drops of the tincture of strophanthus was administered at midday, and five hours later, at 5 o'clock, the graphic qualities of the heart-beat were again examined. No other medication was used during the time of experimentation. On the subsequent day the same dose was repeated at the same time and the changes were also noted in the evening, and so on, until the effect of the tinct-

ure produced striking appearances. In cases which remained for a long time in the hospital, digitalis was also tried for the purpose of observing the beat of the heart and the graphic designs which were obtained under these conditions.

It first became evident from these experiments that apyretic patients showed an energetic reaction after five hours, when 30 drops of the tincture were administered, and that in patients suffering from fever, 50 drops and even more had to be used for several days to produce an analoghous effect. In cases of polyarthrititis and typhus, no effect whatever was observed when the above-mentioned doses of the tincture were used, but when larger doses were resorted to the same effects on the heart-beat, in spite of the fever, could be observed as in apyretic heart diseases.

The changes of the heart-beat influenced by the strophanthin were the following:

1. The visible heart-beat quickly lost its definition. After the administration of 30 drops of the solution the beat could be noticed only with difficulty. In hypertrophies of the heart to a high degree, the beat, indeed, remained visible, but the protrusion of the intercostal space was decidedly decreased.

2. The palpable heart-beat either became diffuse, or it was so small that only a little resistance could be felt with the finger.

3. The tracing of the heart-beat became very much changed, when ~~no~~ hypertrophy of the heart to a great degree was present. In considerable hypertrophy the contractions of the heart became impaired, and their normal polygonal configuration was changed into a spherical one.

4. When an accentuated second pulmonary sound was present, it regularly lost its characteristic accent. The "bruits" of the heart remained unchanged, and only in three cases were they less loud.

5. The frequency of the pulsations regularly decreased.

It resulted from all these conditions that the heart lost a portion of its work by diminution of the muscular energy

in the blood-vessels, and that the resistance in the circulation became diminished. Strophanthus, in the first place, paralyzed the muscles of the blood-vessels, and it was still undecided whether this paralysis was produced owing to an effect on the muscular elements, or whether it was due to an influence on the vaso-motor centres. The paralysis of the muscles of the blood-vessels had necessarily to be attended with an accumulation of the blood in the periphery of the body, and the augmented blood-contents of the organs gave origin to abundant secretion which manifested itself by augmented diuresis.

Hofrath Prof. Breisky on Conservative Cæsarean Section.

At a recent meeting of the Imperial Royal Society of Physicians of Vienna, Prof. Breisky offered a communication on an interesting case of so-called Conservative Cæsarean Section. The woman whom he showed to the Society, was 18 years old, had suffered in her youth from rickets and also from severe coxitis of the left side, and owing to these processes, a unilateral narrowing of the pelvis with skoliosis, as well as atrophy of a high degree of the left extremity was present. A delivery *per vias naturales* was, nevertheless, thought possible, and the narrowing of the pelvis did not present an absolute indication for performing Cæsarean section. Prof. Breisky had, therefore, first determined on producing premature birth, but as the delivery did not make any progress, and the temperature of the patient increased, he had to choose between perforation of the head of the fœtus and Cæsarean section. Taking into account the good results which had been obtained with conservative Cæsarean section by Crédé, Sænger and Leopold, he had recourse to this operation, which he performed on the 7th of October. The uterus was laid free by a large section and supplied with a provisional gum-band. The placenta was quickly detached, and the child which was removed from the abdomen was in the beginning asphyxiated, but after attempts at artificial

respiration had been made it began to breathe. The 'decidua' was washed with a five per cent. solution of carbolic acid and cleansed with iodoform, and the uterus was then united with from six to seven silver sutures, and the 'serosa' closed with silk sutures.

The course of the operation was very good; on the tenth day after operation all the sutures could be removed, and recovery took place without any disturbance. The child weighed 2,250 grammes and was 49 centimetres long; it did well, and could, on the 12th day, be entrusted to the parents.

In connection with this case, Prof. Breisky remarked that, though the results obtained with conservative Cæsarean section were very encouraging, we should, nevertheless, before we determined on performing this operation, take into account the fact as to whether there was indeed an absolute disproportion between the size of the fœtus and the size of the pelvis. Spiegelberg and himself had often observed that the measurements of the conjugatæ alone were not sufficient for the appreciation of these conditions, and that the size of the head of the fœtus, and different other conditions, such as the position of the head in the pelvis, etc., had to be carefully noticed before such an operation was resorted to.

Abdominal Actinomycosis Treated with Success by Operation and the Use of Sublimate Fossil Meal.

Dr. Ullmann, Prof. Albert's assistant at the clinic of surgery, brought before the same society a cured case of abdominal actinomycosis. The patient had enjoyed good health until 1886, when he began to lose flesh and to complain of anorexia, pains on micturition and fever. The urine was very dark and contained pus; in the right hypochondriac region a blue-violet tumor of a very solid consistency was noticed, and the attending physicians first diagnosed "cystitis," and later on "peritonitis" and "typhlitis." In the course of the disease several abscesses had to be opened, and pus always discharged. Dr.

Ullmann, on seeing the patient, made the diagnosis of actinomycosis from the external symptoms alone, and the diagnosis was confirmed by the microscopical examination, as the presence of the characteristic actinomycotic granules could be found in the pus which discharged from a fistula in the region of the swelling. After section of the fistula had been performed, a dress of sublimate-fossil meal ("Sublimate Kiesel-Guhr" being a paste prepared with siliceous earth and sublimate), containing two "per mille" sublimate, was applied, and the patient was dismissed as cured after the lapse of four weeks.

Dr. Ullmann moreover remarked that he had, in several cases of actinomycosis, examined the pus as to the presence of other micro-organisms and found that it did contain not only actinomycetes, but also "streptococci" and "staphylococci," and he therefore was inclined to believe that suppuration was caused in such cases by these fungi, and that the actinomycotic fungus played a secondary part.

Two Cases of Myomata of the Cervix Uteri Removed Through the Vagina.

At a recent meeting of the Royal Society of Physicians of Budapest, Dr. Desiderius v. Peltis reported on two cases of myomata of the *cervix uteri* which had been successfully operated on at the gynæcological clinic. He emphasized the fact that in operative gynæcology, among the tumours which derived their origin from the lower part of the uterus, the myomata of the *cervix uteri* were found the most important now-a-days, as their treatment was attended with the greatest technical difficulties even when they were removed *per laparotomiam* or *per vaginam*. The following two cases could serve as an illustration for the statement that such tumors could advantageously be treated through the vagina. One of the cases was that of a woman, aged 45 years, from whom a tumor which went so far as the navel was removed through the vagina. The swelling protruded with a pedicle the size of a child's

arm from the posterior wall of the uterine cervix, and during its slow growth the vagina was much distended and formed a large sac. The uterus was situated at the upper border of the tumor, and formed, as it were, an appendage of the latter, whereas the inferior part of the swelling, which filled up the whole pelvic cavity, could be felt at the *ostium vaginae*. After operation through the vagina and treatment with iodoform-gauze, the patient was dismissed from the hospital cured in fifty-five days.

The second case was that of a woman, aged 28 years, in whom the myoma, which was the size of the head of a fœtus, took its origin with a broad base from the posterior wall of the cervix. The myoma which protruded much into the uterine cavity was also removed through the vagina. After the extirpation of the tumor, a severe hemorrhage supervened, which was stopped by ligating the uterine arteries. The course of the operation was not attended with any reaction, and patient was cured after 25 days.

On the Localization of Tabes.—Dr. Ernst Tendrassik delivered before the same society an interesting lecture on the Localization of Tabes. Starting from the impossibility of explaining the tabic symptoms from the changes of the spinal cord, the lecturer discussed some appearances in this disease from which he concluded that most of the symptoms in tabes were caused by an affection of the *cortex cerebri*. He had hitherto examined two brains of pronounced tabetic patients, and found in certain places changes, which were indeed histologically quite identical with *dementia paralytica*, but showed some differences from this by the localization. The lesions of these certain parts of the cortex could be brought into a causal connection with the symptomatology of tabes, and Dr. Tendrassik therefore thought it most probable that the cause of the tabetic symptoms was to be sought in the affection of these parts, and that tabes was thus no disease of the spinal cord, but one of the *cortex cerebri*. Taking into account the respective statements which were on record in literature, it became also most probable that the changes

of the spinal cord were to be looked upon as a secondary disease. The specimens which illustrated these views were then shown to the society.

PARIS LETTER.

[Our Regular Correspondent.]

M. Schwartz has performed kelotomy on a female patient, 72 years of age, in his wards at the Saint-Antoine Hospital. This case presented the following curious anatomical characteristics:

The tumor presented the aspect of a multi-lobular mass, of a black and yellowish hue, with fatty appendices, which gave it the appearance of a hernial portion of the large intestine, without a *sac*. M. Schwartz incised the walls of the *sac*, which was simply multilobar and encumbered with fat. Below this *sac* there was a loop of an intestine tightly compressed in the crural canal. This was easily freed; the adhesions were cut; resection of the *sac* was effected; the patient recovered in eight days.

M. Lavaux, house surgeon at the Pitié Hospital, has invented a sound with double current, to be employed in intra-uterine injections. This instrument is merely a modification of M. Lavaux's sound with double current for the continual cleansing of the anterior urethra. Its terminal extremity is similar to that of a hysterometer. It is $3\frac{2}{3}$ millimetres in diameter, and has four grooves, through which the liquid is able to return. The rod is $1\frac{2}{3}$ millimètre in diameter and is 30 centim. long. This sound is made of fine silver, and cannot become oxidized; it may be made to assume any form by means of a mould. It acts in the same manner as the urethral sound (Arch. de Méd., Mai, 1887). The pressure required is less than ten gr. It should be introduced by means of the speculum.

M. Maygrier has employed this instrument successfully in a case of septicæmia, consecutive to abortion. M. Lavaux has employed it in two cases of endometritis accompanied by hemorrhage, and in general cases of ordinary

endometritis with excellent results. It may be employed to cleanse the anterior urethra, if its shape is modified by means of a mould.

M. H. Chouppe continues his researches on antipyrine. He has already called attention to the good effects of antipyrine in uterine pains after parturition, or in dysmenorrhœa. The following observation will demonstrate the effects of this substance and the manner in which it acts:

The patient was a woman of 35, suffering from a voluminous interstitial uterine myoma, situated in the posterior wall of the uterus, accompanied by copious hemorrhage, which reappeared after menstruation. Rye ergot checked the hemorrhage, but the use of this substance produced such severe uterine pains that it was suspended. Strong doses of morphine were administered; these caused the colic pains to disappear; at the same time the uterine contractions were modified and hemorrhage reappeared. Rye ergot was again administered with similar results. The attacks of uterine pains lasted two or three hours. M. Chouppe then had recourse to antipyrine. Immediately the pains began an injection, containing two grammes of antipyrine, was administered. At the end of twenty minutes the pains disappeared.

M. Chouppe then tried the following experiment: An injection of antipyrine was given half an hour before the dose of rye ergot. The patient was free from pain; there was active uterine contraction; hemorrhage was arrested. The experiment was repeated with similar results.

M. Chouppe concludes that antipyrine assuages the pain due to the uterine contractions, which is produced by rye ergot, without diminishing the contraction. He believes that it acts upon the spinal medulla, and might be administered with advantage during parturition to women of an irritable temperament.

MM. Jolyet, Bergonie and Sigalas have invented an apparatus for the purpose of studying the respiration of human beings. It is composed of four parts, which communicate and constitute a closed chamber. These parts con-

sist of a bell-shaped glass in which the subject breathes; 2d, a series of oscillating glycerine pipettes; 3d, an apparatus for condensing carbonic acid; 4th, a reservoir for supplying and measuring oxygen.

The authors are at present studying the variation of nitrogen in the respiration.

MM. Charrin and G. H. Roger are carrying on researches to determine what are the modifications that may be induced in the functions of a chromogenic microbe. The following are the results hitherto attained: There are many circumstances under which a microbe can develop itself without giving birth to the colouring matter it usually produces. Thus the microbe discovered by the author in the intestines of rabbits, cultivated in meat extracts, secretes a fluorescent green substance; but when the cultivating liquid exceeds two centimètres in the tube, the microbe continues its development, but ceases to produce the green substance, and the liquid turns to a dirty, yellow colour.

The bacillus of blue pus resists better; it continues to produce pyocyanine, no matter what the height of the liquid, as long as there is sufficient renewal of air; but if placed in confined air (over mercury) it continues to develop, but no longer produces the blue substance. Pure oxygen, although allowing the microbe to live, stops the production of coloured substances, and that produced is then yellowish green.

These experiments may be variously modified. The most interesting are those with soluble and insoluble antiseptics, many of which modify the functions of the microbe. In small doses they retard or suppress the appearance of colouring matter; in larger quantities they retard or stop the development of the microbe; lastly, they destroy the microbe. The authors succeeded in numerous experiments with naphthol, with mercury sublimate, and with black sulphide of mercury. The phenomena vary with the vitality of the microbe, the quantity cultivated, the

temperature of the ambient air, and particularly with the composition of the medium.

Lamp-black gave similar results.

Other questions suggest themselves, and MM. Charrin and Roger are at present occupied in examining whether, when their functions are modified, the microbes retain their pathogenic properties.

RICHMOND LETTER.

(Our Special Correspondent.)

The new anatomical hall at the University of Virginia was dedicated October 25th., Dr. Paul B. Barringer delivering the address. Since 1828, when the medical school was established, there have been over three thousand matriculates and six hundred and sixteen graduates. Sixty graduates have been in the United States military service, notwithstanding the high standard maintained by the army and navy board. With December the twenty-first ended Dr. James L. Cabell's fiftieth year of service as professor of physiology and surgery. As a tribute to his distinguished career, his old pupils, representing thirty States and countries—numbered together—and his colleagues, presented him with a costly golden goblet; and the pupils of the present session sent a handsome cylindrical *escritoire* as a token of respect and confidence.

Physical culture is now a part of the curriculum at Randolph Macon College, which, I believe, is the first institution of prominence in the South to provide such a course. An attractive hall has been built, fully equipped with apparatus; while a regular professor and an assistant give up their whole time to this department. The hall was formally opened November 8th, an able address being delivered by Dr. John Herbert Claiborne, of Petersburg. It would be well for coming generations if every pupil in the land could be taught, not only gymnastics, but a knowledge of medicine sufficient for the understanding and proper care of his body.

Under a joint resolution of the last Legislature, the superintendents of the different insane asylums of the State have met in order to investigate and compare the general management and condition of the said institutions, and to discuss and report upon the advisability of making exclusive provision for the incurable inmates. The first meeting was held in August at the Western Asylum, in Staunton, of which Dr. Conrad is superintendent; and the second meeting at the Eastern, in Williamsburg (Dr. Moncure superintendent) during November. Dr. Black, of the Southwestern, was absent from the latter meeting on account of sickness. Another session will be held in this city in January, at which the whole report will be reviewed, perfected and submitted to the Legislature in accordance with its directions. While the nature of this report has not been made public, it is believed that the gentlemen favor the districting of the State, providing separate wards for the incurables, and other measures relating to the welfare of the patients.

On December 20, the following were elected officers of the Richmond Academy of Medicine for the ensuing year: President, Dr. W. W. Parker; First Vice-President, Dr. E. T. Robinson; Second Vice-President, Dr. W. A. Lee; Secretary, Dr. W. F. Mercer; Assistant Secretary, Dr. Wm. S. Gordon; Treasurer, Dr. Aaron Jeffrey; Librarian, Dr. Edward McCarthy.

The new officers for the Medical and Surgical Society are: President, Dr. Thomas J. Moore; First Vice-President, Dr. Joseph A. White; Second Vice-President, Dr. M. A. Rust; Secretary, Dr. C. L. Cudlipp; Treasurer, Dr. M. D. Hoge, Jr.; Librarian, Dr. Benjamin Harrison.

At the annual meeting of the Medical Faculty of Petersburg, held November 17, Dr. W. J. Allen was elected President; Drs. R. D. McIlwaine and R. A. Martin, Vice-Presidents; Dr. C. V. Robinson, Recording Secretary and Treasurer; Dr. John Herbert Claiborne, Corresponding Secretary; Medical Court: Drs. Lassiter, Stockdell, Leigh, Patterson, and James W. Claiborne.

The health of the State at large has been good. The number of deaths in this city for November was 149. Of late the physicians have reported, as a rule, a scarcity of acute diseases, although in a limited number of cases of diphtheria the fatality was well marked. In Petersburg, with a population of nearly 25,000, the mortality for November was only 19, 7 being whites; while in Norfolk the number of deaths was 56, a decrease in the average rate.

The amendments to the law regulating the practice of medicine in this State are as follows: 1. That all applicants for license to practice medicine and surgery in Virginia shall appear before the Board in session; provided, that individuals prevented by ill-health from attending such session may be examined during recess of the Board by a committee of three, selected by the President of the Board for the purpose. 2. That there shall be only one member of the Board from each Congressional district, six from the State at large and three homœopathists. 3. That none but those having diplomas shall be allowed to present themselves for examination.

Dr. Hunter McGuire has recently performed supra-pubic cystotomy twice with success, and considers that we should carefully regard the matter of election in operating for stone. He has also been using electrolysis in enlarged prostate with encouraging results, having invented a simple but ingenious instrument for the purpose. I hope to describe in another letter the instrument and its manipulation.

Mr. J. C. Hanger, of this city, an ex-confederate soldier, has a method of making artificial limbs by which he obtains a perfect and comfortable fit. Both of the medical societies have examined the ingenious machine invented by Mr. Hanger and have highly endorsed his method. The inventor has conferred an unquestionable benefit upon disabled humanity.

Drs. Byrd and Shepherd, the enterprising representatives of Messrs. Parke, Davis & Co., gave a number of the medical profession of this city quite a treat on Novem-

ber 10th, in the shape of a botanical lecture by Dr. Henry H. Rusby. The latter, whose researches are well-known, has encountered many hardships and braved many dangers in his scientific travels, and it is needless to add that a recital of his novel experiences and valuable discoveries in South America, made the evening pass in a most entertaining and instructive manner.

Dr. Edgar Woods, of Charlottesville, left December 5th for China, where he will serve as medical missionary under the Presbyterian Board. Dr. Black, whose illness has been referred to, and who was operated on by Dr. McGuire, is improving.

The marriage in Petersburg, Nov. 3d, of Dr. John Herbert Claiborne to Miss Annie Leslie Watson, was one of the most noted social events of that city during the year.

Dr. William Selden, one of the oldest and most honored physicians in the State, died in Norfolk, November 19th, and Dr. Fairfax (a direct descendant of Thomas, Lord Fairfax, and a physician of ability) died October 23d, in Alexandria.

W. S. G.

PROCEEDINGS OF SOCIETIES.

MINUTES OF ATTAKAPAS MEDICAL SOCIETY.

The society met in the parlor of Crescent News Company Hotel, at 7:30 P. M., December 6, 1887. Present: Dr. F. S. Mudd, President; Dr. Courtney, Dr. J. P. Francez, of Lafayette parish; Dr. C. M. Smith, Dr. A. S. Gates, of St. Mary; Drs. E. S. Barry and T. T. Tarleton, of St. Landry; Drs. T. S. Woolf and Thos. Herbert, of Iberia; and Dr. J. P. Lynch, of St. Martin.

Minutes of previous meeting were read and approved. On motion, duly seconded, further time was granted the secretary to consummate the wish of the society, expressed by resolution at last meeting, to extend the limits of our society to embrace the whole Third Congressional Dis-

tract. The secretary reported some progress made, but advised that the object of the movement be changed to southwestern Louisiana, south of Red river, in view of the almost insuperable difficulty of having members join from the river parishes comprised in the Congressional District.

On motion, duly seconded, the secretary was ordered to confine his correspondence to the section of country designated as southwestern Louisiana, comprising besides the parishes already represented in the society, those of Rapides, Avoyelles, Calcasieu, Cameron, Vernon and others.

On motion by Dr. Smith, duly seconded, a committee of five was appointed by the president, to investigate the unsanitary condition of Bayou Teche, caused by the drainage of all refuse matter from the various sugar houses upon its banks, into the bayou, and the effects thereof upon the public health, said committee to report at our next regular meeting.

The president appointed on said committee: Drs. C. M. Smith; A. S. Gates, of St. Mary; Dr. J. P. Lynch, of St. Martin; and Drs. T. J. Woolf and Thos. Hebert, of Iberia.

The question of burial of the dead, as practised in our cemeteries, having on one or two occasions come up before our municipalities in a somewhat scandalous light, the committee above mentioned was further instructed by the president to include the question of burial in its scope of investigation.

On motion by Dr. Smith, duly seconded, another committee was appointed to consider the best means of prevailing upon the authorities of the different parishes of the State to keep a proper record of vital statistics, considering that no board of health exists in this State whose duties are not confined to its principal towns, the president of the society to be *ex officio* president of the committee.

On this committee were appointed, Drs. Barry, Franzez, Hebert, Lynch, G. W. Martin and Smith.

Papers were read by Dr. Hebert, on Bronchotomy in

True Croup, and by Dr. J. P. Francez, on Malarial Hæmaturia and Paroxysmal Nymphomania. Dr. F. S. Mudd, the retiring President, read his address; and, on motion, after a discussion of each subject presented, these communications were referred to the editors of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, with a request to use their discretion as to publishing.

Dr. A. Maguire, by his request, was placed on the list of honorary members.

Dr. Ursin Prejean was unanimously elected a member of the society.

Adjourned to meet in New Iberia, first Tuesday of May next.

THOS. HEBERT, M. D., Secretary.

LEADING ARTICLES.

THE LOUISIANA MEDICAL LIBRARY ASSOCIATION.

The last few days have witnessed the birth of a new organization within the ranks of the medical profession of our State: the Louisiana Medical Library Association. A few years ago, an attempt to form such an association would have been looked upon doubtfully, so little did the physicians of the State feel inclined to form any organization whatever; but we believe that the time is now ripe for it. During the years just following the close of the war, the profession shared in the general confusion and disorganization; but as our people began to recover from the rude shocks of the great conflict, medical men began to show signs of the brotherly feeling which everywhere characterizes our profession. In the course of time, medical societies were formed in some of the parishes and in New Orleans, and then came the State Medical Society. This last is by no means as well sustained as it ought to be by the medical men of our State, who number about

seven or eight hundred; still, the lack of facilities for communication, and other circumstances keep our brethren from responding to the call for organization as heartily as they do in most of the other States.

In the matter of contributions to medical literature, the profession of Louisiana is also sadly derelict. We by no means assert that our peculiar climate sterilizes the medical intellect, but we do venture to say that the harvest is not as abundant as we are justified in anticipating from the occasional brilliant proofs of fertility. A little investigation will soon show why the yield has not been in keeping with the richness of the soil. In the first place, the great poverty of the State and the subversion of the old order of things left no time for original investigation; and in the second place, even when some fortunate, enthusiastic physician was inspired to write, he had no collection of medical books of reference close at hand. True, these books could be obtained from libraries in distant cities, but the delays and expenses of obtaining them usually deterred the writer from sending for them, and thus, perhaps, a valuable paper was lost to the medical world.

It would not be wise for a medical society to attempt to correct the first of the above-mentioned evils; but it is within the bounds of reason to attempt the second. When we look at other medical centers we see what great results thorough organization can accomplish. Some cities have libraries which are just causes for pride. In the course of medical development, public medical libraries have come to be looked upon as necessary adjuncts to the profession, and also as serving definitely to indicate the degree of organization or advancement of the medical men of a given locality. Such libraries are bonds of union among the members of the profession; and where the professional *esprit de corps* is most developed, there we find the most flourishing libraries. It is hoped that the profession of Louisiana will take pride in showing to the world what it can do in this respect, by becoming subscribing members, and by making donations to the library.

The library rooms of the new Association are located in Tulane Hall, New Orleans, in a central part of the city, easily accessible to all. Circulars and pamphlets will be sent to the physicians of the State, describing more fully the objects and working of the library.

The Medical Library Association has already been thoroughly organized, with the following officers: Dr. H. W. Blanc, President; Dr. Edmond Souchon, Vice-President; Dr. A. McShane, Secretary and Treasurer.

THE SO-CALLED HENDON COW DISEASE AND ITS RELATION TO SCARLET FEVER IN MAN.

In the October number (1886) of this JOURNAL we called the readers' attention to a series of articles published in the *London Practitioner*, consisting of a report by Mr. W. H. Power, of the Local Government Board, entitled "Milk Scarlatina in London," 1885, supplemented by pathological investigations made by Dr. Klein, in which it was claimed, with what we believed good reason, that the milk from a Hendon dairy, derived from cows affected with a disease characterized by the formation of vesicles and ulceration of the teats and udders, and other symptoms, was directly responsible for the development and spread of scarlatina in the neighborhood where the milk was consumed.

Mr. Power's statements, corroborated as they were by the pathological investigations of Dr. Klein, excited considerable interest on the other side of the Atlantic, and his views were disbelieved and severely criticized by many knowing ones, and all this led to searching inquiries being ordered by the Agricultural Department of the Privy Council. These have been thoroughly conducted by Prof. Edward Crookshank, of the Bacteriological Laboratory, King's College, and his report to the department is now being prepared; an abstract of the same as read before the London Pathological Society can be found in the *British Medical Journal*, December 17, 1887.

Prof. Crookshank's investigations were carried on in different forms, aggregating together 160 cows, where the disease was prevalent, and among the consumers of the milk, amounting to say between 1,500 and 2,000 persons. No epidemic of scarlatina was discovered. The professor, therefore, concludes that the epidemics of Mr. Power must owe their origin to some human source of infection.

From the descriptions given by Dr. Crookshank and the result of his cultures of the micro-organisms found in the vesicles or on the ulcerated surfaces, together with their inoculation in healthy animals, there can be no doubt that he has really had under observation cases similar to those of the Hendon farm, so ably described by Dr. Klein.

Dr. Crookshank believes that the Hendon cow disease is nothing else but spontaneous vaccinia, and he furthermore strengthens his position by the publication of a case with plates, where one of the cow-boys has become directly inoculated from the affected cows and developed a genuine case of cow-pox, and he has found besides a number of cases of inoculation among the hands employed on the stricken farms. As regards the micrococcus or streptococcus, found and described by Dr. Klein, and which he himself has observed, he thinks that it is identical with that found in diphtheria, erysipelas, puerperal fever, acute suppuration, scarlet fever, improperly preserved milk, and perhaps too in the foot and mouth disease of cattle, which is capable when cultivated and inoculated in healthy animals of producing a septic inflammation, but cannot be regarded as causally related to these affections, being probably of septic origin and present in these cases from the fact of its having found a proper pabulum on which to subsist. In conclusion he urges that prompt measures be adopted for isolating diseased animals and preventing the spread of the affection through the herd, and, as their milk is liable to be contaminated with blood, pus and discharges from the affected teats, that it be withheld from the market.

THE NEW ORLEANS POLYCLINIC.

We call the attention of our readers to the advertisement of the New Orleans Polyclinic on advertisement page 11 (rear). This is the first time that such advantages have ever been offered to students of medicine in the South. Having seen all the hospitals of New York and Philadelphia, we can assure the profession of this and the neighboring States that none offers such advantages for clinical study as the great Charity Hospital of New Orleans.

ORIGINAL TRANSLATIONS.

ACID SUBLIMATE SOLUTION AS A DISINFECTING MEANS,
AND ITS USE IN DRESSING MATERIALS.

By ERNEST LAPLACE, of New Orleans. Translated from a Reprint from *Deutsch Med. Wochenschrift*, 1887, No. 40.

The communications of Dr. Schlange concerning sublimate-dressings, made on the occasion of the last Surgical Congress, have induced me to carry on investigations, to establish the real value of sublimate as an antiseptic in surgical practice, and to seek out the matters of fact, which might account for the less favorable results that have, in recent times, marked the use of the sublimate.

The following described researches were carried out in the Hygienic Institute of the University of Berlin under the supervision of Prof. Koch, and I will not neglect even in this place to give my sincere thanks to him for his valuable instruction and frequent advice. As for the rest, I shall only state here the practical outcome of the investigations mentioned, since I propose to give in another place a detailed communication of the results obtained.

I tried first of all to answer the following questions:

1. Are the sublimate-dressings employed at the present time in surgical practice, germ-free, aseptic?
2. Are they also germicidal or, at least, inimical to germs (keimwidrig), antiseptic?

For the settlement of the first question I bought in three of the best known dressing material shops specimens of various dressings, impregnated with sublimate, such as gauze, wadding, oakum, etc. The material obtained from

one shop was said to contain 2.5 per mil. sublimate, that from the second 3 per mil., and that from the third 4 per mil. An accurate trial of them, by means of the gelatine tube method described by Esmarch, established that of about 300 specimens, which were drawn from the surface and out the middle of the packages, all, with the exception of nine, were germ-free, sterile.

Of these nine, in two the presence of bacteria was due perhaps to accidental contamination during the experiment. Of the remaining seven were five specimens of wood-wool wadding, obtained from the surfaces of the respective packets. All samples of sublimate gauze, 100 in number, proved to be absolutely germ-free.

Into each of the gelatine tubes were then put silken threads with anthrax spores, as a control experiment; in three days a luxuriant growth of anthrax-bacilli had everywhere developed. The demonstration was thus furnished that the gelatine had not, perchance, in consequence of small quantities of sublimate sticking to the material and carried over with it, lost its character and its aptness as a cultivation-soil for bacteria.

The outcome was, therefore, that the sublimate dressings coming into use at the present time can be germ-free (aseptic), they are even as a rule so; but that they *sometimes*, as Schlange also has shown, contain bacteria, and, therefore, do not comply implicitly with all demands that must be made of them.

The second question, whether the dressing materials are antiseptic, was settled in the following manner: In order to adapt the experiment to the utmost to the circumstances of surgical practice, 10 ccm. of ox-serum was infected with a mixture of pure cultures of the staphyl. pyog. aur., alb. and citr., as well as the bacillus of green pus, and then poured out over various sublimate dressing materials, so that the fluid was completely taken up and absorbed by the material. Then these samples of dressing materials were put into a small moist chamber and kept 24 hours at 36° C. (96.8° F.) in an incubator. A small piece of the gauze, etc., was now taken, put into a reagent tube with sterile bouillon and shaken thoroughly with the same; about 10 *platinösen* of this flesh-broth was then conveyed into fluid gelatine, and this was divided after Esmarch's method on the wall of the tube (an der Wand des Glases); numerous colonies of the above-mentioned varieties of bacteria were developed in all cases. The experiment was repeated

about thirty times with sublimate dressings of the most varied concentration, with even, among others, army gauze containing 4 per mil. of sublimate, with "Lister's antiseptic gauze," with carbolic gauze of varying strength, with 50 per cent. iodoform gauze, with thymol gauze and with eucalyptus gauze; all, without exception, were proved not to possess sufficient antiseptic properties. Admitting that these dressing materials had been hitherto demonstrated in practice to be good and useful, it must be set down to the account of their aseptic properties, whilst their antiseptic importance is to be considered slight.

Numerous investigations have already indicated that, if sublimate comes into contact with a substance containing albumen, an insoluble albuminate of mercury is formed. In order then to determine the antiseptic properties of 1 per mille ($\frac{1}{1000}$) sublimate solution in combination with serum, I put into a complete series of reagent tubes, each of which contained 5 ccm. of the sublimate solution above mentioned 1-25, 1-16, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, 1, $1\frac{1}{2}$, 2, $2\frac{1}{2}$, etc. ccm. of ox-serum. In the first tube there formed a distinct sediment, in the second a still larger and so on up to the tube with $2\frac{1}{2}$ ccm. serum, in which the precipitate was again dissolved. In the tubes from $\frac{1}{2}$ ccm. serum on bacteria were developed, and it was thus shown that $\frac{1}{2}$ ccm. serum sufficed to cause so much sublimate to be thrown down that the whole retained no longer any antiseptic properties.

When the supernatant fluid was poured over into another tube, the bacillus of green pus developed, as well in this fluid as in the deposit, in the most luxuriant manner, and to-day, $3\frac{1}{2}$ months after the experiment, the tube with the deposit is completely changed into a culture of green pus.

It was this, a very remarkable fact, that surely indicated that the sublimate, however valuable it may be as a disinfectant for fluids not containing albumen, may be only of very limited value, when, in practice, it comes into contact with a substance as highly albuminous as the blood is.

I now put to myself the question, whether one could not prevent the formation of such a deposit of albuminate of mercury, and consequently reach the result that the sublimate preserved its disinfecting efficiency equally as well in albumen-containing as in non-albuminous fluids. After many fruitless experiments I turned to the use of acids for this purpose. I consequently added to a 1 per mille solution of sublimate 5 per mille of HCl., and repeated the experiment of which I have just now spoken. In none of

the tubes did there form a deposit, and they all remained sterile after inoculation with the various pus bacteria, indeed even with anthrax spores, and are so still now after $3\frac{1}{2}$ months. Exactly the same result was obtained when, instead of the ox-serum, I used human blood (from a placenta).

I next prepared me a solution of 2 per mille sublimate and 1 per cent. HCl. and saturated with it ordinary gauze deprived of fat, which was then dried and again treated in the same manner as former dressing materials; 10 ccm. of ox serum with pus bacteria and anthrax spores was now put on this gauze; the completely saturated material was then laid for 24 hours in the incubator in a moist chamber; a small piece of the same was transferred with sterile instruments into a tube with 5 ccm. of nutritious beef-broth; this was strongly shaken and 10 scoops (Oesen) put into a tube with gelatine, which was then after Esmarch's method incubated. In this way it was shown that the Esmarch tubes as well as the beef tea, even when it was kept in the incubator a day long, remained without exception completely sterile. As a control experiment, an anthrax thread was introduced into the bouillon or the gelatine; a luxuriant growth of anthrax bacilli was developed, a proof that the nutritious soil had in no way lost its aptness, and that the growth being stopped was only caused by the preceding death of the germs in the gauze. I considered the question thereby settled. The sublimate preserved at once its full effectiveness, whilst the albumen was kept in solution, and besides we had now also to do with an acid fluid, which, as is known, is little or not at all adapted for the development of bacteria.

The experiment was repeated with putrefying human blood with the same invariably good result; experiments with pus also led to a similar result.

Now, however, Prof. Koch called my attention to the fact that in time hydrochloric acid volatilized and even entered into combinations which no longer act as disinfectants. Moreover, it seizes upon the fibres of the tissue of the dressing-material in such manner as in a short time to render it unfit for use. I was obliged therefore, to seek how to obtain the same result with a substance which does not undergo change and volatilize, and which also in combination with sublimate does not lay hold on the peculiar dressing-material.

After some fruitless experiments, I have found such a

substance in tartaric acid (Weinsäure), which, on account of its invariability, its unirritating properties and its comparative cheapness, was well adapted for my purposes.

To a five per mille solution of sublimate, two per cent. of tartaric acid was added; indifferent gauze, deprived of fat, was saturated with the solution for twenty-four hours, pressed out and dried. I next put this new dressing-material in the manner above mentioned, into ox serum or human blood, which contained pus-bacteria; the invariable result was that the bacteria were killed; forty-five days after its preparation, moreover, this dressing-material was unchanged in its effectiveness. The control experiments with sublimate alone and with tartaric acid alone were unsuccessful.

I wished to extend the same principle further to the sublimate solution, with which it is the custom to wash out and to irrigate wounds. Six tubes, each of which contained 5 ccm. of 1 per mille sublimate solution, were infected with $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, 1, 2, 3 ccm. of putrid human blood and pus-bacteria; in all the tubes, especially in the one with 1 ccm. blood, a large deposit was formed. Six other tubes, each one of which contained 5 ccm. of a 1 per mille sublimate and 5 per mille tartaric acid solution were in the same manner planted with blood and pus-bacteria; in none of the tubes was a deposit formed. After twenty minutes 5 *platinösen* were then transferred out of each of the tubes of both series into gelatine and further treated after the method of Esmarch. In five days numerous colonies of the staphyl. pyog. aureus, of green pus, etc., had developed in all the samples which had been mixed with sublimate alone; on the other hand five of the tubes with the tartacid* sublimate solution had remained sterile, in the sixth three colonies of the bacillus pyocaneus had grown. The same experiment was then repeated with entirely similar results.

In consequence of the amiable permission of Herr Geh. v. Bergmann the opportunity, too, has been given me of being able to put into practice the new solution and the dressing material in the surgical clinic and polyclinic. Since I propose in my detailed discussion a precise description and a searching criticism of the individual cases offered me for management, I shall only here remark that as to the first three cases in the clinic that came for

*I have thus translated for the sake of brevity.—TRANSL.

treatment (decubitus, suppurating tuberculous hip-joint, gangrenous amputation-wound of the upper part of the thigh), only the dressing material was used, washings with the antiseptic fluid not having been determined on. In these cases the dressing did not remain thoroughly sterile. It is, however, not difficult to explain this, for, contrary to the experiment in the laboratory, here a rich mixture of unimpeded pus flowed through the dressing, and in consequence the dressing gradually lost its antiseptic properties, partly because the sublimate was gradually changed, partly because it was washed away.

The cases placed at my disposition in the Poliklinik through the unusual kindness of Dr. Fehleisen, in which washing of the wound surfaces with the acid sublimate solution preceded the application of the dressing, were either such as involved putrid or suppurating wounds, or, however fresh the wound surfaces were, became putrid or suppurating wounds after operation, etc. Among the former were three foul (putrid) and suppurating wounds of the hand and fingers, one slough of the little finger, a phlegmon of the hand and three ill-smelling foot ulcers. In every one of these cases the suppurating surface was carefully cleansed and then bathed ten minutes with the acid sublimate solution; a compress saturated with the solution was then laid on the wound and the same repeated on the next two days. When the dressing was then removed, scarcely a trace of pus was found and the dressing remained sterile.

With regard to the gangrenous finger, amputation was indicated and was only postponed for obvious reasons. After removal of the necrotic tissue, the finger was bathed ten minutes in the acid sublimate solution, then covered with a moist compress and the operation held in prospect on the next day. It proved, however, when this time arrived, that the foul odor had completely disappeared and healthy granulations had sprung up on the wounded spot. The dressing had remained sterile. From this on the case progressed to complete recovery, and even the usefulness of the fingers gradually returned. Other cases, in which similar conditions were involved, behaved in exactly the same manner, and the bandage showed itself as permanently free of germs.

The same was universally the case with fresh operation wounds. The healing went quickly on without suppura-

tion showing itself, the dressing remaining sterile. In a case of periproctitis the abscess was opened, the wound cavity washed out and a tampon saturated with the solution introduced. After six days the wound was healed without further suppuration. The dressing was sterile.

In conclusion, I will add a short condensation of some of the results which I have obtained in my further experience of the disinfecting action of carbolic acid and sublimate respectively, combined with HCl, and which I shall communicate in another place.

Two per cent. crude carbolic acid solution with one per cent. HCl pure, destroys anthrax spores in seven days, whilst two per cent. crude carbolic acid, or one per cent. pure HCl alone, does not destroy them in thirty days.

A four per cent. crude carbolic acid solution with two per cent. HCl, destroys the spores within one hour. Four per cent. carbolic solution alone does not destroy the spores in twelve days (the experiment was not longer carried out).

Likewise is the disinfecting action of sublimate strengthened by the addition of HCl. Sublimate solution 1:20000 with HCl 1:10000 destroys anthrax spores in twenty-four hours, whilst neither the one nor the other alone is able to accomplish this in the same time.

Five per cent. carbolic oil did not destroy the anthrax spores in one experiment which lasted seven days. Even a mixture of five per cent. carbolic oil with the addition of ten per cent. absolute alcohol, and one per cent. HCl does not kill the anthrax spores. But since it is well established that carbolic acid is at all efficient only in watery solution, I tried the following combinations: Five per cent. carbolic oil with the addition of ten per cent. commercial ether (which always contains water) and one per cent. HCl. This mixture destroys anthrax spores within twenty-four hours. Equally as well acts a mixture of ten per cent. ether, one per cent. HCl and one per mille sublimate in olive oil.

CONCLUSIONS.

Sublimate in solution with acid tartaric can be recommended for the preparation of dressing-gauze in surgical practice on the following grounds:

1. The complete efficiency of sublimate is brought about even in albuminous fluids in consequence of the acid action's enhancing its value. We possess, therefore, in

the tartacid sublimate solution an entirely efficient means for the disinfection of wounds. In order to accomplish this, infected wounds must be washed daily at least ten to twenty minutes with tartacid sublimate solution. For the management of fresh wounds a simple single washing and irrigation suffice. A permanent dressing with tartacid sublimate is then laid on.

2. The tartacid sublimate dressing limits in no manner otherwise useful measures in surgical practice, the use of caustic, iodoform, etc. As a matter of fact the tartacid sublimate gauze may be advantageously combined, following the indication, with the use of iodoform.

3. The tartacid sublimate solution and gauze give both in laboratory experiments and in practice considerably better results than the usually employed surgical measures.

4. The wounds are not irritated.

The solution for this purpose must be composed of:

Sublimate, 1.0; acid tartaric., 5.0; aquæ dest., 1000.0; The dressing-gauze, etc., is prepared with sublimate, 5.0; acid tartaric, 20.0; aquæ, 1000.0. Neutral gauze, etc., deprived of fatty material, is left in this solution about two hours, pressed out and dried.

5. In the acid fluid sublimate is dissolved far better than in water. The tartacid sublimate solution remains sticking in the tissue of the dressing material without destroying it.

6. The dressing material is thoroughly aseptic, free of germs.

7. The dressing and the solution are cheaply prepared.

*COST OF ANTISEPTIC MATERIALS.

Sublimate costs the equivalent of \$1.44 per pound; tartaric acid costs about \$0.84 per pound. Consequently, sublimate, 15.43 grains (1 g.) costs 3-20 cent; tartaric acid, 77.15 grains (5 g.) costs about 8-20 cent. Total, sufficient for 1 quart 1 per mille and 5 per mille solution a little over $\frac{1}{2}$ cent.

The dressing-solution costs per quart sublimate, 77 grains (5 g.) $\frac{3}{4}$ cent.; tartaric acid about 3v (20 g.) 1 3-5 cents; that is a little less than 2 $\frac{1}{2}$ cents a quart. Since 4 quarts of this solution are sufficient to impregnate about 100 yards of dressing-gauze, the necessary solution will come to about 9 cents.

*These being simply translated refer, of course, to prices in Germany; but the cost anywhere is insignificant.—TRANS.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

OPHTHALMOLOGY.

SYMPATHETIC IRITIS, THE RESULT OF AN ILL-FITTING EYE.

In September, 1885, A. W. came to consult me in reference to the enucleation of an eye. The history in brief was that about six years before he had been out hunting and had the misfortune to be stricken in the eye by the tube blown out of his gun. On examination of the eye I found keratoconus with xerosis of the cornea. When out of doors the dust and wind would irritate it and cause severe pain. He wanted it removed for cosmetic effect as well as to get rid of the pain it caused, for it was a very disgusting and unsightly member. I advised immediate enucleation, to which he readily consented. I administered ether and removed it without any unfavorable conditions. In four days it had entirely healed. I advised him in about two weeks to have an artificial eye inserted. On opening the eye after enucleation I found the globe very much degenerated. The retina and choroid were entirely atrophied, with the remains of the capsule of the lens floating in an amber-colored, flocculent, aqueous fluid. In two weeks after the enucleation the patient went to a neighboring city and had an artificial eye inserted. After wearing it a little over a week he came to me stating his other eye pained him. On examination I found photophobia, profuse lachrymation and the iris discolored, with irregular edges. In short a well marked case of iritis. I immediately applied atropia, two grains to the ounce, and told him to go to bed and have hot water applied. Next morning I visited him and found all the symptoms aggravated—intense pain in frontal region. Gave morphia and continued hot water and atropia. Next day much better, and at the end of five days apparently well and resumed his usual business. At the end of five days he came in complaining of precisely the same symptoms. I directed him to go to bed again and pursue the same mode of treatment. At the end of four days he was again apparently well and usual avocations resumed. I heard no more of him for over a week, when he came to my office with precisely the same symptoms. This was becoming monotonous, not to say annoying, not only to me but to the patient as well, and I began

to look around for causes. I had noticed the artificial eye was not well fitted, but up to this time had not suspected it of being the cause of the trouble. In taking it out I noticed one edge had been slightly ground and was considerably roughened and altogether ill-fitting. On examination I found the conjunctiva very much inflamed and the stump of the optic nerve very sensitive. I directed him to take it out and keep it out. Gave atropia for the iritis and a ten grain solution of boracic acid to be applied to the stump. In four days all symptoms had subsided. Ten days after the last attack, to make sure my diagnosis was correct, I told him to reinsert the eye again; in four days all the symptoms reappeared. Now being convinced that I was correct, I told him to take it out and keep it out and at the end of four weeks to go to New York and have one made. (I could find none that would fit him, he having a large, round, full eye.) Since returning (two years) he has had no further trouble.—Dr. Leroy Dibble, Kansas City, in the *Kansas City Medical Index*.

[The above case is so important, and the evidence it adduces so unimpeachable, that we may well be pardoned for reproducing it here without abridgment. Whatever the dyed-in-the-grain germ theorists may say, it proves beyond the shadow of a doubt that sympathetic iritis may be caused by irritation reflected from the nerves of one eye to those of the other. We would not be understood to deny that many cases of "sympathetic ophthalmia" own a microbial origin; far from it, but all evidence goes to show that the symptoms grouped under this comprehensive title may be due to different causes in different cases. Every eye into which we can be reasonably sure a foreign body has penetrated, and every sightless and painful bulb should be at once enucleated is our rule;

"Time but the impression deeper makes,
As brooks their channels deeper wear."—EDS.]

RAPID STAINING OF THE CONJUNCTIVA BY NITRATE OF SILVER.

Now that attention has been drawn to the "discoloration of the skin by nitrate of silver" by absorption, it may not be uninteresting to place on record the following case produced by its topical application which came under my observation when Resident Surgeon to the Birmingham and Midland Eye Hospital:

A patient aged about 50, of Mr. Lloyd Owen's, pre-

sented himself with chronic ophthalmia, for which there was ordered a solution of nitrate of silver (gr. j. ad ʒj), to be applied three times a day. Ten days later, he again appeared at the hospital with marked argentic staining of his conjunctiva. As I had previously considered it quite safe to continue the use of these "eye-drops," for even two or three months, I showed the case to Mr. Lloyd Owen, who was also surprised at the rapid production of discoloration. When I last saw the patient, about three months after the first application of the salt, the staining was unaltered.—Henry C. Ensor, M. R. C. S., in *The British Medical Journal*.

[A few days ago a patient whose conjunctivæ were stained a deep purplish black, entered the office of the writer. It is hard to convey an idea of the very sinister and repulsive appearance presented by one in whom the whites of the eyes have been thus converted to blacks. *Collyria of the metallic salts should be applied to the everted lids only, and after remaining in contact with the conjunctiva for a second should be washed off by a free use of water.* A patient whose conjunctivæ have been blackened by silver, or whose corneæ have been made white and opaque by a deposit of lead, would, in our opinion, have just cause for a suit for malpractice. It is a safe rule never to put solutions of the metallic salts into the hands of patients; they may be entrusted with collyria of borax, boracic acid, and tannin.]

ARTIFICIAL RIPENING OF CATARACTS.

Dr. Boerne Bettman, of Chicago, in the *Journal of the American Medical Association* (Dec. 3), says that instead of merely rubbing the lens through the cornea, after iridectomy has been performed, as recommended by Föster for the ripening of immature cataract, that he introduces a spatula through the corneal incision, if necessary behind the iris, and triturates the lens directly by gentle stroking and pressure in any direction. Of course this proceeding requires great caution. We must not by the exertion of excessive force dislocate the lens, nor by turning upon it the sharp edge of the spatula lacerate the anterior capsule. Dr. B asserts that the distribution of opaque lens fibres and breaking up of the cortex can be seen with the naked eye during the operation, and that the lens becomes totally opaque within a few days. He gives the

history of three cases in which slowly ripening cataracts were thus matured, one in forty days and the other two in three weeks.

A NEW TEST OF VISION.

That we may in doubtful cases be sure that we are dealing with a case of faulty refraction, and not with one of impairment of the light sense, Dr. Wolffberg suggests testing colour perception by means of a red and a green disc on a black ground. In ametropia, though the patient's vision for form may be faulty, as shown by the test types, the coloured discs will be seen more clearly and at a greater distance than in cases of defective light sense from disease of the eye. "From an examination of a large number of ametropes, in whom correction gave normal vision, and of emmetropes rendered ametropic by spherical lenses, Dr. Wolffberg has constructed a table showing the distance at which the discs should be visible in each grade of impaired vision, when the impairment is solely due to an error of refraction. Dr. Wolffberg thinks that the test would be applicable to a colour-blind person, as he need not see the colours as such, but only the disc as an object. One colour-blind individual was tested with an accurate result, but more evidence is required as to this." —*Klin. Monatsbl. für Augenheilk.*; *British Med. Journal*, November 26, 1887.

EPHEDRINE, A NEW MYDRIATIC.

Prof. Nagai has extracted from the *Ephedra vulgaris*, Rich., by a process whose details he promises to publish subsequently, an alkaloid to which he has given the name ephedrine. In a preliminary note on the action of the drug M. Kinnossuke Miura ascribes to a ten per cent. solution of the chlorhydrate the following advantageous mydriatic properties: The pupils are dilated in from 40 to 60 minutes after an instillation of one or two drops; the dilatation, though not complete, and though the pupil reacts slightly and temporarily, is sufficient for thorough examination; children and old people are more sensitive than adults; the accommodation is scarcely, if at all, paralyzed; the dilatation lasts from five to twenty hours from the time of instillation; no bad effects, constitutional or local, are observed after long continued use. The mydriatic effect upon the inflamed iris is very slight.—*Therapeutic Gazette*.

DERMATOLOGY.

THE FRENCH ACADEMY OF MEDICINE DISCUSSES THE
CONTAGIOUSNESS OF ALOPECIA.

At the meeting of December 20th, 1887, the French Academy took up the question of the contagiousness of alopecia areata, a subject which has become one of practical importance, inasmuch as, while eminent authorities differ in their views, the disease has been found to be spreading among the pupils of the various *lycées* of the city. An interesting discussion is reported by *l'Union Médicale*, of which the following is a *résumé*:

MM. Ollivier and Hardy ask that the Academy declare pronounced views upon the nature of the disease and its quality of contagion. The former does not consider it contagious, but M. Hardy demands that the pupils of the *lycées* be isolated as dangerous; it is true that they will suffer from this interruption in their studies, but from a hygienic standpoint the interest of the public should prevail over that of the individual.

M. Ollivier does not absolutely deny the contagiousness of alopecia areata, but his personal experience permits him to affirm that the contagiousness of this disease is extremely limited. A large number of children afflicted with it have been retained, by his advice, in the schools where they were pupils, and have not communicated the disease to any one. Could M. Hardy, a partisan of contagion, say in what proportion the disease is contagious?

M. Hardy: I have not counted, but I have seen enough of the disease to have acquired the conviction that it is contagious.

M. Ollivier asks that the Academy name a commission of inquiry which will study the question and make a report thereon. While awaiting this report, he believes that the afflicted persons may be conscientiously admitted into the schools by submitting them to some simple precautions.

M. Féréal has observed a child in whom a distinguished dermatologist had diagnosticated the existence of alopecia areata, and who, when set at liberty, had given the disease to none of its companions. This was then a non-contagious alopecia.

M. Hardy believes that alopecia is contagious, without having a contagiousness equal to that of scabies, for example. If there exist two kinds of alopecia areata, they are so sim

ilar in their characters that it is prudent to include them under the same reprobation.

At the end of the discussion M. Ollivier is requested by members of the Academy to present to that body formulated conclusions which shall serve as a basis of discussion. M. Ollivier consents, and at the following meeting reads his conclusions, the substance of which is as follows: The pupils of certain educational establishments are to be submitted, immediately after the discovery of the disease, to a medical examination, which is to be aided by the use of the microscope; but the alopecia which develops after injuries, grave constitutional affections, nervous shocks following accidents or sudden frights, should not be considered as a cause for exclusion or even isolation.

When it can be proved by reliable testimony, medical certificates or otherwise, at the time of the discovery of the alopecia, that this affection runs back several months, and that the child has lived among other children, either at school or at home, without any of them being contaminated, the disease need not be isolated.

M. Ollivier then proceeds to enumerate the precautions to be taken with the children admitted into the establishments of public instruction under the foregoing provisions. They may sleep in the infirmary, preferably in specially designated portions of the dormitory; must not allow their head-gear or combs or brushes to be used by healthy children, and when at study or in class must keep the head covered and sit apart from the other children.

M. Besnier began by remarking that the Academy in proposing as a subject for one of its prizes, "The Alopecias," and in postponing the delivery of the prize to the year 1890, wished to declare at the same time that the term alopecia (*pelade*) applies to several affections, and that the actual state of science on this point needs to be revised by new studies which require time. "Whatever may be the doubts raised," continued M. Besnier, "upon the identity of all the alopecias called *pelades*, it is beyond dispute that certain of these affections, at least, can be transmitted from a diseased individual to a healthy one. Consequently, no subject tainted with alopecia can claim as a right his admission into a school, *lycée*, barrack, etc."

After a discussion participated in by MM. Ollivier, Besnier, Bucquay, LeFort, Larrey, Armand, Gautier, Fournier and Bergeron, a commission composed of six members was appointed to investigate the subject. This

commission is composed of MM. Besnier, Ollivier, Hardy, Buequay, Cornil and Fournier. A strange combination, and likely to bring some interesting facts to light.

IS HERPES ZOSTER AN INFECTIOUS DISEASE?

A recent epidemic of herpes zoster in Thuringia has drawn the attention of German medical men to the cause of the disease. It has for a long time been looked upon as a trophoneurosis, but simple anatomical changes cannot explain the occurrence of herpes in epidemic form. The symptomatology and anatomical changes have great similarity to those of variola and other infectious diseases; this led to the supposition that herpes might be due to a specific germ. Dr. Pfeiffer examined six cases of herpes zoster in Weimar, in the spring of 1887. They were simple, typical cases, not complicated with pains or traumatism. In four cases the vesicles were seated on one side of the chest; in one case along the right brachial and radial artery down to the back of the thumb; and in another, on the left side of the upper lip and tip of the nose. A microscopic parasite was found in every case, but none was found in the contents of herpetic vesicles around the mouth, occurring every four weeks as an accompaniment of menstruation.

The development of the parasite could not be observed continuously under the microscope, but drops from a series of cultures were examined, and the life-history thus determined. The sporulation was observed with Zeiss's achromatic, 2 m., and eye-piece 12; it resembled the sporulation of variola and vaccinia, beginning with an amœboid stage, followed by encysting, and concluding with the liberation of a large number of spores. As in the *Coccidia* and *Sarcocida*, new, small, amœboid forms are developed from the spores. Further investigations are required before the parasite can be classified. Up to the present inoculations have been followed by negative results.—*Deutsche Medizinal-Zeitung*.

BOOK-NOTICES.

Functional Nervous Diseases, their Causes and Treatment. A Memoir for the Concourse of 1881-'83, Académie Royale de Médecine de Belgique, with a supplement

on the Anomalies of Accommodation and Refraction of the Eye and of the Ocular Muscles, by Geo. T. Stevens, M. D., Ph. D. New York: D. Appleton & Co., 1887. Price, \$2.50.

This book has the strong and refreshing quality of originality. Dr. Stevens' text is that the neuropathic disposition not only consists in some vague abnormal constitution of the nervous system, but in the presence of a permanent source of irritation, which makes undue drafts upon the "reserve capital of nervous energy" and constitutes the *underlying cause*; and, this being granted, we readily perceive how the effects of any *exciting cause* whatever may persist long after its direct action has ceased. It is no explanation, Dr. Stevens argues, to say that a neuropathic predisposition can be transmitted from parent to child as the result of some peculiar and undemonstrated "modification of molecular arrangements," but upon the supposition that the condition of unstable nervous equilibrium is caused by an ever-present irritation due to a peculiarity of anatomical structure in some distant organ, which is inconsistent with the most regular and easy performance of the function of the part, we do reach a satisfactory concept, for that such structural idiocrasies are especially prone to hereditary transmission is a well established fact. This underlying cause, this source of permanent irritation, Dr. Stevens thinks, is to be found in very many cases in certain abnormal structural peculiarities of the eyes, hypermetropia, myopia and the astigmatisms, which interfere with the easy and pleasant discharge of their duties under the conditions of our present civilization, or in a want of balance and concert of action in the extrinsic muscles. A large array of facts is marshalled to the support of these propositions, and, what is still more important and convincing, by the relief of these ocular troubles Dr. Stevens has been able to relieve permanently cases of headache, chorea, epilepsy and even incipient dementia.

It is impossible in the limited space at our disposal to give a more exact idea of the nature and scope of this work, but though characterized by an engaging enthusiasm, it is written in a calm and self-contained spirit. That much good will be accomplished by directing attention to another quarter to which we may look for the origin of evil in this unhappy class of cases, no oculist will doubt; for though restrained by the fear of being charged with purposely overestimating the importance of their specialty,

they have long since been aware of the far-reaching ill consequences of many of the refractive and muscular anomalies. And here we believe that Dr. Stevens does his confrères an injustice when he insinuates that they have never before consciously sought the cause of a persistent headache even, in some ocular defect. This doctrine was certainly taught the writer in the clinic of Dr. Wm. Tomson in Philadelphia, more than five years ago; he heard it enunciated at the last meeting of the American Medical Association in this city, and he could quote from his own notebook a case or two, in which children have been brought by parents to see if the cause of a persistent headache might not be discovered in the eyes; such cause was discovered and spectacles prescribed with the happiest results. It has been left to Dr. Stevens though, greatly to extend the thesis and to push the investigation into the faulty action of the extrinsic ocular muscles further than it has ever been carried before. We understand that just as a few years ago our over-zealous brethren of New York city fell upon every neurotic woman and performed "Emmet's operation," they are now tenotomising and bespectacling every case of chorea or epilepsy they can lay hands on; but this is an evil which might have been expected and which time, a better understanding of the matter, and the professional conscience will correct. Finally, we advise all active, advanced students in the profession to procure the book, feeling sure that its perusal cannot fail to entertain and enlighten.

H. D. B.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S. The drawings by W. H. Carter, M. D. With additional drawings in later editions. Edited by T. Pickering Pick. A new American from the eleventh English edition. Thoroughly revised and re-edited with additions by Wm. M. Keen, M. D. To which is added, Landmarks, Medical and Surgical, by Luther Holden, F. R. C. S., with additions by Wm. M. Keen, M. D. Philadelphia: Lea Brothers & Co., 1887. New Orleans: Armand Hawkins, 194 Canal street. Cloth, \$7.25; sheep, \$8.25.

The medical man that does not know Gray's Anatomy, argues himself unknown. Many generations of students have received their fundamental medical knowledge from this standard work. When it was first published, in 1858, it at once took a prominent stand among the works on

anatomy; each successive edition was enriched by additions rendered necessary by advances in anatomical knowledge, so that the work has always represented correctly the state of that branch of science. A notable change was made in connection with the American reprint of the eighth English edition; the publisher, Mr. Henry C. Lea, appended to it Luther Holden's Landmarks, thereby increasing considerably the already great value of the work. The early editions had no distinct sections on general anatomy and embryology, which form valuable features of the recent editions. In the latest English edition, colored plates are introduced, the arteries being colored red, the origin and insertion of muscles are indicated by red, dotted lines. This coloring makes a figure more striking, and causes the different structures to stand out boldly. In the matter of colored plates, Gray's Anatomy is some years behind some French text-books. In the eleventh English edition, the arrangement of the text has been slightly altered; some parts of the section in general anatomy have been transferred to the parts of special anatomy to which they refer, e. g., the description of the minute structure of the spinal cord, which has been placed in the chapter on the Nervous System. In the American reprint of this elegant edition, still further changes have been made. As the American editor justly remarks, "it would seem almost a work of supererogation to attempt even a criticism of a book which carries on its title page the names of some of the most distinguished English anatomists." But, in addition to correcting typographical errors in the English edition, the editor has arranged the text more methodically; the section on development has been revised by Dr. Jno. A. Ryder, while the section on the brain has been very materially altered. The English cuts showing the convolutions and sulci have been rejected, and those of Ecker substituted. The text, which could not be adapted to the new figures, had to be correspondingly altered. The cerebral circulation has been carefully described, and a section on cerebral localization and topography has been added. One hundred and thirteen new engravings have been added, and the editor has made some additions to Holden's "Landmarks."

It is utterly unnecessary to tell students and practitioners that Gray's Anatomy is an excellent work, and the foremost anatomical text-book in the English language. Suf-

fice it to say that this familiar friend and faithful guide continues to improve with age, and still has a firm hold on the confidence and affections of pledged and unpledged *medici*.
A. McS.

PUBLICATIONS RECEIVED.

On the Use of Pilocarpin Muriatric in Yellow Fever. By Ernest Hebert smith, M. D., Sanitary Inspector, U. S. M. H. S., Egmont Key Quarantine Station.

Vick's Floral Guide is with us once again. This is a really good catalogue of vegetables, fruits and flowers, which may be had by sending ten cents to James Vick, Seedsman, Rochester, N. Y.

Third Annual Report of the Managers and Superintendent of the North Texas Hospital for the Insane at Terrell, for the year ending October 31, 1887. Austin: State Printing Office.

A Study of the Causes and Treatment of Uterine Displacements. By Thomas Addis Emmet, M. D. Reprint from Vol. XII Gynecological Transactions, 1887.

Cyclopædia of American Contemporary Biography. Abbe to Anderson. New York: Jno. B. Alden, publisher, 393 Pearl street.

Syphilis of the Endometrium. By T. A. Ashby, M. D., Baltimore, Md. Reprint from the Maryland Medical Journal.

Footprints of a Profession. Address delivered before the Maine Dental Society at their 22d annual meeting, by Horatio C. Meriam, D. M. D. Harvard University Dental School.

An Experimental Study of the Effects of Puncture of the Heart in Cases of Chloroform Narcosis. By B. A. Watson, M. D., Surgeon to Charity, St. Francis and Christ Hospitals, Jersey City, N. J. Reprinted from the Transactions of the American Surgical Association, May 13, 1887.

Bericht über die Neunzehnte Versammlung der Ophthalmologischen Gesellschaft. Heidelberg, 1887.

In Thraldom; A Psychological Romance. By Leon Mead. Fireside Series. J. S. Ogilvie & Co., 57 Rose street, New York.

A Case of Gastrotomy for Cancer of the Oesophagus. By J. Collins Warner, M. D., Assistant Professor of Surgery, Harvard University. Reprinted from the *Medical Record*, November 5, 1887.

Annual Report of the Supervising Surgeon General of the Marine Hospital Service of the United States for the Year 1887.

The Radical Treatment of Trachoma. By E. A. Prince, M. D. Reprinted from the *St. Louis Courier of Medicine*.

Wounds, their Aseptic and Antiseptic Management. A paper prepared for the meeting of the American Surgical Association, 1887. By David Prince, M. D., Jacksonville, Ill.

A portrait of Sir Morrel Mackenzie, from Parke, Davis & Co.

De las Fracturas del Cráneo y de Trepanacion. Estudio clinico por el Dr. D. Enrique de Oreilza.

Forms for Systematically Recording Observations and Results of Treatment in Affections of the Throat and Nose, including Adjacent Associated Areas. By Scanes Spicer, M. D., B. Sc., Lond. London: H. K. Lewis, 136 Gower street, W. C. 1887.

Contribution à L'Étude Clinique et Bactériologique de la Fièvre Jaune Par le Dr. Antonio Matienzo, Mexico. Tip. de "La Época" de Juan B. Acosta, Escalerillas núm. 20.

The Treatment of Neuralgia in General Practice. By Gustavus Eliot, A. M., M. D., New Haven, Ct.

Report on Progress in Medicine. By Prof. J. B. Marvin. Read before the Kentucky Medical Society at Paducah, June 14, 1887. Reprint from South-Western Medical Gazette.

Progressive Muscular Atrophy Beginning in the Legs. By J. B. Marvin, M. D. Reprint from Practitioner and News.

Four Months among the Surgeons of Europe. By N. Senn, M. D., Ph. D., of Milwaukee, Wis. Being a series of letters to Dr. Chr. Fenger. Reprinted from the Journal of the American Medical Association.

Supra-Pubic Lithotomy; A Historical Sketch. By Chas. W. Dulles, M. D., Philadelphia. Reprinted from the Transactions of the Medical Society for the State of Pennsylvania for 1887.

Comparison between the Surgical Diseases of the White and Colored Races. By Louis McLane Tiffany, M. D., Baltimore, Md. Reprinted from the Transactions of the American Surgical Association.

Electro-Magnetism in Ophthalmic Surgery. By A. G. Sinclair, M. D., of Memphis, Tenn. Reprint from Mississippi Valley Medical Monthly.

Observations on the Cholera Bacillus as a Means of Positive Diagnosis. By S. T. Armstrong, M. D., and J. J. Kingoun, M. D., U. S. M. H. S. Reprinted from The New York Medical Journal for November 12, 1887.

Keratitis Obturans. By S. Latimer Philips, M. D., Savannah, Ga. Reprinted from the Atlanta Medical and Surgical Journal.

DEATHS.

DR. THOS. H. MADDOX.—The following notice of the death of this distinguished physician, taken from the *New Orleans Picayune* of January 18th, is of such interest that we republish it entire.

The oldest and most respected citizen of Rapides died at his home on Bayou Rapides this evening, Dr. Thomas H. Maddox. He had just passed the 95th anniversary, and had been a resident of this parish for the last 69 years. He was the last survivor of the participants in the celebrated sand-bar duel, opposite Natchez, Miss., in the year 1835. All the principal actors were Rapides men. Dr. Thomas H. Maddox and Samuel Wells, Esq., brother of Governor Wells, went to the field to fight a duel, both accompanied by a number of friends, among whom were Colonel Crain, Colonel Blanchard and Major Wright on the Maddox side, and General Cuney and James Bowie on the Wells side. Between some of these gentlemen bad feelings had existed for a long time. Colonel Crain's arm was even then disabled by a gunshot wound from Colonel Cuney, received in a former difficulty. The difficulty between the principals was amicably adjusted on the field, but a rencounter took place between their friends with sanguinary results, as to the cause of which and the consequent blame the opinions of each party were conflicting. Colonel Crain, with his lame arm resting on the other, fired

two pistol shots, one of which killed one of the opposing party and the other severely wounded Colonel Bowie. While Bowie was lying on the ground he managed to grasp Major Wright by the collar when the latter had approached him with a swordcane, and literally carved him to pieces with the original "Bowie knife," which on that occasion drew its first blood. Mr. Wells has been dead many years. His brother, Governor J. Madison Wells, born in 1806, is a native of Rapides, and a vigorous old man. Colonel Crain and Colonel Blanchard have long been dead. Colonel Blanchard's first wife was a daughter of Colonel Crain, and his second wife a daughter of General François Gaiennie of Natchitoches, who fell in a duel with rifles with General Pierre E. Bossier, formerly a member of Congress from that district. Bowie, as is well known, fell with Crockett and Travis, at the Alamo massacre in 1836. Crain and Bowie some time after the fight became fast friends, and amicable relations were finally restored between most of the parties.

Dr. Maddox was a native of Maryland. He leaves three sons and two daughters and several grandchildren to mourn his loss. His funeral will take place on Friday next, when the procession will start from his family residence and go from there to the Episcopal church of this place, of which he was a member, from thence to the cemetery in Pineville, where he will be laid to rest by the side of his wife who preceded him several years.

DR. FRANK POTTER, a distinguished physician of Petersburg, Va., fell dead January 3, of heart disease. He was sixty-five years old.

DR. M. R. GRISWOLD, an old and widely-known physician of Dinwiddie County, Va., died at his home in that county on January 1st, 1888. Dr. Griswold had been an active practitioner for more than fifty years.

DR. CHAS. R. WHITEFORD, a well-known physician of Baltimore County, Md., and a member of the present House of Delegates, died on January 9, after a very short illness.

MARRIAGES.

DR. FRANK WEST, of Baltimore, Md., to MISS TILLIE SMITH, of Washington, on January 2d, 1888. Dr. West

was formerly resident physician to the Maryland University Hospital.

DR. THOS. B. RIDER, of Morgan City, La., to MISS IRENE B. LYNCH, of La Place, Ala., on December 6th, 1887.

DR. H. P. COOPER to MISS HENRIETTA TUCKER, daughter of H. H. Tucker, D. D., ex-Chancellor of the University of Georgia, on December 8, 1887, in Atlanta, Georgia.

DR. W. S. KENDRICK, of Atlanta, Ga., to MISS LULA GROVES, of Kartah, Ga., December 28, 1887.

MEDICAL NEWS AND MISCELLANY.

DR. A. B. ASHWORTH, of Atlanta, has been appointed Secretary of the Medical Association, of Georgia, *vice* Dr. Jas. A. Gray, deceased.

We have received a "copy of the initial number" of the Health and Home Library, and find it to be *just the sort of publication that should not be allowed to come into any respectable family.*

HEREAFTER the *Archives de Tocologie* will be published under the editorial direction of le Docteur Auvard, accoucheur des hôpitaux. Communications should be addressed to 21, rue de Lille, Paris.

DR. WM. J. JONES has just been appointed by the Faculty of the University of Maryland, lecturer on clinical medicine in the place of Dr. S. T. Earle, who has resigned. The university is fortunate in obtaining a man so well fitted for the position.—*Maryland Medical Journal.*

By an oversight two of our articles, Lupus Vulgaris by Prof. Henry J. Reynolds, and the Treatment of Hepatic Abscess by Prof. Edmond Souchon, are quoted in *Gailard's Medical Journal* for January without due credit being given.

DR. I. J. NEWTON, Bastrop, La., has resigned the chairmanship of the Committee on Reports and Essays of the State Medical Society, and the President, Dr. Jos. Jones, has appointed Dr. Bruns to the position. Dr. Bruns informs us that he will begin immediately sending out to the members written requests for papers and reports of cases to be read at the next meeting of the society.

DR. THOS. F. WOOD, editor of the *North Carolina*

Medical Journal, is again able to walk, after a year's confinement to his bed to favor the removal of an aneurism, from which he suffered, caused by over-exertion in a botanic excursion in the mountains of North Carolina.—*New York Medical Journal*. Our friend, Dr. Wood, has our sincerest congratulations and good wishes.

THE South Carolina Medical Society celebrated its ninety-eighth anniversary on the evening of December 12th. As is the custom, new officers were elected as follows: President, Dr. Manning Simons; Vice-President, Dr. T. Grange Simons; Treasurer, Dr. John L. Dawson, Jr.; Secretary, Dr. Charles W. Kollock. After the meeting a handsome supper was served at the Charleston Hotel. This is not the State Society as its name might indicate, but is the County Medical Society.

The new Charleston City Hospital is rapidly nearing completion, and the site chosen on the banks of the Ashley is in every way desirable.—*Medical News*.

A MEANS OF PROTECTION AGAINST MOSQUITOES.—*Union Médicale* publishes the following recipe for getting rid of gnats and mosquitoes: Pour a small quantity of a two per cent. carbolic acid solution into a saucer. Dip the fingers into the liquid, and sprinkle sheets, coverlet, pillow and bolster on both sides, the edges of bed curtains and the wall next to the bed. The face and neck may also be slightly wetted with the solution. Not a single gnat or mosquito will come near, and a comfortable night's rest may be looked forward to.

THE TEXAS MEDICAL ASSOCIATION.—At the next meeting of the Association, according to *Daniel's Medical Journal*, there will be presented for consideration a new constitution and by-laws. The subject has been made the special order for the first day of the session. Under the present working, one representative only from each county votes, whether there be in that county one physician or one hundred, and that delegate has a voice in the election of all officers. Hence the minority virtually rules in all elections. It is urged that the Association should have a place of permanent abode and of annual meeting for many good reasons. Should the Association change its plan of meeting at a different place each year, Austin will doubtless be selected for its permanent home, and a State medical library will in all probability be established.—*New York Medical Journal*.

MORTUARY REPORT OF NEW ORLEANS

FOR DECEMBER, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	4	7	6	5	9	2	11
“ Congestive.....	3	1	3	1	2	2	4
Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	2	.....	2	.....	2	.....	2
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	6	1	4	3	6	1	7
“ Puerperal.....	2	3	.....	5	5	.....	5
“ Typho-Malarial.....	3	3	4	2	3	3	6
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	25	2	12	15	.....	27	27
Whooping Cough.....	.....	.....	.....	.....	.....	.....	.....
Meningitis.....	13	4	10	7	8	9	17
Pneumonia.....	19	23	23	19	24	18	42
Bronchitis.....	10	3	10	3	3	10	13
Consumption.....	33	26	32	27	58	1	59
Congestion of Brain.....	4	1	4	1	4	1	5
Diarrhœa.....	5	6	8	3	11	.....	11
Cholera Infantum.....	7	1	6	2	.....	8	8
Dysentery.....	5	7	6	6	10	2	12
Debility, General.....	2	5	4	3	7	.....	7
“ Senile.....	12	16	7	21	28	.....	28
“ Infantile.....	7	5	6	6	.....	12	12
All other Causes.....	171	91	169	93	173	89	262

Still Born Children—White, 21; Colored, 23; Total, 44.

Population of City.—White, 176,500

“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 22.64.

“ “ “ “ “ “ Colored, 37.13.

“ “ “ “ “ “ Total, 26.59.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

MONTHLY METEOROLOGICAL BULLETIN OF THE LOUISIANA WEATHER }
Service for December, 1887. New Orleans, January 1, 1888. }

The mean temperature of the State for the past month was several degrees below the December normal (52 degrees) of past sixteen years; the highest temperature occurred on the 3d and 4th and the lowest on the 21st, 25th and 29th. Rain and snow fell in measurable quantities on fifteen days; the average amount being slightly in excess of the December average (a trifle over five inches) in the northern, and over two inches in excess in the southern portion. The several areas of high and low pressure affecting Louisiana during the past month were as follows: A cyclone disturbance moving from Kansas northeastward over the lakes resulted in rain in the northern parishes on 2d and 3d, and throughout the State on the 4th. A cyclone in the Gulf caused heavy rain in northern, and light rain in the southern portions on 6th, 7th and 8th. This storm moved northerly, being central in western Kentucky and Tennessee on morning of 10th, at which time an anti-cyclone developed in the far Northwest, moving southerly to Arkansas by morning of 12th, causing a fall of from 10 to 15 degrees in temperature in the northern section. A cyclone was located on the Texas coast on A. M. of 13th for which storm signals were ordered, the wind attaining a velocity of thirty miles per hour in this

[CONTINUED ON NEXT PAGE.]

METEOROLOGICAL SUMMARY—DECEMBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Prec'p. in in. & hund.	GENERAL ITEMS.	
		Mean	Max.	Min.			
1	30.29	53.7	58.0	46.4	....	Mean Barometer, 30.023.	
2	30.15	63.0	68.3	55.0	....	Highest Barometer, 30.54, 20th.	
3	30.08	68.0	75.8	63.2	....	Lowest Barometer, 29.63, 24th.	
4	30.11	66.0	74.8	62.7	1.62	Monthly Range of Barometer, 0.91.	
5	30.20	60.7	64.1	57.4	....	Mean Temperature, 52.9.	
6	30.13	58.7	65.6	50.8	....	Highest Temperature, 77.0, 7th.	
7	29.94	67.7	77.0	60.0	.13	Lowest Temperature, 29.4, 30th.	
8	29.84	59.0	67.8	54.0	.20	Monthly Range of Temperature, 47.6.	
9	29.87	55.3	59.5	51.0	....	Greatest daily range of Temp., 29.2, 30th.	
10	29.96	54.7	60.0	49.0	....	Least daily range of Temp., 4.7, 14th.	
11	30.08	57.0	61.7	50.3	....	Mean daily range of Temperature, 13.4.	
12	30.15	51.7	58.7	48.7	....	Mean Daily Dew-point, 46.7.	
13	29.95	55.3	60.0	47.1	.73	Mean Daily Relative Humidity, 81.1.	
14	29.94	54.7	56.8	52.1	.63	Prevailing Direction of Wind, N. E.	
15	30.02	55.0	57.8	53.0	.07	Highest Velocity of wind and direction, 33 miles South on 31st.	
16	29.91	49.3	54.3	46.8	.64	Total Movement of Wind, 6625 miles.	
17	29.95	43.3	48.2	41.5	....	Total precipitation, 7.56 inches.	
18	30.00	48.7	60.0	38.8	....	Number of days on which .01 inch or more of precipitation fell, 15.	
19	29.77	58.3	68.2	47.5	.65	No. of clear days, 5. No. of fair days, 11. No. of cloudy days, 15.	
20	30.00	53.0	60.2	47.5	....	MEAN TEMPERATURE FOR THIS MONTH IN	
21	30.25	38.3	48.2	36.0	.06	1872.....	1880..... 53.0
22	30.13	35.7	39.1	32.2	.63	1873..... 56.0	1881..... 59.2
23	29.84	42.0	44.2	36.6	1.37	1874..... 58.8	1882..... 54.0
24	29.76	40.3	45.0	38.0	.69	1875..... 61.5	1883..... 60.3
25	29.95	39.7	46.0	33.3	....	1876..... 48.0	1884..... 58.7
26	29.85	51.3	62.0	37.9	.06	1877..... 55.0	1885..... 53.1
27	29.88	57.0	65.0	43.0	....	1878..... 51.2	1886..... 51.6
28	30.30	49.0	68.3	40.0	.05	1879..... 59.8	1887..... 52.9
29	30.49	37.7	43.0	29.7	....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN	
30	30.15	49.0	58.6	29.4	....	1872... 8.69	1883... 3.47
31	29.74	67.3	74.2	57.3	.03	1873... 1.79	1879... 2.90
Sums	.....	.....	.....	.....	7.56	1884... 8.01	1885... 4.38
Means	30.023	52.9	.....	.....	.....	1875... 5.15	1881... 6.62
						1876... 9.57	1882... 4.27
						1887... 7.56	
						1877... 4.96	

Dates of Frosts { Light, 25th.
Killing, 29th and 30th.

city. This storm was accompanied by heavy rain in the southern section, and was followed by a secondary depression from the Gulf on the 16th, that moved northeasterly off the Carolina coast on 17th. A cyclonic disturbance formed in northern Texas on A. M. of 19th, that moved easterly, causing moderately heavy rainfall. An anti-cyclone formed in the Northwest Territories on the 10th, for which a cold wave warning was ordered, the temperature falling thirty degrees by A. M. of 22d.; light rain, hail and snow resulted from this sudden change of temperature. On the morning of the 23d, a cyclone was observed central in the Gulf that caused the heaviest general precipitation of the month on the 23d and 24th, averaging one and one half inches. The meteorological paradox of the month was the formation of a cyclone in Wyoming and an anti-cyclone due north of it in the British possessions on morning of 26th. Twenty-four hours thereafter the cyclone was central in Indian Territory, and the anti-cyclone covered Dakota and eastern Montana. The cyclone was attracted by and moved out over the lakes; the anti-cyclone moved due south, causing a fall of sixteen degrees in the temperature of the northern portion by A. M. of 28th, and a further fall of from 20 to 25 degrees throughout the State by A. M. of 29th. Storm and cold-wave signals were ordered for these disturbances. A cyclone formed in Wyoming on A. M. of 30th, and was central in Iowa on 31st, resulting in heavy cloudiness and rain on the latter date, to be followed by a cold-wave to open the year.

R. E. KERKAM, *Signal Corps Director*

NEW ORLEANS
MEDICAL AND SURGICAL JOURNAL.

MARCH, 1888.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

On Bronchotomy as Indicated in the Treatment of Pseudo-Membranous Croup.

By THOS. HEBERT, M. D., New Iberia, La.; Read before the Attakapas Medical Society, Lafayette, December, 6, 1887.

After a perusal of current literature upon the subject of False Membrane upon the Larynx, and its attendant train of desperate and anguish-inspiring symptoms, one is apt to note a material difference between the claims of authors as based upon a proposed judicious system of local and general treatment, and the results thereof as practically demonstrated by the outcome of one's own particular bedside experience. Whether it be that we, as a general rule, are not called in soon enough to the majority of the cases of true croup to apply sufficiently and effectively the agents and methods recommended, or whether we fail in applying them properly and most thoroughly—certain it is that a considerable variation exists between the theoretical and practical in the treatment of croupous laryngitis. We, in plain words, do not get in practice the actual results that would coincide with the claims of authors as laid down in the books. These, it seems to me, lay too much stress or attribute too much importance to the results obtainable from medical treatment, and the hope is created by the

character of the teachings that some good of a permanent kind is to be expected from an application of remedies to a disease which we know from our own disagreeable or sad experience is almost of necessity an absolutely fatal one. I am tempted to ask you, how many children are alive to-day in any given community under your observation, who have survived attacks of pseudo-membranous croup, through the agency or instrumentality of medicines only? I have seen the statistics of recovery in this disease given as somewhat like one in ten. Take the operation out of the treatment and what proportion of cases do recover? Such a proportion the books would lead us to believe as to render the medicinal treatment of great importance and satisfactory efficiency. One authority of note claims that when a certain remedy had been applied persistently, he had not lost one single case in years. If this be so, if such a result has been obtained, pseudo-membranous croup must be placed among the mildest of mild diseases. All its terrors must vanish, and its fatality must be relegated to the ghostly horrors of the past. Well, after having read such encouraging news, the first case of the disease encountered is put upon the vaunted specific. All attendant circumstances are carefully watched. Great care is exercised to minutely follow details, and the results are anxiously expected. Not with too sanguine hopes, perhaps, but I watch for results different from those I am accustomed to see. But the end is the same! Death arrives all the same. I am led to believe that those enthusiasts so ready to cry forth, *Eureka!* have mixed things considerably, have taken one disease for another, or have *mistaken* a molehill for a mountain.

I am aware that, so far as my experience warrants me in forming an opinion, little confidence is to be placed in remedies, so far as this disease is concerned. All the little patients in whom the disease has existed, and *in whose cases there could not possibly be room for doubt as to the nature of the disease*, have followed the same pathway to the same end. And, nevertheless, I have used

all the vaunted remedies, the infallible specifics, claimed by others, for the disease, and I have seen others try them persistently and fully; I expect to try others as they are proclaimed or recommended. But I, for one, am a complete and full-fledged sceptic in regard to the benefits of medication in true croup. I have no faith in the application of remedies when there is not time sufficient, at least, to get their full effects, and I have yet to encounter a case, with, perhaps, one exception, whose duration allowed the time necessary to the desperate practitioner in pseudo-membranous croup.

We know too well what croup is. Who among you, gentlemen, can point to his case of croup cured by non-operative treatment alone? If, perchance, you have one such case, have you cured, or ever seen cured, one in ten?

I seriously question the propriety of such advice as would lead the physician to form hopes of cure in a disease so eminently fatal as true croup from medication alone, when, having tried all remedies extolled in its treatment, we see no difference in ultimate results. I do not believe that the vast majority of cases afford the lapse of time necessary to detach a false membrane and cause the child to reject it. Have you taken the trouble to find the necessary time to effect the disappearance of a false membrane from the throat, in a situation where it can ordinarily be easily seen and watched? I have used, time and again, all applications recommended in the local treatment of diphtheritic membranes. The shortest time I have ever consumed in causing the complete detachment or disappearance of a false membrane is forty-eight hours; and the vast majority of cases of membranous laryngitis die before that time has elapsed.

I grant that if we could see our cases of this disease at their inception, our satisfaction at the results of non-operative treatment might fairly be increased. But in one hundred cases, say, to which a physician, a country practitioner especially, might be called, he would find this to be the condition of things at his arrival upon the scene: The

child, the parents say, "caught cold," a day or two before was hoarse, and had a croupy cough. The physician finds that he has been sent for only after this croupy cough and the stridulent respiration have alarmed the parents. The false membrane has already well formed, is growing rapidly, and in 99 cases out of 100, the physician will recognize that he may have only about twenty-four hours, if so much, in which to work. Is it that in our moist climate the disease finds its most favorable conditions of development, and, therefore, runs a shorter course than in others, for in books we read of cases lasting four or five days, or a week.

Frankly speaking, gentlemen, can any of you recall a case of the disease, from the time you first saw it, lasting four or five days, or a week? If at all, you have not seen many of such a character. Your little patient has generally succumbed to the disease within the forty-eight hours after you first saw it.

To particularize, I would state that, when no less an authority than Prof. Byford states or claims that by using the oxy-sulphuret of mercury* (Turpeth mineral) as an emetic, and possible dissolvent, from the beginning to the end of a case, he has not lost a child with pseudo-membranous croup in years, one is led to hope that a favorable result can be obtained from its use in the next case that comes to hand. Well, I have sat by my little patient and drugged her, or him, with the dose described, making the child vomit time and again, with the well-nigh vain hope that after persistent and heroic trials, the false membrane may be loosened and rejected. But from several efforts of the kind, fairly instituted, I can claim no other than the usual result.

Another physician reports in a medical journal, and I hear the same from the mouth of a practitioner, that mercury in the form of calomel, the bichloride or biniodide, has succeeded remarkably well in many cases. I have essayed this treatment in several cases. I have, I believe,

*Vide Smith on Diseases of Children.

made a fair test of the drug's value in this disease, but only and always with the usual result.

I notice in our NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, that a French physician, whose name I do not recall at the present writing, claims benzoate of sodium as a remarkable agent of cure in diphtheria. With respect to false membrane upon the larynx, my past experience with the vaunted remedies for this disease, leads me to predict that the usual result (utter failure) will follow its administration. However, as with other remedies, we shall act with this, and use it in our next cases; mayhap it is worthy of trial. But who among you, gentlemen, entertains the hope that with benzoate of sodium the long series of disappointments with medication in pseudo-membranous croup will, at least partially, come to an end? I, for one, take it *cum grano salis*, with the hope, it is true, because the remedy is in my hands yet untried, that it may prove of greater service than the long list of those whose failures to accomplish the end desired are in my experience matters of record.

Our little patients all die after a trial of each and every remedy recommended in the treatment. It is rational treatment no doubt, is of temporary benefit in relieving the child of spasm and accumulated secretions, but it saves not. I say all, but perhaps that is not true. As before stated, statistics give a mortality of nine in ten. Everyone's experience will give a mortality certainly very much higher than this. Such is my experience, calculated, of course, from less than one hundred cases treated by me. Are your several experiences different, gentlemen? Do the results you have been able to obtain in the treatment of the affection under consideration agree at all with the proportions here stated? I claim one case out of a total of twenty-five, cured by medication alone. One solitary patient snatched from a painful death by the administration of bichloride of mercury and emetics. But the disease remained at a stationary degree of severity during the unusually long time comprised in the lapse of three days. One night at the

end of this period, the mother states that the child (a girl 2 years of age) vomited an unusually large accumulation of mucus, in which she noted some shreds or fragments like parchment. But in spite of my instructions to carefully preserve such vomited material, she threw it away and I did not have the opportunity of verifying its presence in the vomit. But I found my patient unexpectedly better, and free from urgent symptoms. She, after this event, recovered rapidly. You may ask me if this was a genuine case of the disease. I answer, I firmly believe so, but I am not sure. All the symptoms of the disease were present excepting the gradual progression of asphyxia, and the sudden turn for the better after the spell of emesis referred to adds much to the certainty of the diagnosis in the case. In my experience, and no doubt in yours, a case of pseudo-membranous croup which lasts three days after the physician's first visit is a marked exception to the general rule.

What is the usual course of treatment pursued, time after time, case after case, in a dead, set, routine style? Nauseant and depressing drugs are given and persisted in until the symptoms that grow worse, point to the sure ending in death. And when death begins to show its impress in the cyanosed hue and somnolence of asphyxia, and the gathering mucus in the throat and tubes, and fluttering and irregularly rapid pulse-beat of exhaustion, and when the strident respiration grates less harshly upon the ear of the attending physician, an operation is sometimes proposed, but only as a last resort from which little hope of saving the patient can be extracted. We thus propose to perform what is for the child a very serious operation, which has its attendant degree of surgical shock, on a patient peculiarly liable to shock on account of its tender age and nervous susceptibility, at a time when it has been weakened by drugs and disease until cough sometimes is no more and the lungs clogged with mucus, which cannot be expectorated or vomited out of the way. And such a course is recommended in the books, it is according to the Canon of

Professional Law! Not perhaps to the extent of advising a postponement to the last possible moment, but, at any rate, we are counseled to try remedies persistently, for the purpose of arriving, possibly, at a result that rarely comes (very rarely, indeed), and to choose a moment after the constant *and thorough* use of medicine to perform the operation of putting a tube in the throat. How many patients, after the arrival of the physician, can afford to go much further without a freedom of respiration, or can afford to be experimented upon with depressing medication before the operation is attempted? I maintain that the majority of patients have been more or less weakened by the length of time the disease has existed, and, probably, often by the doses of medicines already given by attendants, when the physician is called for the first time to see his patient. Statistics prove that the results obtainable by the present methods of timing the operation are amenable to a very satisfactory amelioration, so as to show up the relative figures in a more favorable light on the side of recovery.

Why go on in this all too beaten track when experience proves the value of time in this disease, lost in vain efforts at medication? In view of the fact that pseudo-membranous croup is, perhaps, the most fatal of all diseases affecting children, and that its fatal and desperate character depends upon the locality affected, and the intimate, organic connection between the false membrane and the mucous surface upon which it has its adventitious growth, any treatment which would fairly and obviously diminish the risk of death must be a rational and acceptable treatment. No sickly sentimentality should prove the want of sufficient courage on the part of the physician, who is, so far as his science, art and skill qualify him, directly responsible for the life and welfare of his patient to that degree that his science and skill have the power of relieving or saving his patient. If the vast majority of patients affected with membranous laryngitis die, no matter what the form and manner of non-operative treatment applied, then the vast majority should be allowed any chance, however slim, that

offers an escape from death. Does bronchotomy offer this chance? Let us consult the statistics of the operation in true croup, and compare them with the statistics of the disease, after all forms of treatment, and we will see that the operations, included under the general term, increase the percentage of recoveries, and should be performed, one or the other, in the vast majority of our patients affected with true croup as often as we are permitted by responsible parties, otherwise our patients would surely go to their graves without a tube in their throats to offer them a chance of living.

If the prevalent treatment is calculated to weaken the little patient without permanent ultimate benefit, and if the chances of success after an operation would be fairly increased by taking the opportunity of performing it early in the course of the disease when the child is yet in its full strength or as nearly so as possible, this would seem to me to be the proper rule of guidance, one which I believe would be followed by a greater percentage of recoveries, and which would best counteract the conditions under which the disease manifests its potent tendency to destroy:

Operate as early and as often as the circumstances and consent of responsible parties will allow.

Operate before the child has been weakened by depressing remedies and the inevitable course of the disease.

Operate before the lungs have become clogged with mucus; before the veins of the neck have become overfull from inefficient respiration; and before the risk of severe hemorrhage will materially diminish the chances of success.

Operate even before the usual course of treatment will have been instituted if the case under observation does not seem to offer more than the usual time in which to work with medicines, and the usual chances of succeeding.

Advise the operation in all cases of patients above one

year of age, in whom the disease is fairly well recognized at your first visit, so that no time may be lost in rendering the operation a fairly safe and successful one.

By such a course, I believe, success should be more often achieved. I, for one, shall certainly endeavor in the future, as I have partly endeavored in the past, to apply these rules as fully and often as I can.

Why should country practitioners not operate as often as our brethren more favorably situated in the cities? I believe that if we in the country would operate as often as physicians do in cities, the pure air of the country would give us more favorable results.

But the operation is not looked upon with favor by physicians in the country. Some man, years ago it may be, operated upon a child in a locality, and lost his patient. That is sometimes *actually* taken as a sufficient reason to prevent a whole generation of physicians from ever once attempting the operation! Or a physician fails in his first attempt. That, again, is sufficient in his estimation to prevent him from ever attempting to operate a second time. You will say that such reasoning is not sound; but I have heard it brought forward to deter others from operating nevertheless.

Is it that we fear to fail in our operations? Then we are not up to the moral responsibilities of our professional position. A failure cannot work us harm when all risks have been well explained beforehand. If the amputation of a limb fails to save the life of a badly-mangled patient, we do not hesitate to amputate again when necessity obliges us. Then opening the trachea to insert a tube should no more be avoided in cases where it becomes a necessity, than amputation or the excision of a tumor, or any other operation of a serious character.

To illustrate fairly well the good results of the operation when performed early in the course of pseudo-membranous croup, I cite here an experience of my own, which has lately occurred to me:

I visited a child *six miles from my domicile* one even-

ing, and *unexpectedly* stumbled upon a case of the disease under consideration. I had no tube with me and no time to send for an assistant, but advised the operation as the only hope for the patient, who already began to show the well-marked signs of asphyxia. The parents consented. I found the bronchi fortunately clear of râles. She had shown signs of the disease the day before and would not have been alive at midnight most probably. I found a person who was willing to hold the child for me. I despatched a messenger to my office for the necessary articles and proceeded to operate upon the child. In the dusk of the evening, before a light could be procured, I severed an artery, which was ligated before I opened the trachea. *Three rings* were divided, including the cricoid cartilage, and the *curved* end of my male silver catheter introduced, through which the air immediately entered freely. I was obliged to hold this catheter section in the trachea *three and a half hours*, awaiting the messenger's arrival. The tube was finally brought and inserted in lieu of the catheter. The attendants were well instructed in its manipulation, and I did not leave until I was convinced that they knew how to manage it. I left another tube for them to practise upon. My little patient (a girl five years of age) did well during two days. The third day I noticed the first symptoms of what proved to be a very severe attack of cutaneous erysipelas developing around the wound. Five days after the operation, the patient in the meanwhile having been put upon full doses of chlorate of potassa, dilute muriatic acid, bichloride mercury and muriated tincture of iron and quinine, the false membrane was rejected in a mass of bloody pus from the throat. The erysipelas, which extended over and blistered entirely the whole front aspect of the neck and three-fourths of the chest area, fortunately began to wane at the end of six or seven days.

She has made an excellent recovery, after having, for precaution's sake, kept the tube in her throat fifteen days. The air now enters very freely by the natural passage and the throat wound is entirely closed. (Written twenty-five

days after operation.) I would call your attention to the fact that she had not taken a dose of nauseating medicine, and her strength was such after the operation and loss of blood, as enabled her to bear a very severe complication without difficulty. I am satisfied that if I had lost time even for an hour or two in trying the usual remedies, the chances of success in this case would have been very seriously jeopardized.

Let us, then, country practitioners, put ourselves in line with the profession in general, and operate on our little patients under the most favorable circumstances, and before their strength will have been exhausted.

I have heard urged as an objection to the operation in many instances in the country, that no competent lay person or nurse can be found, except rarely, who can or will pay the proper assiduous attention to the tube after its introduction, and, of course, the physician operating cannot, but rarely, afford to be present by his patient all the time, or even cannot have, as a general rule, an assistant to alternate at nursing the patient with him. I know that with proper care any person of ordinary intelligence can be trained to attend to the patient properly during the intervals between the visits of the medical attendant. In the case I have just cited nobody in the house was even intelligent enough or cultured to know how to read and write, and yet they were trained to pay all necessary heed to the necessities of the case. They even, zealously, entered into the spirit of the situation, and heartily lent all their efforts to aid me in saving my little patient.

Towards the *last I could* not sometimes on account of other exacting professional work pay but one visit in forty-eight hours. I would find that my instructions were as well carried out as if I had been there to attend to matters myself. And I warrant the assertion that this is not an exception to a general rule. The physician, when necessary, can in the majority of cases train some persons in the house or neighborhood to attend to matters properly during his absence.

I do not mention in this communication a later method of relief known as "*Intubation*," or the thrusting of a properly-shaped tube directly between the *vocal cords* into the glottis itself. I have not yet had an opportunity of trying this method, and I am not aware of its advantage, if it has any, over the usual methods of operation in cases of pseudo-membranous or diphtheritic croup.

On the Surgical Branch of the Main Arteries.

By EDMOND SOUCHON, M. D., Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana, New Orleans, La. [Written for the International Medical Congress of 1887].

It is a very remarkable anatomical fact, that all the main arteries of the human body give off a collateral branch, which very often presents such importance in operative surgery or in surgical pathology, that I will call it the *surgical branch* of that artery. It is most commonly single, but in some few instances we find a *principal branch* and a smaller *accessory branch*. The type of such surgical collateral branch is represented by the deep femoral (*Profunda*). The branch, as a rule, originates from the deeper portions of the artery and is distributed to the deeper parts.

The surgical importance of *this* collateral branch is not so much because of its size when cut, but because it is mostly the great anastomotic medium by which the blood is carried to the parts beyond the main trunk, when this has been ligated or when the circulation has been interrupted through it from any cause. It is, in fact, the *safety branch* of the circulation of the region beyond; it is, indeed, a remarkable provision of nature which thus insures the nutrition of the distant parts against accident to the main channel.

A thorough knowledge of these branches is most important to the understanding of the following points:

1. To properly manage primary and secondary arterial hemorrhage.
2. In treating primary and recurrent aneurisms by com

pression and by ligature. A lack of the proper knowledge of this surgical branch may cause a ligature for primary or secondary hemorrhage, and primary or recurrent aneurisms to be placed improperly and thus fail to cure the trouble. It may also be the cause of serious operations being performed for recurrent aneurisms, specially such as ligature of a still larger artery or the extirpation of the sac, when the ligature of the surgical collateral branch would have effected a cure; worse than that, death has been caused by secondary hemorrhage because the surgeon was ignorant of the important role which this surgical branch plays. The files of our journals show many such cases.

3. So too in treating wounds of the large surgical veins, where it becomes necessary after ligating the wounded vein to ligate also the main artery below the largest collateral, if the limb becomes *swollen and blue to an alarming extent* thereby diminishing the supply of arterial blood and equalizing the circulation of the limb. In these cases if the point of ligation is not properly selected, gangrene may follow as the result of the arterial ligation itself.

4. The same remarks apply to cases where from some cause or other a venous hemorrhage cannot be arrested by the ordinary means and we must ligate the corresponding artery to *arrest the bleeding*.

5. The gravity of the ligation of the main artery just above the point of origin of this collateral branch, since the most important anastomotic channel is also shut off; hence the danger of gangrene.

6. The great importance of always placing the ligature on the distal side of this collateral branch unless it is practically impossible.

7. The necessity in some cases of putting a ligature around this collateral branch itself to arrest secondary hemorrhage or to overcome the return of pulsation in aneurisms affecting the main artery.

8. The surgeon should always bear in mind when operating upon the main artery of a region or on the

surgical collateral branch of this artery, that the *ligation is not safe unless done at least one-third of an inch from the point of origin of the surgical collateral branch*. If the ligature is placed on the main artery immediately above and near the origin of the collateral artery, the blood passing through the collateral circulation into the surgical branch and then into the main trunk will prevent the formation of a clot in the main artery between the ligature and the origin of the surgical branch, and the result will be secondary hemorrhage. The same result will follow if the ligature is placed on the main artery beyond the point of origin of the surgical branch but close to it, since the blood passing from the main artery into the surgical branch will also prevent the formation of a clot. Again, we will run great risk of secondary hemorrhage if we ligate the surgical branch too close to its point of origin, since the blood passing in a continuous stream will wash out the clot as fast as formed.

We will now review the main arteries of the body and point out the surgical collateral branch connected with each and every one of them. In many cases the point will be seen and recognized at once; in others it may at first seem a little strained, but upon second thought it will be found that the law everywhere holds good.

A. ARCH OF AORTA AND DIVISIONS.

1. Truly of the three branches originating from the arch of the aorta, the surgical collateral branch is the *innominate artery*. It is more frequently the seat of aneurisms than either the first portion of the left carotid or the left subclavian; it is by far more accessible than the first portion of the left subclavian; it has been twice ligated successfully for aneurisms of the second and third portions of the subclavian, whereas ligations of the first portion of the left subclavian have all failed. The accessory surgical branch is here the *right carotid*, and because of this it has to be ligated also in all cases of ligation of the in-

nominate artery to prevent the return of the blood through the Circle of Willis.

2. *The common carotid and the internal carotid* form really but one artery, and its surgical collateral branch is the *external carotid*. All the remarks made above apply with force to this artery. It is of the greatest importance whether the common carotid is ligated or the internal or the external. Any ligature applied to cut off the circulation of the external carotid will not accomplish its object unless one or two important points are attended to most carefully. We may apply the ligature at the bifurcation, but this unnecessarily deprives the brain of needed blood. It is therefore best to ligate the external carotid itself, but taking care to ligate at the same time the inferior thyroid, the lingual and also the facial if it is near by; otherwise we will have secondary hemorrhage, either because to avoid tying the branches the ligature must be placed too close to the common carotid, or because if the ligature is applied on the external carotid at the requisite distance, the inferior thyroid or the lingual will be permeated by the current and will prevent the formation of clots. The cases of Dr. Bull, of New York, show this conclusively.

3. The surgical collateral branch of the *external carotid* itself is the *occipital artery*, on account of its *descending cervical* branch, which anastomoses with the ascending cervical branch of the superior intercostal from the subclavian.

4. The surgical collateral branches of the *internal carotid* are the *anterior* and *posterior communicating* arteries; though they are beyond the reach of the surgeon, they play such an important part in the surgical pathology of primary and secondary hemorrhage and in the return of pulsations in aneurisms, that we must count them among the most important collateral surgical branches in the body.

5. The true surgical collateral branch of the *subclavian artery* is unquestionably the *vertebral artery*, because of its size and because of its free anastomoses within the Circle of Willis with its fellow by means of the basilar artery and

with the internal carotid through the posterior cerebral and the posterior communicating arteries. Clinical experience teaches this most beautifully in the case of Banks.

The now historical case of this man, Banks, operated on in 1861 by Dr. A. W. Smythe of this city, is so instructive, that I will recall here its main features. The aneurism affected the third portion of the right subclavian; it was traumatic; it was of the size of a duck's egg. The innominate, the right carotid and the subclavian were ligated with effect, but a few days afterwards secondary hemorrhage from the distal end of the subclavian occurred, necessitating the ligation of the vertebral artery. This practically cured the aneurism, though there still remained a pulsating spot no larger than a small pigeon's egg. The patient remained in this condition for ten years, when having taken to house-painting he used his right arm altogether; this started the tumor to growing again and he came back to Dr. Smythe at the Charity Hospital. *The internal mammary* was ligated without any effect. The sac became inflamed and as it threatened to rupture it was opened and the cavity plugged tightly; the patient died four days afterwards of exhaustion from loss of blood. The body was dissected by myself and my report to Dr. Smythe published in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*. It was found that the innominate, the carotid, the subclavian, the vertebral and the mammary were reduced to membranous cords; none of the other branches of the subclavian were perceptibly larger, but the perforating branches of the aortic intercostals and the branches of the subscapular were much enlarged. Surgeons are almost fully impressed by this case that ligation of the vertebral should be, they say, performed at the same sitting as that of the innominate, of the common carotid, and subclavian, if we wish to cure an aneurism of the third portion of the subclavian. This, I think, was the course followed by Professor Durante, of Rome, in his case—the second successful case on record.

The internal mammary plays no important part in the

surgical pathology of aneurism of the subclavian artery. It was ligated by Dr. Smythe in the case of Banks and it had no decidedly perceptible effect on the aneurism. I would say as much of the superior intercostal in spite of its ascending branch anastomosing freely with the occipital, as it was not found enlarged upon dissecting the body of Banks. The same applies to the other branches of the subclavian artery.

6. The surgical collateral branch of the *axillary artery* is the *subscapular*. It was through the anastomoses of this branch with the perforating intercostals from the aorta that the blood was carried back into the sac in the ever instructive case of Banks. These anastomoses were numerous and large. Dr. Smythe and myself had of course thought of them as being the channels through which the right arm was nourished, but we had never thought that upon striking the axillary artery the blood would divide and send a *retrograde current back towards the heart* into the aneurism. Had we ligated the axillary artery *above* the origin of the subscapular artery, between that origin and the sac, it is my firm belief that Banks would have been saved a third time and cured permanently.

It is important to remember that it would not be proper in such cases to ligate the subscapular itself nor to ligate the axillary below the origin of the subscapular, since either procedure would cut off the most important source of supply to the arm and would very likely be followed by gangrene.

The *posterior circumflex* may be considered here as the accessory surgical branch of the axillary.

7. The surgical collateral branch of the *brachial artery* is the *superior deep brachial* (profunda). Its analogy with the deep femoral is striking. The accessory branch is the *great anastomotic*, which insures the collateral circulation on the inside of the elbow by anastomosing with the recurrent ulnar and interosseous, as the deep brachial in-

sures it on the outside by anastomosing with the recurrent radial.

8. *The surgical collateral branch of the radial artery is the recurrent radial.* Its accessory branch is the *volar branch* to the superficial palmar arch.

9. The surgical collateral branch of the *ulnar artery* is the *interosseous*, because of its anastomoses through its recurrent branch with the deep brachial, and below with the anterior and posterior carpal arteries from the radial and ulnar; it is through the last anastomoses mainly that the blood reaches the hand when both the radial and ulnar have been ligated in their course.

The accessory surgical branch of the ulnar artery is the *deep anastomotic* branch to the deep palmar arch.

B. THORACIC AORTA.

11. The surgical branches of the thoracic aorta are the intercostal arteries, important because of the part its anastomoses with the subscapular artery play in the surgical pathology of subclavian aneurisms, as explained above.

C. ABDOMINAL AORTA.

12. Truly the surgical branch of the abdominal aorta is the *cæliac axis*, not so much on account of its size, since the renal arteries are larger, but because of its anastomoses in the omentum with the superior mesenteric artery through the right gastro-epiploic from the hepatic and the left gastro-epiploic from the splenic.

13. The only other branches which play a role are the *middle sacral* and specially the *lumbar arteries*.

D. THE ILIACS AND DIVISIONS.

Here we will find almost the same arrangements as in the neck and upper extremities.

14. The common iliac and the external iliac form really but one artery, as the common and external carotids. And just as we find that the external carotid is the true surgical collateral branch of the carotids, here we find that

the true surgical collateral branch of the *common and external iliacs* is the *internal iliac artery*. And again, just as we find the occipital and its descending cervical branch to be the accessory surgical branch of the external iliac, we find that the accessory branch is represented by the *ischiatric artery* because of its anastomoses with the branches of the deep femoral.

15. The surgical collateral branch of the *external iliac* is the *epigastric*, because it anastomoses with the internal mammary; its accessory branch is the circumflex iliac, because of its anastomoses with the lumbar arteries from the aorta.

16. The surgical collateral branch of the *femoral artery* is the *deep femoral* or *profunda*, on account of its anastomoses above with the ischiatic from the internal iliac, and below with the articular arteries from the popliteal. It is the typical surgical collateral branch. It corresponds to the deep brachial. The femoral artery possesses an *accessory surgical collateral* branch which is the *great anastomotic*, corresponding to the superior deep brachial.

17. The surgical collateral branch of the *popliteal artery* is the *anterior tibial*, because of its anastomoses above with the articular arteries and great anastomotic, and below through the perforating artery with the external plantar, posterior tibial and the anterior peroneal. It corresponds to the interosseous artery of the forearm, and plays just as important a part in the surgical pathology of the region.

The following case reported in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL* (1885), by Dr. David Jamison, Assistant House Surgeon of the Charity Hospital, demonstrates this conclusively:

“J. B. Narcisse, age 28 years, was admitted into Ward 2, August 28th, 1884. His trouble was a large pulsating tumor on the inner aspect of the right leg, about three inches from the knee-joint. He received a gun-shot wound in the leg two years before admission. The tumor made its appearance eighteen months after this injury..

After careful examination, the diagnosis of 'traumatic aneurism of the anterior and posterior tibial artery' was recorded. On September 6th, the man was brought under the influence of chloroform and a ligature placed around the popliteal artery. Pulsation in the tumor immediately ceased. The wound healed kindly and was completely closed by October 1st. Pulsations, however, returned in the tumor in two weeks after ligation of the popliteal and the tumor commenced again enlarging. As the patient suffered a good deal of pain, another effort was made to relieve him. Concluding that the collateral circulation had been established through the posterior tibial, a ligature was placed on the artery beyond the aneurism. No difference was noticed in the tumor. It pulsated as before, and by actual measurement was larger and firmer. One week later his condition had not improved. His pains were sharp and lancinating. The lymphatics in the groin were enlarged and the feet œdematous. *Large anastomotic vessels were found running into the tumor*, which continued slowly to increase. The tumor was now examined by Dr. A. W. Smythe, who said that it was being supplied through the anterior tibial, and on his suggestion the artery was ligated on the distal side. The pulsation in the tumor immediately ceased. For a long time it grew no smaller, but gradually the patient's condition improved, and six months later he was discharged from the hospital entirely cured.

The interesting feature about this case is the ligating of an artery carrying a retrograde or collateral current of blood to a recurrent aneurism, after the ligation of the artery on the cardiac side had failed to effect a cure. We believe this is the only instance in which ligation of the branch carrying collateral circulation to a recurrent aneurism has been successfully treated."

18. The surgical collateral branch of the posterior tibial is the *peroneal artery*. The peroneal because of the anastomoses through its anterior terminal branch with the tarsal arteries from the dorsal artery and the anterior tibial. It was

through these anastomoses that the blood found its way into the aneurismal sac in the case of the man Narcisse, if we admit that there was a retrograde current, but it is my belief that the blood was brought into the sac through the deep femoral and the articular arteries and *came out* of the sac through the anterior tibial.

HOSPITAL REPORTS AND CLINICAL NOTES.

ACID SUBLIMATE SOLUTIONS IN SURGICAL PRACTICE.

Reported by EARNEST LAPLACE, M. D., New Orleans, La.*

[In our last issue we published the translation by one of our staff of Dr. Laplace's article on the acid-sublimate solutions in surgical practice, originally published in the *Berliner Medicinische Wochenschrift* of October 6, 1887. We should have preferred much to publish the translation by the writer himself, which we have just received from him, but we shall, in view of our own already published, content ourselves with presenting the following extract from Dr. Laplace's own translation, which shows some additions and alterations.]

With the kind permission of Prof. Von Bergmann I was granted the opportunity of trying the solution and dressing at the Royal Surgical Station and Polyclinic. In the Surgical Station but three cases have been experimented upon :

Case I. Bed sores (decubitus). Patient in a very reduced condition. The dressing was applied at first without washing out the sores. After twenty-four hours I found the dressing drenched with pus and mostly green. Small pieces from the upper layers, 4th and 8th, were brought into bouillon tubes. Esmarch's rolled tubes were prepared from this. As a result it was found that the upper layer of the dressing was not sterile, while the 4th, 8th and 10th remained sterile. The next day the wound was washed off with the solution, sublimate 1-1000, tartaric acid 5-1000,

*Now in Berlin, Prussia

and the dressing reapplied. After twenty-four hours the dressing did not contain so much pus as the day previous, but the result of testing the dressing was the same as on the first day. The sore seemed to progress favorably.

Case II. Amputation of the thigh for senile gangrene. Wound very foul; cellular tissue gangrenous. Tampon of acid sublimate gauze introduced. Three specimens of the dressing were tested: 1st, where a large amount of pus covered the dressing; 2nd, where the dressing had absorbed the pus among its threads; 3d, where the dressing was only moistened by the exudation. In the first specimen bacteria developed; the second and third were sterile. It was repeated twice with the same results.

Case III. Suppurating hip joint in a boy 14 years old. A resection had been performed about one year ago. To-day, in and around the cicatrix several fistulæ exist, from which flows a large amount of pus. The parts were washed with the acid-sublimate solution, but from the small size of the fistulæ the solution could scarcely reach the deep seat of suppuration in the joint itself. Still the dressing was applied several days in succession. Each time it was found drenched with creamy yellow pus. The upper two layers when tested always developed bacteria, whereas the 4th, 6th, 8th, etc., remained sterile. These three cases sufficed to show that the dressing had *antiseptic* properties. The reason why the upper layers were not free from bacteria is that, unlike the experiments of the laboratory, in these a large amount of thick pus was continually brought to flow upon the same upper surface, which, after a certain length of time loses its antiseptic property by the sublimate being dissolved away.

Through the courtesy of Dr. Fehlheisen, I was granted in the polyclinic a series of cases more adapted to my purpose. These may be divided into two classes: 1st. Wounds in a *foul* and *suppurating* condition. 2d. *Fresh* wounds resulting from operations, etc.

Under the former class were three foul and suppurating

wounds of the finger and hand, one gangrene of little finger, abscess of back of hand, ulcers of leg. In treating each of these the suppurating surface was carefully cleansed and bathed about ten minutes with the acid-sublimate solution, and a compress, wet with this solution, was left upon the wound. The next day the same treatment was repeated. On removing the dressing there was scarcely a trace of pus. The dressing proved to be sterile.

The gangrenous finger was a case where amputation was indicated. However, the gangrenous tissue was removed, bathed ten minutes in the acid-sublimate solution, dressed with a wet compress, and the amputation postponed to the following day, when it was found that the foul odor had disappeared and healthy granulations were growing on the seat of injury. The dressing was removed, tested and found to be sterile. From then on the case progressed to full recovery with use of the finger, but very scanty suppuration taking place. Dressing always remained sterile.

Among the fresh wounds treated were an extirpation of two large lipomata from the back of the neck. The wound was *not* washed with the acid-sublimate solution, but merely packed with the acid-sublimate gauze, and then covered with gauze. After four days the flaps had completely healed by first intention, but there was a gathering of secretion at the lower part of the wound. This secretion was tested and found to contain bacteria (staphyl. pyog. aur. in large amount). A small piece of the tampon was also tested and found to be *sterile*. The case was completely healed by first intention in ten days. The amputation of a tuberculous finger healed rapidly by first intention, after being washed thoroughly with the acid-sublimate solution and application of acid-sublimate gauze. Neither secretion nor gauze contained bacteria. Tuberculous glands, removed from the neck, treated in the same way, healed rapidly by first intention, the secretion and dressing remaining sterile. Two perforating ulcers of the foot being scraped,

were washed ten minutes a day for a week with the acid-sublimate solution, and covered with gauze.

At the end of this time the ulcers were sterile, and they healed in three weeks.

Foul ulcers of the leg were cleaned of sloughs, washed about ten minutes a day with the acid-sublimate solution and dressed with the acid-sublimate gauze. In three days each ulcer was sterile and healing proceeded rapidly, without suppuration.

One case of periproctitis, after the abscess had been opened and the cavity washed out, a tampon wet with the solution was introduced within it, and in a few days the wound had healed without further suppuration. The dressing remained sterile.

Before closing I will call attention to the fact that since very nearly all the force of the sublimate is exerted in the acid solution, it must follow, as experiments upon animals have proved, that it is much stronger and therefore more toxic than the simple sublimate-solution now in use. Hence, when large surfaces and serous membranes are to be disinfected, a solution one-half the strength of that used for ordinary purposes is amply sufficient.

The following antiseptic oil destroys anthrax spores in twenty-four hours, and can therefore find extensive application: Sublimate, 0.1 gramme; ether, 10.0 grammes; hydrochloric acid, 1 gramme; olive oil, 200.0 grammes.

* * * * *

These acid-sublimate solutions are the only solutions that remain perfectly uniform and constant, all others forming, after resting some time, a deposit, due to gradual union of the mercury with mineral salts contained in the water.

A later article will contain the advantages of an addition of a strong mineral acid to carbolic acid solutions and to sublimate solutions for the purpose of general disinfection. This article will appear shortly in Koch's *Zeitschrift für Hygiene*.

A SAENGER CÆSAREAN SECTION.

(Reported by E. S. McKEE, Cincinnati, O.)

The conservative Cæsarean section of Saenger has been receiving high encomiums for a few months past. On the other side of the Atlantic, especially in Germany, the operation has been followed by wonderful success. The most flattering reports come to us from Saxony, the home of the operation. Leipsic gives us a list of seven cases done after the Saenger method, with seven recoveries of mothers and seven living children. Dresden reports fourteen cases, with thirteen mothers recovering and fourteen children. The reports on the Cæsarean operation in this country, which have been too bad to talk about, have improved considerably under the Saenger method. Cæsarean section has been done three times in Cincinnati, excluding two or three *post mortem* ones. Once by Dr. Walton on a dwarf, done early; once by Dr. Dandridge (laparolytrotomy), done late; and third and last, the case of Dr. Zinke, done about a year ago. All of these cases resulted fatally. The case of Dr. Zinke was performed on a primipara, after thirty-eight hours of labor. The diameters were: Conjugate, 2.5 in.; transverse, 4.5 in.; right oblique, 3.75 in.; left oblique, 3.75 in. Several unsuccessful efforts had been made to deliver with the forceps. Dr. Zinke attributed the death to long delayed and exhaustive labor, repeated unsuccessful attempts to deliver with the forceps, bad hygienic surroundings, shock, vomiting and peritonitis. He was sorry that he did not then understand Saenger's operation, and thinks very highly of it.

It was my good fortune last spring to see a case operated on after the Saenger method. The operation was made at the Charité Hospital, by Prof. Gusserow, of the University of Berlin.

The patient, Katharina M., æt. 18 years, of a blonde type, was quite short in stature; she was rachitic, did not walk until 6 years old, and only then with the assistance of an apparatus. Her menses appeared at 14 years, but were always irregular. She came into the Charité and was

taken in labor. Her pains continued for two days, becoming very severe toward the last. Measurement showed the following: Spines of the ilia, 24.5 cm.; cristæ, 25.5 cm.; trochanters, 30.0 cm.; conjugata externa, 17.5 cm.; conjugata diagonalis, 7.0 cm.

These facts in the case lead Prof. Gusserow to determine on Cæsarean section. Owing to the excellent results obtained by Saenger, Leopold and Crede, the Saenger method was chosen.

Though the antiseptic precautions were considerable, they were not so great as is customary in Berlin for cases of laparotomy. The operator and his assistants took complete baths, put on fresh linen, and wore no clothing which had been about infectious material. The visitors were not required to bathe or change their clothing, but were in honor bound not to come, had they been in contact with infectious matter within the past twenty-four hours. The abdomen was washed with a solution of bichloride 1:1000, special care being given to the umbilicus.

The patient was placed under chloroform, the abdominal incision made, commencing three fingers' breadth below the umbilicus, and extending to within the same distance of the symphysis pubis. The abdomen being opened, the uterus presented nicely and the walls closed behind it. A rubber tube the size of the finger was passed tightly around the uterus just below the child's head; provisory sutures were passed through the adductors to keep the bowels from protruding. This will be accomplished unless there is considerable vomiting. In this case this unpleasant symptom was present, and the bowels required retention by means of warm cloths. The uterus was opened with an incision beginning near the fundus and extending down to the uterine segment, i. e., where the peritoneum becomes movable and sits loosely. A large quantity of dark red blood shot out through the opening, showing that the placenta was in the line of the incision. Cutting through this, the liquor amnii burst forth. The hemorrhage which now appeared was controlled by drawing tighter on the

rubber tube. The child was then removed and found alive and mature, though poorly nourished. It weighed 2885 grammes, and was 45 cm. long. The placenta and decidua were loosened from the uterus, and great care exercised to clear the uterus entirely of all such matter. The cavity was then strewn with iodoform. The incision was closed with silver wire sutures which passed through the muscles, but did not penetrate the decidua. Sixteen silk sutures then were inserted, piercing the peritoneum only. Complete coaptation of the parts was carefully made. A resection of the muscularis was not found necessary in this case, as the peritoneum overlapped the muscle; in such event the resection is omitted. Hemorrhage at four points was checked by ligature. The uterus had remained relaxed since the removal of the child until this period, but was now made to contract by the application of sponges soaked in hot sublimate solution. The suture line was powdered with iodoform. The patient recovered, left her bed in eight weeks; severe vomiting was the only untoward symptom. The child lived.

Prof. Gusserow is much pleased with Saenger's method, as are Cr  d   and Leopold. The great success of the C  sarean section in Germany is due to the early diagnosis and intervention in the cases by experienced operators.

PROFOUND OPIUM-NARCOSIS RELIEVED BY ATROPIA, DIGITALIS AND ARTIFICIAL RESPIRATION THROUGH A TUBE IN THE TRACHEA.

Reported by J. F. GROENEVELT, R. S.

Stephen C., a native of Kentucky,   t. 60, was brought by the ambulance into the hospital about 8 P. M. February 12, 1888. The ambulance surgeons reported that when they found him he was lying on the back, respirations four or five a minute, pupils very small, mouth dry, face cyanosed; the reflexes, however, were good and he could even be aroused to consciousness. After an unsuccessful attempt to make him swallow an emetic, he was given subcutaneously 1-10 grain of apomorphia, which produced no

effect. 1-60 grain atropiæ sulph. was injected hypodermatically and he was hurried in the ambulance to the hospital, artificial respiration being kept up on the way.

Arriving at the hospital he was found in profound narcosis, breathing very infrequent and shallow, mouth and tongue exceedingly dry, pupils extremely contracted, pulse rather full, but very frequent, unconsciousness complete, absence of all reflexes, marked cyanosis. It was estimated from information received that the amount of laudanum taken was about one ounce.

The man was at once carried to the electrical room, where a tube was introduced and the stomach washed out clean, but no odor of laudanum was detected in the wash. About ten ounces of strong black coffee was deposited in the stomach and the tube removed. 1-60th of a grain of atropia was administered subcutaneously and the body was warmly covered. The faradic current was applied intermittingly, one pole being over the cervical region of the cord, the other over the chest; but although the muscles always responded, they did not respond in such a way as materially to deepen the inspirations. The inspiration was extremely short and shallow, the expiration very prolonged and sighing. The condition thus continued until one-twelfth of a grain of atropia, including those administrations already mentioned had been given. Then the pupil first began to show some dilatation and the inspirations were somewhat deepened, but still very infrequent. A sixth injection of the atropia was now given making in all one-tenth grain, administered in the course of about four hours. The first three or four injections were given rather close together, the last two or three at longer intervals, time being given for the full effect of the atropia. After the sixth injection of atropia, the respirations were decidedly deeper, but not very much improved as to frequency.

For several hours the battery was occasionally employed, but decided benefit from the current was observed only when the atropia had perceptibly improved the depth of

inspiration. Good effect was gotten by blowing forcibly into a gum catheter introduced into the trachea. It did not appear that any marked expansion of the chest was in this manner accomplished, but the blowing seemed to distend the glottis and also act reflexly, even at a time when all other reflex was absent. Notwithstanding the improvement in the character of the respirations, the pulse became progressively weaker and more frequent, and it was feared that the man would die of heart failure. To guard against this, tincture of digitalis was occasionally given by the hypodermatic syringe full. In all, something over ʒijss. of the tincture was given.

About 2 A. M., some of the reflexes could be made out, the other symptoms remaining much the same, respirations about eight. At 4:30 A. M. consciousness rather suddenly returned and at five he drank a cup of coffee that was handed him. He was now left in charge of a nurse, and was not again seen until 9 A. M. At this time he was entirely conscious and breathing satisfactorily, but he was extremely nervous, trembling from head to foot; resembling very much the nervousness of delirium tremens after a prolonged spree. He now informed us that he had previous to the taking of the laudanum been for several days constantly under the influence of liquor. His nervousness was quieted by bromide of potassium followed by capsicum and nux vomica and he is now (eight days after the poisoning) quite out of danger.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The Hospital Association and "The Hospital"—"The Baby" and its Consequences—The Women's Jubilee Gift to the Queen and the Nursing of the Sick Poor—The National Pension Fund for Nurses—

Scarlet Fever or Cow-Pox—The Gynæcological Society and the Lancet—Homœopathic Globules—Prof. Stephenson on Midwifery Forceps, etc.

The chief events in the medical world of London during the last month, have had to do with nursing rather than with doctoring; to make the story clear I must go back a little way. Mr. H. C. Burdett is a man who has risen in the world; but very many years ago he was secretary to the Seamen's Hospital at Greenwich, a position of very moderate emoluments and importance; he succeeded in obtaining a lucrative post as head of one of the departments of the London Stock Exchange, and retaining his interest in matters connected with hospital management, he has managed to make himself recognized by a certain section of the benevolent public as something of an authority on such questions. A few years ago he founded the Hospitals Association, which has for its object the diffusion of information about hospital nursing and administration by means of meetings for discussion and other methods. Sir Andrew Clark became president of the Council of this Association, and the meetings of the Association, held about once a month during the winter and summer seasons, have been reported in the lay and medical press. After a time Mr. Burdett added to his other undertakings a journalistic venture in the shape of *The Hospital*, a weekly issue addressed to the lay public interested in hospitals as well as to hospital nurses and officials. *The Hospital* was sent free, gratis, to the members of the Hospitals Association, and an evident intention was declared to give it the position of an organ of that Association. It contained paragraphs about hospitals and semi-medical subjects, odds and ends of advice, hints on nursing and a serial novel. One of the heroines, if I remember rightly, was endowed with wonderfully sensitive fingers and a peculiar intuition, which enabled her to diagnose and treat a fracture in the hero without preliminary study of anatomy.

I must now leave Mr. Burdett for a minute to introduce your readers to *Baby*, a little magazine intended to en-

lighten anxious mothers, and edited by a lady who was clever enough before starting her journal to get promises of assistance from a considerable number of physicians and surgeons. The College of Physicians could stand *The Hospital*, but *Baby* was more than it could endorse in silence; so the registrar wrote a great number of monitory letters to the weak-minded folks who had promised to contribute to *Baby*, and to the more astute persons who were members of the Council of the Hospitals Association. This last named body met in a hurry and passed a resolution to the effect that *The Hospital* was not the organ of the Hospitals Association, or that, if it had been, it should not be so any longer, which reminds one of the plea of the defendant charged with libel, that he did not publish it, or, if he did, it was not a libel. This apparently was not considered enough, for after some further correspondence Sir Andrew Clark resigned.

All this happened at rather an awkward moment, as the Hospitals Association and its energetic founder had a scheme on foot for creating a National Pension Fund for nurses and hospital officials. The women of England collected a large sum of money last year as a jubilee present to the Queen, and, after spending a good round sum on another statue to the late Prince consort of pious memory, there remained seventy thousand pounds with which the Queen was at liberty to do as she pleased. The ladies who collected the money were, it is said, foolish enough to wish her to buy a big pearl necklace, a proposition which, of course, was not distasteful to the pack of German princelings who look to dividing among themselves, one day, the horded millions of our sovereign lady. Her most gracious Majesty, however, for once acted up to her style and title, and did a queenly act; she announced her intention last autumn to give the seventy thousand for the benefit of the nurses of the sick, and for the improvement of the nursing of the sick poor. Mr. Burdett and his friends were, of course, at once thrown into a fever of expectation; twenty thousand pounds was wanted to start the National Pension

Fund for Nurses, and it was confidently expected that this at least would be provided out of the Queen's jubilee present. Alas! for the vanity of human wishes! The Queen left the working out of her expressed wish to a committee of three, consisting of Sir James Paget, Sir Rutherford Alcock, M. D. (formerly British Minister in Japan), and the Duke of Westminster; this committee has advised that the money should be devoted to extending the system of nursing the sick poor in their own houses. The Metropolitan Nursing Institution, founded by Miss Florence Lees (Mrs. Dacre Craven), has been engaged in work of this kind for the last twenty years or so, with a fair amount of success. The nurses employed in each district live in a central house, and each has her round of visits to pay every day, and as all have been trained in hospitals and are taught to work harmoniously with the doctors, very much good work is very economically and unostentatiously done. The Queen's gift will probably be administered in connection with St. Katherine's Hospital, an institution founded by Matilda, the wife of Stephen, who reigned in England seven centuries ago. It was primarily a religious foundation, for the benefit of the souls of Matilda's children, but the brethren and sisters have always been required to visit the sick. The patronage has remained ever since the peculiar appanage of the queens of England, and the hospital has survived through many vicissitudes to the present day, when it would be difficult for any one to define its precise functions.

Mr. Burdett, however, was not to be beaten, and a few days after the publication of the committee's report he was able to announce that four great merchants in London, Rothschild, Hambro, Gibbs and J. S. Morgan, had undertaken to provide the necessary twenty thousand pounds, that fifteen hundred nurses and other hospital officials had expressed their desire to become provident members of the fund, and that Dr. J. S. Bristowe, of St. Thomas' Hospital, had become President of the Hospitals Association. But even then all difficulties were not over, for some of the

lady superintendents of nurses, having quarreled with the Hospitals Association, have proposed to establish a registration office for nurses; the moving spirit in this revolt is said to be a former matron of St. Bartholomew's Hospital.

The difference of opinion about the supposed connection between the so-called Hendon cow disease and scarlet fever, which, as mentioned in my last letter, has divided bacteriologists and sanitarians into two hostile camps, has not yet been adjusted; an element of personal feeling has unfortunately been introduced, and the controversy is being pursued with much bitterness. Professor Crookshank created quite a scene at the last meeting of the Pathological Society by charging Dr. Klein with want of courtesy and fairness in exhibiting a certain calf; the animal had been inoculated from a calf which had been inoculated from a cowboy, and when subsequently vaccinated with calf lymph developed vaccinia; this, Dr. Klein contended, disproved Professor Crookshank's theory that the eruptive disease from which the cowboys had suffered was vaccinia.

The defence was that the lymph for inoculating the calf shown was taken too late, after the vesicle had become pustular. We have not by any means heard the last of this controversy, and it would be very rash to attempt to decide who is in the right.

Before resigning his place as President of the Gynæcological Society to Dr. A. W. Edis, Dr. Granville Bantock delivered a rather perfunctory address, in which he reviewed the work of the society for the year, and imitated his predecessor in falling foul of the *Lancet* for boycotting the society by refusing to publish reports of its meetings.

The controversy about homœopathy, which raged in the *Times* for nearly a month, has at length died out, but not before everybody was tired of the subject. Lord Grimthorpe remained violent to the end, but grew less amusing; his chief opponents, "R. B. C." and "J. C. B.," who are understood to be Mr. R. Brudenel Carter, the ophthalmic

surgeon, and Sir James Crichton Browne, M. D., were rather ponderous; the most effective contribution was from the eminent analytical chemist, Dr. Dupré, F. R. S., who had once examined large quantities of globules without finding anything at all beyond traces of milk; the fact, which will be novel to most people, also came out that the active drug is not supposed to be incorporated with the globules, but that these are merely soaked in a tincture.

Professor Stephenson, of Aberdeen, in a recent criticism of midwifery forceps, said that none combined in themselves the best features which experience had evolved. What was required at the present time was not, he thought, the invention of novelties, but the judicious combination of such characters in the various instruments as have commended themselves to the profession at large. He selected for comparison the forceps of the late Sir James Simpson, and Dr. Barnes. In the former he found the chief features to be recommended, and especially in the handles, as lending themselves to comfort in grasping, and readiness and variety in prolonged traction, the shoulders answering the purposes better than the ring in the shanks, a fact admitted by Dr. Barnes, though he had not adopted them. Simpson's forceps had, however, been stereotyped for more than a quarter of a century, and were capable of improvement. Professor Stephenson suggested two modifications; the one was to increase the lengths by adding an inch to the shanks, and the other was to increase slightly the width of the fenestra, improvements which Professor Stephenson had found to give greater facility in use, when the head was above the brim, with improved grasp and retention power of the blades. The defect in the power of making traction in the desired axis he found could be remedied more simply and with as great efficiency by his simple tractor in the form of a hook, than by the cumbersome and complicated traction rods of Tarnier.

Dr. Savin Milroy was one of the pioneers of sanitation in this country; when he died he left a sum of money to the Royal College of Physicians to found a lectureship on

epidemiology. The first course will shortly be delivered by Dr. Lawson, formerly an Inspector-General in the Army Medical Department. Dr. Lawson, whose service began more than fifty years ago, is a representative of the old school; he will give two lectures on epidemic influences, one on yellow fever, and one on cholera.

Dr. Douglas Powell, whose work on pulmonary consumption is probably known to many readers of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, has been appointed one of the physicians extraordinary to the Queen, a post of no emolument but much honor, which is the greater, as Dr. Douglas Powell is still comparatively a young man.

It is rumored that Dr. Rutherford, the Professor of Physiology in the University of Edinburgh, will shortly resume the duties of that chair. It was thought that the very grave scandal which led to his being granted a prolonged leave of absence, would have necessitated his permanent retirement.

VIENNA LETTER.

[Our Regular Correspondent.]

*On Intermittent Pneumonia, by Prof. v. Koranyi, of
Budapesth.*

This distinguished Hungarian investigator made, at a recent meeting of the Royal Society of Physicians of Budapesth, a very interesting communication on intermittent pneumonia. We had the opportunity of observing a typical case of this disease, the history of which is as follows: The patient, a boy 15 years old, had suffered in June from intermittent fever, which, at first, showed a tertian and later on a quotidian type; in this stage of the disease he was admitted into the clinic, where the diagnosis, "febris intermittens quotidiana malarica, tumor lienalis" was made. In the second half of the month of September, he recovered after the use of quinine, and was dismissed from the hospital. On the 14th of October the boy returned

and stated that the fever had broken out again two days ago, i. e., on the 12th of October, and that he had also been attacked with cough and pains in the right side of the chest. On 13th, morning, his condition became better, and at 11 o'clock A. M. of the same day he again had a fit of fever which continued until the morning of the next day. As he, however, was again seized with fever at mid-day, he sought relief in the clinic of Prof. v. Koranyi. At the clinic, an infiltration of the inferior lobe of the right lung was made out, and beginning at the last rib it went as far as the eighth rib; after the lapse of four days the infiltration went as far upwards as the fourth rib; besides this, bronchial respiration was present, so that the symptoms which were met with corresponded to croupous pneumonia.

What differentiated this case from common croupous pneumonia was the fact that the fever had assumed the type of a normal daily intermittent fever. The attacks of fever lasted about fourteen hours, and the apyrexia twelve hours, so that the fever supervened two hours later each day; the pulmonary symptoms showed the same intermittent course as the fever.

When the fever supervened on the 15th, intense cough, bloody expectorations and shooting pains in the side of the chest were also present, and during this attack the infiltration occupied the space between the eighth and the seventh rib. When the fever was no longer present, the attacks of cough also disappeared, and the lateral pain, the bloody expectoration and the infiltration were, during the whole time of the apyrexia, on the same level on which they were at the end of the febrile paroxysm. During the paroxysm of the 16th of October, the same conditions were observed. At that time the infiltration went as far as the sixth rib, and during the paroxysm of the 17th of October, as far as the fourth rib; over this part of the chest, a dull percussion note was obtained, but the inflammation was quite inactive during the whole time of the apyrexia. Another condition, worth mentioning, was the enlargement of the spleen and a well-pronounced "herpes

labialis," which completed the complex of symptoms of pneumonia. The daily oscillations of temperature were from 4° to 5° C.

After the repeated administration of quinine, the patient escaped his attacks of fever, and on 20th of October the symptoms of resolution could readily be observed. The enlargement of the spleen also quickly disappeared, and on the 22d only slight crepitant râles could be noticed, so that a prognosis of convalescence could be made at that time.

Prof. v. Koranyi was of the opinion that the local symptoms in the case described were characteristic of croupous pneumonia, and tried to oppose the view of the unity of the process of pneumonia as emphasized by Sée, Jürgensen and other investigators.

After having given an historical retrospect and discussing the doctrines of Lænnec, Skoda, Lichtenstern and several others, he compared the arguments of those pathologists who pleaded in favor of a plurality of fibrinous pneumonia with those who summarized the different forms of the disease in pathological unity. The discussion comprised the clinical symptoms, the epidemiological conditions, the pathologico-anatomical basis of the disease, its ætiology and the results of bacteriological investigation.

The lecturer pointed out that the unity of pneumonia was established from three different points of view. Whereas some of the investigators explained the unity of croupous pneumonias by the fact that they were all due to infection, some pathologists also looked upon the specific virus as being the same for all cases of croupous pneumonia, and the varieties as only dependent on the intensity of action of the microorganism which gives origin to this disease. The bacteriologists, however, and Sée, because of the ætiology of the disease, included in this class also catarrhal pneumonia. According to Prof. v. Koranyi's statement, pathological researches formed a sufficient basis for the supposition that the croupous pneumonias were

all infectious diseases, and that the different appearances of croupous pneumonia, in typical cases, admitted of the correctness of the supposition of pathological unity, but that they did not exclude the contrary suggestion of the plurality of the process. The unity of the pneumonic process could not at all be proved in an anatomico-pathological way, and this was quite impossible on account of the intermittent pneumonias. The bacteriological and ætiological investigations did not either furnish a sufficient argument for the unity of the process; hence the assertion of such a unity in a dogmatic way was incorrect, and could by no means be looked upon as the conclusion of the various investigations; it was rather an obstacle to further investigations.

On the Local Treatment of Tuberculosis with the Phosphate of Lime.

At a recent meeting of the Imperial Royal Society of Physicians Dr. Kolischer made further communications on the local treatment of tubercular diseases with the phosphate of lime.

In the beginning of his experiments, the results which he had obtained were, in general, very favorable; later on, however, some disturbances in this course of treatment were observed, which required some modifications and restrictions of the method under consideration. After the injection of solutions of lime partial gangrene often supervened, but healing finally took place, as became evident from two cases which the lecturer showed to the society. He believes he has found in the local treatment with the phosphate of lime a procedure which is indicated in the local tuberculosis of children, and which is here sometimes attended with very good success. In adults, the procedure in question had less good results, but it was at least equally as good as any other method in use.

First of all, the lime treatment was indicated in primary fungosities of the soft parts. The results which were ob-

tained in these cases were sometimes very surprising, as free mobility and complete painlessness of the affected joints could thus be obtained. When the fungosity was situated in the deeper parts, it became soft and opened, in most cases, with marked symptoms, such as severe pain, swelling, fever; complete recovery, however, resulted when the "tampon" of gauze prepared with the phosphate of lime was resorted to. For illustrating these statements, Dr. Kolischer showed two different cases. The first case was that of fungosity of the knee-joint; the tibia was subluxated; the joint presented lateral mobility, and the patella was fixed to the external condyle. After the injection of the solution of phosphate of lime, intense swelling supervened, and the fungosity opened. A tampon of the lime-gauze was applied and reduction of the patella performed. The knee was now somewhat movable, the patella occupied its normal place, the joint was painless and the child could walk without the assistance of a stick.

In the second case there was tuberculosis of the back of the foot, swelling as far as the heel, and walking caused severe pain. After the injection of 18 grammes of the solution of lime, opening of the swelling supervened with violent symptoms. Three months ago the patient began to walk without feeling any pain, and the tissue around the wound was now quite solid. The procedure was further indicated in adults who were affected with fungosities of the soft parts which had not yet opened. When the fungosity was already ulcerated, the treatment in question was not of less value than the other methods; as, for instance, excochleation and treatment with idoform.

Hystero-Epilepsy of Seven Years' Duration in a Case of Retroflexion of the Uterus; Cured after the Reposition of the Uterus and the Application of Hodge's Pessary.

In a recent number of the *Wiedomosci Lekarskie*, Dr. Sielski, of Lemberg, Galicia, publishes the following in

teresting case of hystero-epilepsy: A woman, 30 years old, had seven years before bathed during menstruation in a river, and fell ill on the same day with symptoms of shivering, high temperature, and severe pain in the abdomen and the sacral region, so that she was compelled to keep her bed for a long time, and was treated with cold cataplasms and leeches. At the same time, spastic cramps of all the muscles together with unconsciousness supervened. These attacks later on were often repeated during menstruation, and lasted from five to ten minutes. After some years, the attacks occurred also during the intervals, though more seldom. When Dr. Sielski began to attend the patient the attacks occurred a few times a day. Various attempts to relieve the patient of her pain were without any success, and physical examination of the rest of the body was quite negative. Owing to the patient being a virgin the genital organs could be examined only by the rectum, and it became evident that the uterus was retroflected. The ovaries could be easily discovered; they were both of normal size and not painful. Dr. Sielski introduced Hodge's pessary—the hymen had to be torn—and the patient afterwards felt quite well for two weeks, and had no attack. At the next menstruation, however, the attacks supervened again, and recurred more frequently than ever before.

Dr. Sielski removed the pessary and did not apply it again until he had previously performed bimanual reposition of the uterus. Since that time, three years ago, the attacks have not recurred.

Dr. Sielski derives from his own experience the following conclusions:

1. There undoubtedly often exists a causal connection between the neuroses and anomalies in the genital organs.
2. For grave neuroses it was not necessary that absolutely pathological conditions should be present in the parenchyma of the genital organs. Slight changes which were acces-

sible or inaccessible to examination sufficed for the production of disturbances of innervation and circulation in these organs, and for giving, in a reflex way, origin to nervous accidents.

3. Castration was not always absolutely necessary. By other inconsiderable manipulations the normal conditions and the possibility of normal function could be re-established in these organs.

4. Taking into account the present state of our knowledge, castration, even when no pathological changes could be proven in the genital organs, was justified when the connection between the neurosis and the function of the genital organs was evident, or at least probable.

Resection of the Pylorus.

At a recent meeting of the Imperial Royal Society of Physicians of Vienna, Dr. Salzer, Prof. Billroth's assistant, brought forward two remarkable cases of pyloric resection. The history of the first case was that the woman had complained since March of the current year of abdominal pain and repeated vomiting, as well as of a gradually growing tumour. The examination at Prof. Billroth's clinic showed the presence of a tumour, which had its point of departure in the symphysis and went as far as the pit of the stomach.

Prof. Billroth performed laparotomy, and met with extensive adhesions of the deep abdominal layers to the surface of the tumour, a fact which complicated the course of operation and rendered it specially difficult. On incision of the tumour, a brown-coloured liquid discharged from it, and on a more close examination, the swelling was found to adhere to the wall of the stomach. As the tumour could be extirpated only when a portion of the wall of the stomach was removed at the same time, Prof. Billroth had recourse to the resection of the pylorus, and the whole operation was attended with full success, as the woman completely recovered. The microscopical examination of the extirpated tumour showed it to be a

sarcoma which had its origin in the muscular layer of the wall of the stomach. The inflammation which had been present around the tumour was probably due to the fact that the tumour stood in open communication with the stomach, and the contents of the latter thus produced irritation, which gave origin to an inflammatory process. In the second case, resection of the pylorus was performed owing to the presence of carcinoma; in this case, the tumour showed extensive adhesions to the pancreas and the gastro-colic ligament, which had, for this reason, to be removed too. A sudden and profuse hemorrhage supervened, which was stopped by sutures and the actual cautery. The operation departed from the usual course in that the pylorus was brought into connection with the large curvature of the stomach instead of being inserted into the small one, as is commonly done. This patient also made a speedy recovery.

Dr. Charles v. Langer, Professor of Anatomy in the Medical Faculty of Vienna, died on the 8th of December, 1887, of a chronic disease of the chest.

Dr. Albert, Professor of Surgery, of the same faculty, was named "Hofrath" by the emperor.

Docens Dr. Jarisch, of Vienna, was appointed as Extraordinary Professor for Dermatology and Syphilis in the University of Innsbruck in Tyrol.

PARIS LETTER.

[Our Regular Correspondent.]

Dr. Netter is engaged in researches concerning the presence of the microbe of Friedlaender in the saliva of healthy persons. Dr. Netter found in the saliva of three healthy persons a pathogenic microbe, capable of causing the death of certain animals. This microbe is a bacillus identical with the organism discovered by Friedlaender in the lungs of patients attacked by pneumonia, known as the *diplobacillus pneumoniae* of Weichselbaum. It is sometimes associated with the pneumococcus of Fraenkel. This

microbe is very rare, and the author found it in three cases only out of 180 samples of saliva taken from 105 healthy persons. It is easily cultivated, at the usual room temperature, on peptonized gelatine, etc., and can be isolated by cultivating in gelose or gelatine the blood of animals that have succumbed after subcutaneous injection of saliva. Its presence may be but temporary, and, as the experiments of Thost have proved, Friedlaender's microbe may sometimes be met with in the nasal mucus of healthy subjects. The presence of this organism in the air passages may allow it to penetrate into the area of pneumonia lesion, but it does not necessarily follow that it should be dangerous to human beings, for although injected into the blood of guinea pigs and mice it rapidly causes the death of these animals, it has no effect whatever upon rabbits, and human beings possibly share this immunity, for it has not yet been satisfactorily ascertained that this microbe is really dangerous to human beings, and for that reason it remains yet to show that it is necessarily active in pneumonia, ozena, rhinosclera and otitis.

Dr. Netter, after passing in review the observations of Friedlaender, Weichsaelbaum, Fraenkel, Talamon and others on this subject, says that he thinks himself justified in considering pneumonia as always connected with the pneumococcus of Fraenkel, the presence of which, in the area of the pneumonic lesion, has been proved to be invariable, but that the pathogenic action of Friedlaender's microbe in pneumonia is far from being proved, and that where this organism was found it was undoubtedly simply in cases of secondary infection, due to the presence of the bacillus in the air passages and its subsequent development on the surface of a favorable region. It is, however, worthy of remark that if this microbe is sometimes met with in healthy subjects, it is more frequently met with in the saliva of those who have previously been attacked by pneumonia. The author concludes that the pathogenic action of Friedlaender's microbe still remains to be determined, and that subsequent studies can alone elucidate the question.

M. L. de Saint-Martin has made researches on the influence of anæsthetic sleep upon the activity of respiratory combustion. He declared that the results of these researches were in direct opposition with those arrived at by Paul Bert, who, in his *Lectures on the Respiration*, published in 1870 affirmed that during anæsthetic sleep produced by chloroform, the quantity of oxygen in the blood increases. M. de Saint-Martin, by his recent experiments, showed that during anæsthesia the proportion of oxygen in the blood diminishes, while the proportion of carbonic acid increases. M. de Saint-Martin evidently ignores that P. Bert arrived at a similar conclusion by his later researches in 1885, and that he then asserted that the oxygen in the arterial blood diminishes progressively, while the carbonic acid increases during anæsthetic sleep produced by chloroform.

M. de Saint Martin further described the different variations which occur in the quantity of carbonic acid expelled from the lungs during anæsthesia.

Paul Bert likewise gave a description of these variations in 1885, in which he showed that the quantity of carbonic acid produced diminishes progressively during anæsthesia, while the quantity of oxygen absorbed, decreases in the same manner. He proved that the proportion of CO_2 (sic) gradually diminishes.

MM. Brown-Séguard and d'Arsonval have made some interesting researches to determine the toxicity of the air exhaled from the lungs of man or of mammals. The authors assert that: 1st, the air exhaled nearly always contains ammonia; 2d, this air contains, in very minute quantities, organic matter, which, if not already putrified on leaving the broncho-pulmonary passages, has a great tendency to rapid alteration, even at a low temperature; 3d, confined air, charged with pulmonary exhalations, is extremely noxious, even when containing only 1 per cent. of carbonic acid, with a corresponding diminution of oxygen, whereas atmospheric air containing the same proportion of CO_2 and a corresponding diminution of oxygen,

but containing no pulmonary exhalations, causes hardly any disturbance. It seems, therefore, probable that exhaled air must contain one or several toxic substances of which the toxicity has not yet been found.

To test this question, the authors injected into the circulation of some rabbits a small quantity of liquid resulting from the condensation in refrigerated glass bulbs of air exhaled from the lungs of several persons, and also from the lungs of a dog (taken from the trachea). The results were the following: 1. More or less marked dilatation of the pupil. 2. Slower respiration. 3. Rapid decrease of temperature, varying from one to five centigrade. 4. Paralytic weakness, often excessive of the posterior members. During the first hours after the operation the heart is uniformly unaffected; as a rule its frequency is little modified, sometimes augmented, sometimes diminished. But generally on the following and succeeding three or four days, the cardiac pulsations often attain 240, 280 and 320 per minute, without a corresponding elevation of temperature or febrile symptoms. This strange phenomenon may sometimes persist for two or three weeks. As for the respiration—slower during the first few hours—it becomes afterwards rather more frequent than in the normal condition, and remains so for some days, or even weeks. It is evident that the water serving as vehicle for the injections has nothing to do with the above phenomena. M. Ch. Bouchard has proved that water injected into the circulation becomes toxic only when the quantity injected exceeds 90 cubic centimètres per kilogramme of the animal; whereas, in the experiments of MM. Brown-Séguard and d'Arsonval, only one-thirtieth of this quantity was employed (from four to seven cubic centimètres). On injecting, however, double that quantity of liquid produced by condensation of air exhaled by a dog into the carotid of a strong, healthy rabbit, there was violent tetanus, with almost complete cessation of the cardiac movements and of respiration, and the animal died within one minute.

It is evident that this noxious action of the exhaled air

must be due to certain toxic, organic substances, present in very minute quantities, not yet isolated, and the chemical composition of which is yet unknown. The authors add that Dr. Arthur Ransome, who has best studied them, (*Journ. of Physiology*, 1870, volume IV, page 211), calculates the proportions in which they exist in the air exhaled from the lungs of a man in twenty-four hours at not more than about two decigrammes. It is not known whether these toxic substances are alkaloids like the ptomaines, but it is evident that, considering the very minute quantities in which their action becomes sensible, this action must be very energetic. MM. Brown-Séguard and D'Arsonval propose to continue their researches on this subject.

M. Œschner de Coninck, by his analytical researches on the composition of certain alcohols, has obtained the following results. He examined thirteen litres of genuine Sainte-Lucie (West Indies) rum, six months old, and found that it contained

Alcohol.....	54 per cent.
Glucose.....	1 gr. 08 per litre.
Cane-sugar.....	0 gr. 40 “
Dry extract (at 100° C.)....	6 gr. “
Dry extract (in vacuo)....	6 gr. 90 “
Ashes.....	0 gr. 205 “

This rum energetically reduced ammoniacal nitrate of silver. A solution of permanganate of potash was immediately reduced in the cold. When heated there was an abundant brown precipitate. The residue, after distillation of the rum with water (rum 100 cc., water 300 cc.), immediately discolored the permanganate in the cold. It was also rapidly reduced hot. In order to study the superior alcohol, twelve litres of the rum were examined separately by means of Henninger-Lebel's apparatus, heated on a water bath. The alcohol distilled was examined apart; it all passed over between 78° and 81°, Cent. The watery residue was distilled on an open fire. The liquid, first limpid, soon became cloudy towards 100°. This cloudiness was

due to a liquid, neutral in composition, slightly soluble in water, lighter than the latter, having a peculiar smell similar to that of butylic alcohol. This compound gave the principal reactions of alcohols. There was not enough to permit of elementary analysis, but the presence of isobutylic alcohol seems probable.

It appears, therefore, that perfectly genuine rum, of agreeable flavor, sweet and mild, with a pleasant bouquet, may still contain a certain quantity of superior alcohol.

LETTER FROM ANA-CAPRI, ITALY.

Water Supply and Cholera in Naples—The Remarkable Effect of Improved Water Supply in Eradicating Cholera, as Seen in Naples, 1884 to 1887.

On account of the serious loss of life and damage to commerce caused by cholera in Italy, the attention of the government has been called, as a consequence of the researches of Koch, to the water consumed for domestic purposes by Italians.

In answer to official inquiries made by the ministry, the following statistics were furnished by Italian communes concerning the quantity and quality of water consumed by their inhabitants :

Out of 6,763 communes, containing 22,434,735 inhabitants with a sufficient supply, 5,535 communes, containing 16,152,301 inhabitants, had a good quality of water; 882 communes, containing 3,305,074 inhabitants, had a middling quality, and 316 communes, containing 2,977,360 inhabitants, had a bad quality.

Out of 1,495 communes, containing 6,024,375 inhabitants, with an insufficient quantity, 842 communes, containing 2,784,968 inhabitants, had a good quality; 381 communes, containing 1,674,973 inhabitants, had a middling quality, and 272 communes, containing 1,564,434 inhabitants, had a bad quality.

According to these communal reports, out of 28,459,110 Italians, 16,152,301 have a sufficient supply of good drink

ing water, while 12,306,809 inhabitants have an insufficient quantity or an inferior quality.

The Italian government, on publishing these figures, called attention to the fact that many communes have reported a sufficient quantity when it did not exist. As the differences of climate (and consequently necessary consumption) in the various communes is very great and as the needs of individuals differ, the government thought it better not to fix any certain number of litres for each inhabitant as a sufficient supply, but left it to the communes to say whether their supply sufficed.

To show the differences in quantity, the supply of some of the principal cities is given here. Rome has 700 litres of water for each inhabitant during every 24 hours, Naples 200, Genoa 120, Turin 95, Leghorn 27, Lucca 22, Girgenti 14 and Catanzaro 10.

It is safe to assert that one-half of the Italian population is badly provided with water as to quantity, quality, or both. Cholera ravaged those communes which were badly provided, and when a sufficient supply of good quality was introduced during the epidemic, its ravages ceased.

The water history of Naples is an instance of this and furnishes an interesting chapter to the history of modern hygiene.

Pure water from a mountain stream called Serino, some eighty miles distant from Naples, was brought into the city and distributed during the month of May 1885. Cholera had ravaged Naples during the summer of 1884, but the introduction of pure water prevented a return of the epidemic in 1885. During the summer of 1885, cholera made as much havoc in Torre Annunziata and Castellamare (cities a few miles distant from Naples) as during the summer of 1884, because the inhabitants of those two towns still used well-water. Many of the inhabitants of infected towns in Southern Italy and Sicily left their homes and sought refuge in Naples, whither they carried the disease, and in some cases these refugees died of cholera, but the pure Serino water prevented any spread of the epidemic among

Neapolitans. The same thing occurred in 1886. During the summer of 1887 the Serino aqueduct was broken for three days and Neapolitans were compelled in the absence of Serino water to drink well-water again. A week afterwards the immunity from cholera produced by the use of pure water during the summers of 1885-'6 ceased and the epidemic broke out again. The cholera caused only a slight damage, because the aqueduct was soon repaired and the use of pure water soon put an end to the epidemic.

Serino water enjoys such a reputation in the whole of Southern Italy that the railways have built portable cisterns to carry water from Naples to infected towns or cities, and the results have been marvelous. As an instance, Barletta had two hundred cases of cholera daily, and a liberal supply of Serino water furnished to the city by the railway reduced the number to twenty daily after forty-eight hours' use of pure water.

Not only has Serino water produced such good effects with cholera, but the records of the hospitals for infectious diseases show equally remarkable results. Statistics for three years previous to the introduction of Serino water and for the three years subsequent are as follows :

	Before.	After.
Typhoid.....	333	76
Typhus.....	317	77
Low fevers.....	82	26
Intermittent.....	93	62

These figures prove conclusively that the old proverb, "An ounce of prevention is worth a pound of cure," holds good in modern medicine.

Before closing this article I wish to acknowledge my indebtedness to the Honorable Rocco de Zerbi, Member of Parliament and President of the White Cross Association, which did so much for the suppression of cholera in Naples in 1884, and to Doctor Vincenzo Cuomo, Resident Physician at Capri, for valuable information and statistics.

JOHN C. MCKOWEN, M. D.

Capri, Jan. 20, 1888.

LEADING ARTICLES.

J. CRESAP McCOY vs. THE ILLINOIS STATE BOARD OF HEALTH.

For several years past, a quack by the name of J. Cresap McCoy has been filling the press of Chicago with the usual proclamations of success in the diagnosis and treatment of all the most lethal of human diseases. The Illinois State Board of Health having put up with the fellow as long as possible, finally summoned him to show cause why his certificate should not be revoked under the clause in the medical practice act authorizing revocation for "unprofessional and dishonorable conduct." Driven into court, McCoy managed to engage the sympathy of the court (it is needless to remark that the lay press with infallible sagacity had rushed to his defense), which rendered the following decision: "The rights of a party charged with a punishable offense to notice of hearing is elementary, and one of the first rules necessary to the administration of justice. The defendant had a perfectly constitutional right to advertise in the newspapers, and he cannot be deprived of it by any rule or regulation of the State Board of Health. This Association, if its action was to be held legal in this case, could summarily try and punish for any alleged offense a brother practitioner without any notice whatever. Such a proceeding partakes of the nature of the Star Chamber, whose decrees led to a revolution and the death of a king on the scaffold. Such an institution as the State Board of Health must not be tolerated to exercise such a power in a free country, and its acts must in this case be declared unconstitutional."

This quotation from the judgment rendered, together with their remarks upon it, we have read with no slight feelings of surprise in several of our exchanges during the past month. We felt convinced that their account of the trial and the view taken of the decision of the court had been derived from the versions of the lay press. In this

surmise we were not mistaken, for in the February number of the *Chicago Medical Standard*, whose manly and spirited tone has long commanded our admiration, we find an excellent editorial article giving the true version of the case. Our contemporary calls attention to the fact that the decision contains in reality but two points, which would have been excellently well taken had they fortunately been in consonance with the truth. The learned court declared: 1. That the defendant should have been allowed a hearing before the revocation of his license; 2. That he had a constitutional right to advertise. Now, the *Standard* asserts that as matters of fact, not one, but several notices were served upon a person calling himself McCoy, at the places of business designated in his advertisements, and that the right to advertise was never called into question, but the right alone of obtaining money under representations made in McCoy's advertisements, which were false, as abundant evidence was forthcoming to prove.

We are happy to learn that the case has been appealed, and in the light of the recent decisions in the Anarchists' case and the case of Lennox Maxwell, there is good reason to believe that should the case be carried before the highest court of the land that tribunal would maintain the right of the State of Illinois to regulate the practice of medicine within her borders, and to empower her State Board of Health to revoke the certificate of any physician on the ground of "unprofessional and dishonorable conduct."

THE COMMITTEE ON REPORTS AND ESSAYS OF THE LOUISIANA STATE MEDICAL SOCIETY.

In fulfillment of his promise given in our last issue, Dr. Bruns informs us that the Committee on Reports and Essays has been organized and is now at work. The committee has been divided into three sub-committees; Drs. Day, Hebert and Dickson on General Medicine; Drs. Dupree, Owens and Johnston on Surgery (including Der-

matology, Ophthalmology and Otology), and Drs. Smith Gordon, Seay and White on Obstetrics, Gynecology and Diseases of Children—the first named gentleman being the chairman in each instance. To the chairman of each sub-committee, three times as many printed postal cards (requesting essays and reports of cases for our next meeting) as there are members in the State Society have been sent, and each chairman has been requested to send a card soliciting papers for his department to every member of the Society. The remaining cards he has been directed to divide into equal parts, one being sent to each member of his sub-committee. One member is asked to send a card to every member one week from the time of receiving them, and the other member in two weeks' time from the receipt of the cards. In each instance the sub-committee chairmen have acted with the most obliging promptness, and the cards are now in process of circulation.

This is the plan of last year more thoroughly carried out, and it is a very great pity that it was not put into execution as we so urgently recommended long months ago. For by this means every member of the Society receives three distinct requests for a paper or a report of a case in each of the three great divisions of medicine, or, in all, is nine times reminded that a meeting of the Society will be held on the 18th of April next, at Monroe, and that every member who has the welfare of the Society at heart is expected to be present with a paper or at least the report of a case, or if unavoidably absent, to contribute that much to the interest of the meeting by forwarding his manuscript to the Committee on Essays. At any rate the plea of forgetfulness or non-information is precluded this year, and a month and a half is ample time in which to make up a report of the most interesting case coming under observation during the last year or so.

Apropos; it should be remembered that at the next meeting the question of rejection or acceptance of the proposed constitution comes up for decision—a matter, in our

opinion, of great importance to the future welfare of the Society, and every member should compare the two constitutions as printed in the Transactions for 1887, and come prepared to vote intelligently.

EXPLANATIONS OF FERMENTATION AND PUTREFACTION.

WITH ESPECIAL REFERENCE TO DR. McLAUGHLIN'S
THEORY OF BACTERIAL ACTION.

That the simple presence of bacteria in the blood, even in great number, does not account for the phenomena of infective diseases, is admitted on all sides. That the accumulation of bacteria in connective tissue or capillary spaces will explain certain of the effects of their introduction into the body of an animal seems well understood. The conflict between the micro-organisms and the natural cells of the body has been described as an animated battle, the result of which is the death of the patient if the bacteria win, or his recovery if the normal cells carry the day. But this is no satisfactory explanation. We must ascribe some influence to the withdrawal of nutriment used up by these bacteria, and we can understand the grave effects of the appropriation by them of large amounts of the indispensable oxygen in the circulating fluid, but these events have not yet been clearly demonstrated and do not afford us an adequate explanation. According to Ziegler, bacteria set up extensive chemical changes in their nutrient materials, these changes being due, partly to their direct action, partly to the action of the unorganized ferments which they form, and partly to the effect of the poisons, which, it is now well known, result from the action of bacteria in organic materials.

We have then the question narrowed down to a consideration of the direct action of the bacteria and the action of certain products, whether unorganized ferments or leucomaïnes and ptomaïnes.

Liebig explained fermentation as a "molecular motion

transmitted by matter already in a state of chemical motion (unformed ferments) to other matters in loose combination." Hoppe-Seyler and Traube adopt the catalytic explanation.

Pasteur regards fermentation as immediately dependent on the activity of living cells. But none of these theories furnishes a satisfactory explanation. Another explanation we defer mentioning for the moment, for reasons that will appear obvious later on. We desire now to come to the special object of this editorial, the theory lately advanced by Dr. J. W. McLaughlin, of Austin, Texas, as set forth in a pamphlet which has just reached us from his hands.

Though the theory of Dr. McLaughlin, as advanced in this paper, is not wholly new, as we shall make further on appear, still he has so simplified and extended the explanations hitherto offered and his whole exposition of the subject is so concisely, yet so clearly expressed, that we deem his views worthy of something more than passing notice.

Dr. McLaughlin's theory is founded upon the atomic theory and the statement of the physical phenomenon that every particle of matter in the universe is in motion. Thus:

1. Matter is composed of ultimate particles (atoms);
2. These are in constant motion.
3. The atoms or particles of one body act upon those of another by increasing or decreasing this motion, according as the periods of recurrence in the molecules of the one body coincide with or oppose the periods of recurrence of that of the other.

The law, he says, of molecular activities is universal and through this he attempts an explanation of how bacteria excite fermentation and produce various products. If yeast is added to brewer's "wort" fermentation is set up and alcohol and carbonic acid result. The alcohol and the carbonic acid together contain the same atoms as did the sugar in the "wort;" the arrangement of the sugar atoms has been broken up and a re-arrangement has taken place. This breaking up and re-arrangement of atoms into simpler collections has been accomplished by the yeast.

According to Dr. M., "the molecular movements of the yeast bacteria are so timed in their periods of recurrence that they increase those of the sugar and swing them beyond their attractions and thus allow to form new and simpler compounds in accordance with known chemical laws."

"Sugar molecules are composed of smaller bodies, or atoms, held together by attractive and repellant forces, which keep them in constant motion; remove these atoms beyond their attractions for each other and the sugar is destroyed (broken up), whilst the atoms again combine into simpler compounds, *e. g.*, alcohol and carbonic acid; on the other hand we have the yeast bacteria, composed of molecules and atoms; the motions of these are so timed in their periods of recurrence that they swing the atoms of sugar beyond their attractions, and thus disrupt it."

Briefly, then, Dr. McLaughlin's theory is: Lower organisms possess, like all matter, living or dead, molecular motion, due to the attractive and repellant forces by which their atoms are held together as molecules; all fermentable fluids, as brewer's wort and the blood, possess also molecular motion; when the bacterial molecular motions coincide with the molecular movements of the fluid, the attraction between the atoms is overcome, the molecules become disrupted and the atoms are at liberty to rearrange themselves. The result of this rearrangement is in the case of the "wort," fermented by yeast, alcohol and carbonic acid; in the case of the blood invaded by bacteria, ptomaines or leucomaines, which are deadly poisonous, and, according to Dr. McLaughlin, are the real, active agents in producing disease-phenomena. In the case of the yeast-fermentation, the fermentation stops when a certain amount of alcohol is produced, or is prevented if the required amount of alcohol is added; so, in the other case the bacterial action is stopped (either by inhibition or destruction) when the ptomaines and leucomaines have been produced in sufficient quantity. According to Dr. McLaughlin's theory, incubation would mean that a certain

time is required, after the introduction of bacteria into the blood, for them to multiply in sufficient quantity to produce their poisonous products, which give rise to the first manifestations of invasion: and recovery (we hope we do not misrepresent him) would mean that these poisonous products had killed the bacteria or inhibited their development and reproduction before a lethal quantity of the poisons (as regards the patient) had been produced in the blood; while the period required for elimination from the body of the poisonous products (ptomaines) should correspond with the stage of convalescence. Germicidal and inhibitory antiseptics would then be clearly indicated to cut short the manufacture of these poisonous ptomaines and leucomaines. Self-limited diseases would be thus explained and the benefit to be derived from scientific antiseptic treatment be made clear.

The immunity against further infection produced by one attack, he explains by saying that the bacteria use up the material which they require and that they cannot again develop until this material is reproduced. This theory, proposed by Mr. John Tyndall, has never seemed to us to be satisfactory; for if such were the true explanation; then the more completely this material is used up the more complete will be the immunity. This, we believe, is not the case, for vaccination, or better still, a mild attack of small-pox, is usually expected to protect for a prolonged period, if not for a life-time, whilst on the other hand we have known of cases of undoubted small-pox in people who showed the signs of extensive skin ravages of a previous attack.

As regards "vaccinations" to secure immunity, Dr. McLaughlin remarks that "if infectious bacteria could, by any means, have their distinctive molecular movement so changed that their periods of recurrence would not be in unison with, and hence could not shake apart certain molecules in the blood * * * * and all this occur without change in their power of reproduction and their habit of feeding upon certain nutritive material of the

blood, we would have in these modified bacteria a practical means against the infectious disease.”

Oscar Brefeld “was enabled by an ingenious artifice so to modify yeast-bacteria that they would grow and increase by reproduction without producing a particle of alcohol.” This alcohol of yeast-fermentation represents the ptomaines and other chemical products of an infected blood; if, then, Brefeld succeeded in indefinitely multiplying the yeast-cells without the making of alcohol, Dr. McLaughlin considers it reasonable to suppose that septic bacteria may be made to multiply without the production of ptomaines. Indeed, it has been done in the case of small-pox by passing the small-pox virus through the cow, and the bacteria of anthrax and chicken cholera, when subjected to certain processes, lose their power of producing ptomaines,—they protect, but do not poison.

This is an extremely interesting subject and the careful manner in which Dr. McLaughlin has worked it out is deserving of great praise. Southern work is too little recognized and too little acknowledged by our Northern friends and it gives us pleasure thus to add another to the evidences that thought is active in the Southern part of our country.

But before closing, we desire to direct attention to the theory of Nägeli, which is of the same nature as that of Dr. McLaughlin. We make the quotation from a note of MacAlister's in Ziegler's *Pathological Anatomy and Pathogenesis*, p. 280.

“Nägeli's physical (or molecular) theory supposes that the natural motions of the molecules and atoms of the various constituents of the living cell-protoplasm are transmitted mechanically to the fermenting matter. The protoplasmic constituents remain chemically unchanged, but the molecular equilibrium of the fermenting matter is disturbed and disintegration results. Nägeli's theory emphasizes strongly the dependence of the fermentive process on the life of the cells, and is thus in harmony with our general view that all vital processes are ultimately cellular.” Voit

even attributes the disintegration of the soluble albumen in the blood to fermentive action of the tissue-cells. On p. 294, Ziegler himself says: "We may believe that the bacteria do not communicate to the organic compounds contained in the juices the same kinds of chemical motion as the tissue-cells. They will not, therefore, give rise to the same chemical changes."

This theory is in essential respects similar to Dr. McLaughlin's, but the doctor has gone further and furnished an explanation of why it is that this molecular activity, only under certain circumstances, will produce the fermentation, that is, only when the periods of the molecular motion of the ferment coincide with those of the fermentable liquid.

That fermentations, caused by bacteria, are, as maintained by Berthelot and others, necessarily due immediately to the action of unorganized or soluble ferments preliminarily formed for the purpose by the bacteria, is disproved by the neat experiment mentioned by McLaughlin on p. 3 of his pamphlet.

A vessel is divided into two parts by a membranous diaphragm. On one side brewer's "wort" is placed, on the other yeast. The liquid "wort" will osmose into the yeast side and will there undergo fermentation, but the solid yeast (living insoluble particles) cannot get through to the other compartment, and there no fermentation takes place. If a soluble ferment had been used fermentation would have taken place on both sides. We congratulate Dr. McLaughlin, and hope he will continue to lend his thought to the elucidation of this subject.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

SURGERY.

SOME IMPORTANT POINTS IN THE SURGERY OF THE URETHRA, BLADDER AND PROSTATE.

The recent Lettsomian Lectures of Mr. Reginald Harrison are deserving of the perusal and consideration of sur-

geons. We make from the "Lancet" some abstracts, which, however, should simply serve to stimulate the desire of our readers to read the lectures in full.

I. Urine fever, frequently less correctly called urethral fever, following lesions of the urinary tract, more especially internal urethrotomy, accidental wounds of the urethra and the introduction of a catheter or bougie.

The fever, he thinks, depends upon prolonged contact of (pent-up) urine with a solution of urethral continuity. The abrasion may be extremely slight, as where a catheter has been passed with little pain and without bleeding, and yet if there be prolonged contact of urine, the urethral ague results; on the other hand, after prolonged unsuccessful attempts at catheterization even with sanguinary results, aspiration of the bladder above the pubis has, in his experience, prevented the fever.

Mr. Harrison believes the fever to be due to a septic intoxication from the absorption of leucomaines, which are derived from the urine, tissue, wound-decomposition of all combined. The means of prevention, therefore, is plain: Provide for drainage through the perineum. Mr. Harrison deprecates internal urethrotomy not only on account of the dangers of septic intoxication, but because where this does not occur, the stricture is often only temporarily benefited and ultimately made worse.

When any stricture is so contractile as not to be amenable to dilatation, he believes in cutting, but he prefers the external incision, since this permits of complete division of the stricture and thorough urine drainage. These advantages make the operation a safer procedure as to immediate results, and afford the best prospect of ultimate relief of the stricture. He concludes with the text, "urine can spoil tissue as well as blood."

II. Enlarged prostate and some of its complications.

He regards the prostate rather as a muscle than as a gland, and considers it as a part of the *retentive apparatus* of the male bladder. Its intermittent secretory function is subservient to this physical function. "The muscular fibres during life are spread out like a funnel, with the apex downwards, so as to form a strong muscular support for the bladder and its varying amount of contents." In median lithotomy and external urethrotomy, incontinence does not result because the incision only extends to the apex of the prostate; in the lateral lithotomy and Harrison's modified median lithotomy, however, in-

continence results and continues until the wound of the prostate heals. Its retention-function is destroyed in the one case, in the other not. The necessity for such a retention apparatus becomes apparent when we observe that the "perpendicular axis of 'urine pressure' falls directly upon the outlet of the bladder," whereas in the female there are other means of support to the base of the bladder. In the higher mammalia, too, this axis is different, and we find the prostate less well developed (except it may be in dogs), and enlargement is rare.

The prostate, then, being a retentive muscle, we can understand that under circumstances it will become enlarged, but this hypertrophy must not be considered in every case a disease, but rather as a compensation of nature's for some deficiency higher up. In some it is exactly compensatory, in others, by excess, it may be detrimental.

A question of greater importance is whether the enlargement is due to true muscular hypertrophy or to increase of fibrous tissue. The process is conservative in the first case, pathological in the latter. In the fibrous enlargement the use of the catheter must be perpetual, in the other case complete restoration may be anticipated. In early adult life the bladder is abdominal, as age advances it sinks into the pelvic cavity and the posterior wall becomes depressed below the level of the prostate. The prostate then hypertrophies and a muscular buttress forms between the orifices of the ureters, where would otherwise be an inconvenient pouch. As one grows older micturition becomes more and more a voluntary act, and the power to retain urine becomes greater and greater, and some men by habit retain the urine for long periods without apparent damage. Nature here substitutes quantity for quality and makes provision for the increased muscular strain. Hypertrophy does not occur during those periods of life remarkable for muscular activity, but later where there is deficiency.

To prevent hypertrophy, then, we should aim to preserve the muscular power of the bladder and to aid it by artificial emptying when necessary. The timely use of the catheter has often prevented hypertrophy beyond compensation. Tapping the bladder has been of great benefit in cases, but the most conspicuous good results have followed prostatotomy as practiced by Mr. Harrison. In some of these the bladder is like a large abscess and catheterization does no good, only adequate drainage

through the perineum will accomplish much. When, subsequently, a catheter can be introduced or urine passes along the natural passage, the drainage-tube may be removed and the opening allowed to close.

III. Recent Views and Practices Regarding Stone and Tumors of the Bladder:

Litholapaxy will entitle the bladder-surgery of the last ten years always to occupy a conspicuous position in the history of our art. The complete removal of a stone at a single sitting, leaving nothing behind to cause reproduction or cystitis, must be regarded as a very great surgical advance, but Mr. Harrison thought the tendency now was to extend the operation to cases in which crushing is certainly not the best operation. The state of the bladder, as to shape, power of contraction and inflammation, had a determining influence in the reproduction of stone, and the physical properties of the stone have been allowed too much importance in the selection of the operation. Mr. Codge has pointed out the frequency with which recurrence of stone follows lithotrity, the relapses, in his opinion, reaching nearly 20 per cent. A stone frequently shows more recent phosphatic deposit around it, which observation left Mr. Harrison sometimes in doubt whether the stone was the cause or the effect of the disease. These considerations certainly make it doubtful whether the hardness or the size of the stone should be the only factors in determining the selection of the operation. The bladder sometimes resembles a chronic abscess with a stone in it, and it is as necessary to open and drain the one as the other. The simple removal (by crushing) of the stone is not sufficient. In such cases he prefers lithotomy with incision of the prostate, lateral lithotomy, for efficient drainage is greatly desired. He uses large drainage tubes, which he leaves in even as long, in cases, as ten weeks. He leaves in the tubes until the urine acquires its normal reaction, and may be expelled by the natural passages. The voluntary or spasmodic expulsion of the urine along the urethra indicates that the power of the bladder will be restored. In making lithotomy, he thinks a mistake has been made in dilating the urethra with the finger; the incision should be made so completely that the finger may be put, not pushed, in the bladder. A misconception of this point has probably led to the more frequent resort to the supra-pubic operation.

This operation is well adapted for the removal of cer-

tain foreign bodies where we must see the condition of the bladder, and very large masses would have to be removed in this way. In some cases of stone, complicated with protruding prostate, where the removal of a portion of it might be necessary.

As to tumors of the bladder, important advances have been made, but extreme caution is necessary in the selection of operation.

Malignant growths of the interior of the bladder are almost beyond the reach of surgery. Vesical papillomata have in the last decade been successfully removed. He has usually found the perineal incision applicable. But even as to these, he mentions some cases which show the great difficulties connected with their diagnosis and treatment.

MEDICINE.

TREATMENT OF DIPHTHERIA.

At a meeting of the New York County Medical Association, December 19, 1887, Dr. J. Lewis Smith read a paper on "Present Opinions Regarding the Pathology and Treatment of Diphtheria." Concerning the latter part of his subject, he said that the proper treatment of diphtheria is far from being determined, and a chief reason why there is such a difference of opinion in regard to the value of remedies, is because the disease varied greatly in severity in different localities and at different times. In the year 1882, Dr. Lunin met with the following results from different remedies employed at the hospital of Oldenberg. In the fibrinous form of the disease, the percentage of deaths under the various modes of treatment was as follows:

By turpentine, 8.30 per cent.; by resorcin, 20.06 per cent.; by bichloride of mercury, 30.20 per cent.; by chinoline, 31.60 per cent.; by tincture of chloride of iron, 32.60 per cent.; by bromine, 46.70 per cent.

In the septic form the deaths were as follows:

By tincture of chloride of iron, 76.5 per cent.; by turpentine, 81.0 per cent.; by bromine, 88.9 per cent.; by resorcin, 89.5 per cent.; by bichloride of mercury, 92.9 per cent.; by chinoline, 100.0 per cent.

According to Lunin's observations, therefore, in the fibrinous form, turpentine was the most useful therapeutic:

agent, but in the phlegmonous and septic forms the chloride of iron was most efficient.

Bichloride of mercury is the most active and certain of all the germicides employed in medicine, whether used locally or internally, and its use in diphtheria rests upon the fact that it quickly destroys all micro-organisms with which it comes in contact, and upon the supposition that in safe medicinal doses it penetrates all parts of the system. Welcher recommends as a gargle or spray a solution of the bichloride, one part to one thousand. Dr. Smith thinks that when employed as a spray in such a strong solution, it should be used with very great caution; and this is all the more necessary when the remedy is being given at the same time internally. Dr. E. N. Oatman, of Nyack, N. Y., reports that he has lost but one patient in twenty-three by the following local treatment. Cotton is firmly wound around the end of a stick about the size of an ordinary lead pencil, being drawn out as it is wound, and made to project beyond the end. This is dipped into a solution of bichloride of mercury, two grains to the pint (1:3,840), and passed into the throat until it touches the posterior wall of the pharynx. It is then instantly withdrawn and burnt. This treatment is repeated hourly, with a new swab each time, until the inflammation begins to subside—usually in forty-eight hours. Dr. Smith thinks that the following quantities of bichloride may be given in twenty-four hours: to a child two years old, 1-6 grain; four years, $\frac{1}{4}$ grain; six year, $\frac{1}{3}$ grain; ten years, $\frac{1}{2}$ grains.

Turpentine has been highly recommended recently by physicians of experience, for its prompt action when used locally as well as internally, in arresting the formation of the pseudo-membrane, and as an antidote to the diphtheritic virus. Dr. Lewentaner reports that an infant of two years, treated by other remedies, began to have symptoms indicating invasion of the larynx, on the fourth day tracheotomy was resolved upon; but previous trial was made of pure turpentine in a teaspoonful dose. The result was that the croupiness ceased, the other symptoms improved, and the child recovered without tracheotomy. Delthil first drew attention to the fumigation treatment. His treatment was as follows: A mixture of one kilogramme (2 pounds) of coal tar, eight tablespoonfuls of turpentine, eight grammes (2 drachms) of resin of benzoin, and one hundred grammes ($3\frac{1}{2}$ ounces) of cajeput oil; or a

mixture of two hundred grammes (7 ounces) of coal tar, eighty grammes of turpentine; or turpentine alone was constantly burned in the sick-room. The vapor arising from the burning mixture was tolerated by the patient, and did not give rise to vomiting, while it appeared to aid in arresting the diphtheritic process. Schenke modifies the treatment somewhat, and also gives the turpentine internally in doses of ten minims to a teaspoonful, one to three times a day, in milk or gruel. He also employs it as a spray. He has succeeded in curing thirty-one out of thirty-six cases by this treatment.

Sodium benzoate is another agent that has attracted considerable attention. Blondel has reported two hundred consecutive cases treated with it, without the loss of a single patient. He gave every hour a teaspoonful of a solution containing fifteen grains of the benzoate to the ounce, together with one-sixth of a grain of sulphide of calcium in solution or granule; and the throat was sponged every half hour with a ten per cent. solution of the benzoate. At the same time the room was kept constantly filled with steam from a vessel containing carbolic acid, turpentine and oil of eucalyptus.

Dr. Smith spoke in strong condemnation of the use of pilocarpine (which had been highly lauded by some authorities) on account of the disastrous results liable to be produced by it. He said he had seen it cause symptoms resembling those in extreme œdema of the lungs. He said, also, that the experience of most physicians in New York with calomel was most unsatisfactory.

Dr. Smith spoke, also, of chlorate of potash. He quoted the familiar prescription: *Rj. Tr. ferri mur. f ʒij—iij; Potass. chlorat. ʒj, Ac. muriat. dil. gtt.x, Syr. simpl. ʒiv.* Dose, one teaspoonful every two or three hours. The tendency, however, has been in late years to diminish the amount of potassium chlorate, or to omit it altogether, from its known irritating action on the kidneys, which are so prone to inflammation in this disease; and he thought it should probably be omitted always if albumen appeared in the urine.—*Medical News.*

INFECTIOUS NATURE OF TUBERCLE.

In an article entitled "A Clinical Contribution to the Doctrine of the Infectious Nature of Tubercle," abstracted by the *Medical Chronicle*, E. Leser says that it has been

known for some time that the respiratory and digestive tracts and, to a less extent, the urinary and sexual, are the parts most prone to infection from tubercle. As to the skin there is much dispute, though it can undoubtedly be the primary seat of tubercular infection. Literature is silent as to the most favorable conditions for the reception of the germ. Five writers mention cases of infection through wounds, and Lindermann and others show that in circumcision after the Jewish ritual, infection can result if there be a tubercular ulcer on the tongue of a phthisical person who sucks the wound. To aid in clearing matters, Leser relates a case.

A woman, age 54 years, of healthy, non-tubercular family, cut the terminal phalanx of the right thumb. It was bound up with a rag and neglected. Four months afterwards, instead of healing, it had grown larger. It resisted all treatment, and in a year a similar ulcerated wound appeared on the nail phalanx of the adjacent index finger. There was no history of previous wound of this finger. Both thumb and finger grew steadily worse, and in a year and a half a swelling appeared in the upper margin of the right mamma. It was as large as a hazel nut, moderately hard and painful on pressure. In four and a half months it was as large as a child's head, and the patient then consulted Dr. Leser. An incision proved the swelling to be an abscess under the pectoral muscle but unconnected with the mamma. The pus was of a tubercular character. On the third rib was a piece of denuded bone the size of a pea. The cavity healed under antiseptic washes and drainage.

It was at this point that Dr. L. first saw the fingers. He said, "The impression produced is as if granulations had spread themselves gradually under the skin; in some parts the integument is quite destroyed, while in other parts the granulations form subcutaneous swellings of various sizes, feeling soft to the touch and simulating fluctuation." These masses proved to be tubercular. Leser removed them with spoon, pincers and scissors, and the fingers healed in three weeks. A year before the patient had had a small lump appear on the inner side of her right arm; it broke and discharged for months, leaving a cicatrix, and by its side an enlarged lymphatic gland, which Leser removed and found tubercular. Leser thinks the thumb directly infected the index finger, and the infection spread up the arm and to the trunk through the lymphatics. He says recent wounds are less liable to infection than old

ones. When the regenerative energies are at a minimum then the germ settles with most facility.

He relates another case, where a boy of twelve, of a tubercular family, had a tubercular inflammation of the hip joint. In time two fistulæ formed, which continued to discharge until the boy was seventeen. All this time the surface around the fistulous opening was constantly bathed in the pus, and became eczematous. It refused to heal, and a more careful examination showed an area as large as two hands to be thickly studded with lupus tubercles. Under proper treatment, curetting, corrosive sublimate, etc., it recovered. Leser concludes that lupus produces tubercle and tubercle lupus.—*Fortschritte der Medizin.*

HYDROFLUORIC ACID IN THE TREATMENT OF PULMONARY PHTHISIS.

At the meeting of the Paris *Académie de Médecine*, held November 22, 1887, Dr. Hérard reported upon the memoirs of Seiler (1885) and Garcin (1887.) Fluoric acid was little used in former years, because it was thought that its fearful caustic action rendered it impossible to use. In spite of this, it is a fact that the workmen in the factories of Baccarat and St. Louis, who are exposed to the vapor of this acid, are not injured by it, especially when they have weak chests. This fact inspired Dr. Bastian, in 1862, with the idea to allow patients suffering from respiratory affections to inhale fluoric acid; this practice was employed by Charcot and Bouchard on consumptives in Saltpêtrière, but without great success, probably on account of imperfect methods of administration. Recently Seiler resurrected the treatment and obtained better results, while Garcin's statistics are highly encouraging.

It must be remembered, above all things else, that inhalations of hydrofluoric acid are completely innocuous; this was shown by the good condition of the men who made the crystals.

Dujardin-Beaumetz and Chéry have shown beyond all doubt that hydrofluoric acid is an antizymotic of the first order. Old, fetid wounds are rapidly changed by it. It results from Martin's experiments that it is also antiseptic, anti-bacillary; its favorable action in tuberculosis is therefore not to be wondered at.

It may be given in various ways. Henri Bergeron allows vapor of nascent hydrofluoric acid to escape near the

patient, who inhales it through his open mouth placed over the generating vessel, while the vapor fills the room, which must be tight and without a chimney. Dujardin-Beaumetz places a solution of hydrofluoric acid in a wooden cabinet, in which the patient sits, and as the acid evaporates the patient inhales it. Seiler uses an inhalation-apparatus made of gutta percha. The best method is to make a cabinet for the special purpose; a solution of hydrofluoric acid (water 300 grammes, hydrofluoric acid 150 grammes), is placed in the cabinet. The patient remains one hour in the cabinet, the acid atmosphere of which should be renewed every fifteen minutes. The number of inhalation-sittings varies from 20 to 70.

In regard to the quantity of acid air which should be introduced into the cabinet, the maximum is thirty litres of acid-bearing air to a cubic meter of ordinary air.

Among the early effects of the drug are restoration of the appetite, cessation of night sweats, and disappearance of vomiting, if they existed; the diarrhœa improves rapidly. At first the fever increases, but disappears afterwards. The improvement in these symptoms results in an increase of the bodily weight. The dyspnœa improves before any other phenomenon; the cough changes in character, and becomes less obstinate. It might be supposed that so powerful an agent would give rise to hæmoptysis; but such is not the case. The expectoration is modified both in quality and quantity.

The diminution in the number of bacilli in the sputa goes hand in hand with the improvement of the patient. The complete disappearance of bacilli takes place very late, when the lesions have become repaired. Repair is very slow, and varies according to the extent of the pulmonary lesions. In the beginning of tuberculosis, hydrofluoric acid, like other remedies, has especially good chances. Other medication may be combined with it; hygiene plays a very important part.—*Semaine Médicale. Deutsche Medizinal-Zeitung,*

ANTIPYRETIC ACTION OF STROPHANTHUS.

While studying the action of strophanthus, Dr. A. Rovighi observed that large doses of the drug caused a notable reduction of the temperature. This induced him to make fresh observations, with a view to studying the antithermic action of strophanthus. Four or six drops of the

tincture (prepared by Burroughs, Welcome & Co., of London), given in several cases of tuberculosis, not only lowered the temperature two or three degrees, but produced a persistent apyrexia. In a case of typhoid fever (second week) with a temperature of $40\frac{1}{2}^{\circ}$ Cent. (104.9° Fah.), the temperature fell to 101.3° Fah., and subsequently did not rise above 102.20 Fah. In none of these patients did the remedy cause collapse, gastro-intestinal disturbances or profuse sweats; and they expressed a feeling of general ease, while the headache disappeared, and the frequency of the pulse diminished as the temperature descended. The frequency of the respiration, however, remains unchanged, especially in phthisical patients.—*Riforma Medica. Lo Sperimentale*, November 1887.

In the same number of *Lo Sperimentale* appears an abstract from an article of Th. Zerner and A. Löw (in *Wiener med. Wochensch*, n. 36, 1887), in which these authors say that they could not determine that strophanthin had an antithermic action; and they do not approve its use in pneumonia, for the temperature in this disease forces the heart to perform increased labor, and the further stimulation of the heart by strophanthin might result in the very condition sought to be avoided, namely, early cardiac insufficiency.

A PRESCRIPTION FOR ASTHMA.

Dujardin-Beaumez prescribes the following: R—Potassii iodidi, ʒiijss; tr. lobeliae, ʒiijss; aquæ ʒj; M. Sig. A teaspoonful or a tablespoonful may be taken in a glass of beer at meals.—*Journal de Médecine. Medical News*.

GYNÆCOLOGY.

THE INDUCTION OF PREMATURE LABOR IN AMAUROSIS AND AMBLYOPIA IN CONNECTION WITH THE ALBUMINURIA OF PREGNANCY.

Dr. Pooley, of New York, summarizes the following conclusions in an article entitled as above:

I. That in all cases of pregnancy it is not only desirable to examine the urine from time to time for albumen, but also examine the eyes with the ophthalmoscope, even in a routine manner, since, as Loring points out, and as is well known to oculists, "a large percentage of cases having

lesions of the optic nerve and retina either have none or make no complaint of loss of vision, but which may lead, after a long interval, through the secondary or atrophic state to complete blindness;" the fact, too, that varying degrees of blindness do not usually appear until near the end of pregnancy, does not show that the retinal lesion may not already have been in existence for some time, and that the timely examination of the eyes might not have saved sight and even life. Moreover, it is known that the evidences of disease of the kidneys not infrequently show themselves in the eye before they do in the urine.

2. In uræmic amaurosis, without changes in the eye-visible to the ophthalmoscope, even should the usual accompanying symptoms, such as dizziness, nausea, and threatened convulsions, be absent, their supervention is soon to be feared and the induction of premature labor is indicated, without waiting until the life as well as the sight of the patient is in danger.

3. In neuro-retinitis, with grave organic lesion of the retina and optic nerve, sight impaired and the loss of vision progressing, especially in the last months of pregnancy, and the child (if not dead from the effects of the kidney disease) may be viable, it is not only justifiable, but urgently demanded, that premature labor be resorted to. In some rare instances, where it is evident that to wait until this time would be to doom the patient to blindness, it should be done even in the earlier months of pregnancy.

4. In those instances in which, in one pregnancy, failures of vision have occurred, which have remained permanent, abortion in the following pregnancies, in which symptoms of failure of vision again occur, may be rendered necessary. Whether it be finally ascertained that they are dependent upon kidney disease or not, the weight of the responsibility of the decision in these cases must lie with the oculist, however, since he alone, from both the objective and subjective symptoms, can conclude whether the gravity of the case warrants the operation.

5. Women having once suffered loss or impairment of vision during pregnancy should have the danger of again becoming so, and the relation of cause and effect, fully explained to both themselves and their husbands.—*New York Medical Record.*

APPLICATION OF THE FARADIC CURRENT IN GYNECOLOGY.

In a late article in the *British Medical Journal* Dr.

Apostoli strongly recommends the faradic current in female pelvic diseases as applied by the bipolar method in the canal of the uterus or vagina, always in the uterus if possible. By the bipolar method he means the use of an electrode made as a uterine sound with the two poles in the intra-uterine portion of the sound, but well insulated from each other. Tripier's method of faradisation is to place the negative pole in the uterus and to apply the other to the fundus through the abdominal, vesical or rectal surfaces. Apostoli claims the following advantages for his method in concentrating the entire electrical action within the uterus:

a. There is less pain; *b.* it may be done more easily; *c.*, being less painful the dosage may be increased; *d.*, with increased dosage the effect is greater.

He uses two kinds of currents, the "current of tension" and the "current of quantity."

The apparatus for faradisation should have two independent bobbins or helices, one wound with a thin line-wire for the current of tension and the other with a short thick wire for the current of quantity. The first influences sensibility, acts less on the muscular contractility and is to be used whenever pain in any part of the body is to be combated; the latter produces powerful muscular contractions and is to be used in subinvolution and all chronic congestions where pain is not a prominent element.

It is as a sedative, however, that, in his opinion, the faradic current is to be most prized, and sedative, recognized in gynæcology for the purpose we are treating of, equals the faradic current of tension when applied in observance of the following rules:

a. Of these two applications intra-uterine bipolar and vaginal bipolar, the intra-uterine will always be preferable as more active and efficacious, whereas the vaginal operation is forced upon us by such circumstances as the impossibility of passing a sound into the uterus. This will be our dilemma in pregnancy, in virginity, or in an acute peri-uterine inflammation.

b. The length of the sitting is an essential condition of success. However prolonged, whether five minutes or twenty minutes, it ought not to end till the pain has diminished or disappeared. This we can be informed of either by the patient's declaration or by direct contact. We should never interrupt an operation till we have clear

evidence of this result. The needful duration of an application will vary, not only in each patient, but in the same patient, during the course of her treatment. More time is generally required for the first sitting than for subsequent ones, in which we have only to complete the work begun. I insist upon this important fact, that, though a case of perimetritis may only find relief from this treatment, the ovarian pain may be, and generally is, done away with in a very short time.

c. The sittings should follow each other quickly. Every day, or even twice a day, is not too often, so that the effect may be cumulative, and nothing of the benefit gained be allowed to subside.

d. The number of sittings necessary will always be uncertain. The nervous and inflammatory conditions we have to deal with are numerous and changing, while the treatment I advocate is especially directed against one symptom—the pain. The surgeon will be obliged to modify the treatment in every case. In simple neuralgias he will find from two to five sittings generally enough to secure the patient freedom from pain for several months, and even more. In case of relapse the same treatment will give the same results. With inflammations the case is different. Not even an approximate calculation can be made as to what will be required, since we have to encounter the difficulties of uncertainty of effect, and of deviations in the degree in which cases give way to the treatment.

e. As regards the operation itself, the dosage or intensity of the current to be used (as regulated by the sheathing of the bobbin) will vary within the known extreme limits.

In perimetritis great caution is always necessary, especially at the beginning of a sitting. First of all, the bobbins should be entirely dismounted; then starting from zero, the advance should be made millimetre by millimetre, watching closely the countenance of the patient, as the expression is the best indication of her sensations. The gentleness of proceeding must always be redoubled in acute cases of inflammation.

On the contrary, in operating for ovarian pain, we may press forward directly and boldly to attain our end, provided the uterine region is healthy, as in that state it is extremely tolerant. A moderate dose will sometimes suffice, but generally it is necessary to go on to the highest point.

Though in perimetritis we must avoid causing any suffering, it may here be well, as a slight dose would do no good, sometimes to rouse the uterus by pouring in a massive current of tension. It is clear from all this that the dosage will always be variable, and require delicate adjustment, by a tact which can only be acquired by practice.—*British Medical Journal*.

DERMATOLOGY.

SOME DERMATOLOGICAL NEGATIVES.

Psoriasis is never seen upon the tongue.

Ringworm of the scalp is not found in grown persons.

Lupus (vulgaris) is a specific disease, and is not due to syphilis.

Arsenic does not cure, nor even improve, *all* skin diseases.

Eczema is not pronounced *eczema*.

Premature baldness is not always hereditary, but, on the contrary, is frequently due to neglected dandruff.

Lotions are not, as a rule, as good for applications as ointments.

The majority of cases of eczema display no vesicles; and the vesicles, when present, are frequently small and quickly broken.

The animal parasitic diseases cannot always be diagnosed by observing the presence of the parasite.

Papular syphilis is not "syphilitic psoriasis." Skin diseases frequently penetrate deeper than the skin, and the study of them is deeper still.

Acne is not cured in a day, nor pemphigus in a week.

The skin presents 16 square feet of exposed surface, and is unlike other organs, inasmuch as it is more liable to frequent irritation from without.

Non-volatile substances dissolved or suspended in water are not absorbed by the skin to any appreciable extent.

OLEATE OF COPPER FOR RINGWORM.

At one of the asylums for orphan boys, in this city, Dr. Blanc has recently treated twenty-seven cases of ringworm of the scalp (*tinea trichophytina capitis*), with oleate of copper made into an ointment with vaseline, in the following proportions:

R. Cupri oleat., ʒss.; vaselin, (vel lanolini), ʒj.
M. Sig. Apply to scalp.

The method pursued is to wash the child's head thoroughly with soft soap and warm water, after having cut the hair as close as possible. When the head is well dried the ointment is rubbed on the scalp, over and beyond the diseased spots, and allowed to remain. The scrubbing of the head is practiced but once a day, but the salve is applied night and morning.

In a few of the milder cases a salve of chrysarobin (chrysophanic acid), half a drachm to the ounce, was applied, but always immediately discontinued as soon as irritation was produced.

The oleate of copper application, from its soothing and antiseptic properties, was found particularly useful in those cases which had gone on to produce kerion, and was found altogether much more serviceable than chrysarobin, which latter was finally completely discarded.

The disease, which averages in duration some six months, particularly in public institutions, was cured in this instance in a somewhat shorter time, as the following statement will show:

Began treatment of 27 boys with oleate of copper May 1st, 1887.

July 13, discharged 4 cases—74 days.

August 24, discharged 4 cases—116 days.

August 28, discharged 6 cases—120 days.

September 3, discharged 7 cases—126 days.

September 22, discharged 3 cases—145 days.

October 13, discharged last 3 cases—166 days.

Average duration of treatment, 4 months and 4 days.

The last six were cases of kerion, in which there was inflammation of the subcutaneous tissue before the copper was applied; and the cure of one of them was retarded by a temporary removal from the institution.

The disease had been communicated by two cats upon the premises which were pets of the boys', and ceased to spread as soon as the cats were removed and the boys isolated. Epilation was not practiced in any of the cases.

MEDICATED SOAPS.

Prof. Shoemaker says that soda soaps are more irritating than potash soaps. Soaps that contain free alkali are, in young children, the cause of many skin eruptions, such as

simple erythema, seborrhœa, pustular eczema, and the like.

Alum soap is good in hyperidroses, in pustular eczema, and in chafing. Boro-glyceride soap is useful in acne, seborrhœa, and rough skin. Chamomile soap is mildly stimulating, excellent for bromidroses, intertrigo, and is the best soap for dandruff. Napthal soap is the best application for animal parasites on any part of the body, and also in bromidroses. Salicylic acid soap is a non-irritating antiseptic soap, and is good for toilet purposes. Corrosive sublimate soap is serviceable for removing freckles, chloasma, rough skin, for changing a muddy to a clear complexion, and in all kinds of itching.—*Philadelphia Medical Times*.

FURUNCLE AND ANTHRAX TREATED BY CARBOLIC ACID PULVERIZATIONS.

A paper by Prof. Verneuil, on this subject, has been creating considerable discussion in the French Academy of Medicine. The professor employs a two-per-cent. solution of carbolic acid in alcohol, and, with an ordinary steam atomizer, directs the jet against the diseased surface for two hours at a time. Three or four *séances* suffice for a cure. In the intervals, the carbuncle is covered with a compress of thin muslin, saturated with a carbolic solution, which, in turn, is protected by an impermeable covering. The healthy skin is carefully guarded against the spray by twisted napkins, perforated cushions, pasteboard, diachylon plaster, etc.; and a comfortable position is chosen for the patient, in what might otherwise prove a tedious process.

Having tried this plan of treatment in a number of cases, the following conclusions are formulated:

CONCLUSIONS.

1. Furuncle and carbuncle are only degrees of the same infectious disease, and their treatment is similar.
2. This latter consists in surgical interference and topical applications. The former seemed at one time indispensable, or at least applicable to the majority of cases. The second, more efficacious in mild cases, playing an adjuvant and quite secondary role in the treatment.
3. The inverse of this should be accepted to-day. Operative interference is becoming less and less necessary, and will be reserved for exceptional cases. On the other hand, antiseptic local applications, in the first rank of

which should be placed carbolic and boracic solutions, employed in a certain manner, and particularly as *prolonged and repeated pulverizations*, are remarkably efficacious, and at the same time absolutely harmless and easily manipulated.

4. The pulverizations can, with few exceptions, rapidly avert boils and small carbuncles; they arrest the progress of the disease in grave cases; they generally stop pain very quickly, cause the cessation of fever and constitutional symptoms, disinfect purulent and gangrenous centres, hasten their cleansing and favor the formation of a fine layer of healthy granulations.

OPHTHALMOLOGY.

TWO CASES OF REFLEX SUPRA-ORBITAL NEURALGIA.

These two highly interesting cases are reported by Dr. T. F. C. Van Allen, of Albany, N. Y., in the *Albany Medical Annals* for February, 1888:

CASE I.—R. R., a farm laborer aged 55 years, fourteen or fifteen years ago suddenly felt a prickling pain in the lower lid, and about the same time discovered that the sight of the right eye was impaired, and its field crossed by a fine horizontal line. Soon attacks, increasing in severity and frequency, of supra-orbital pain set in, and when he came under the care of Dr. Van Allen they had been for many years so agonizing as to produce involuntary muscular contortions and almost loss of consciousness. These attacks were readily brought about by slight causes; thus Dr. Van Allen saw one brought about by rising too suddenly from a chair, and another by touching the lower lid. Ophthalmoscopic examination showed evidence of previous choroiditis; downwards near the ciliary region two small glistening circular swellings with a large tortuous vessel running towards and between them. A fine horizontal line on the anterior capsule extended across the pupil; refraction was normal. Atropine and a protective bandage, together with counter-irritation and the exhibition of arsenic, completely relieved the pain. This confirming the opinion that the eye was the source of irritation, the patient demanded enucleation, which was performed with complete relief of all symptoms. The pathological condition appeared to be a cystic degeneration of the choroid or retina

near and involving the ciliary bodies; unfortunately, the microscopic sections were failures. It is needless to say that this patient had been in the hands of innumerable practitioners, and fairly exhausted the pharmacopœa.

CASE 2.—C. A. H., aged 39 years, when a small boy was knocked senseless by a falling tree. About this time began to have severe supra-orbital headaches, which have afflicted him ever since. When twelve years old he first noticed that during the attacks, which were always confined to the left side of the head, the l. e. turned inward. At about 16 the squint became permanent. Nausea and vomiting characterized the attacks. Strabotomy only made the squint worse, and resection of the supra-orbital branch procured no relief. V. R. = $\frac{20}{x}$, L. = $\frac{20}{1x}$. Read ordinary type with r. e. alone, and this soon brought on headache. The l. e. could not be moved outwards. Ophthalmoscopic examination negative; refraction normal. Atropine solution was instilled for four days, during which time no amount of use of the eyes could produce an attack, but its use being diminished the pain began to reappear, and in one instance an attack was cut short by the use of the atropine drops. The patient was dissatisfied with the constant use of drops, and preferred the alternative of enucleation, which was done, and reports received during the year after showed entire relief from pain.

ANOTHER CASE OF ALBUMINURIC RETINITIS OF PREGNANCY.

By A. D. Williams, M. D., of St. Louis.—Some months ago I gave in the *Journal* the history of two cases of albuminuric retinitis of pregnancy, and urged as the only remedial procedure in this condition prompt and early induction of premature delivery. I have now to present another sad case, emphasizing my former words of warning.

A lady of middle age consulted me during the past week on account of a practical loss of her vision. She can barely count figures with one eye. She gave the following history:

Two years ago, when three months gone in pregnancy, she took a most violent headache, which was not apparently benefited in the least by any treatment her physician could suggest. This intense headache lasted for several

days, and suddenly passed away. Very soon after the cessation of pain her vision became dim, rapidly growing worse, until at the end of three or four days she was totally blind. Three months later she had a miscarriage, the fœtus (one of six months) dying almost immediately. Soon after the miscarriage the vision began to clear up, the amelioration progressing until she could count fingers held in certain positions before one eye. Here the process of repair stopped, and has remained stationary ever since.

After receiving this history I made an examination and found both vitreous chambers full of old clots of blood; but through these I could discern the peculiar stellated patches in the retina characteristic of albuminuric retinitis. So much for the ophthalmoscope; but for diagnostic purposes I had not to rely upon it alone, but upon the characteristic history, viz.:

1. Pregnancy.
2. Headache, intense, intractable, suddenly ceasing.
3. Dimness of vision following immediately and growing rapidly worse, even to total blindness. (This is peculiarly characteristic, and is a singular phenomenon. The vision is not involved in these cases until after the headache ceases. Such, at least, has been the case in every instance coming under my observation, or found in the range of my reading).
4. To make the pathological picture complete, an examination should have shown the urine to have been loaded with albumen. This feature is wanting in the history given me; but as no examination was made, I can only assume that it was so.

The hemorrhage into the vitreous chambers is unusual, and, in this exceptional case, I presume it was due to some accidental condition. That it was not the primary cause of blindness is proven by the fact that the latter was not instantaneous, which it would have been had hemorrhage been the cause.

That gestation or the pregnancy was the exciting cause is proven by the amelioration which ensued upon delivery. Had, therefore, the true condition of the patient been recognized at the time when her vision began to fail; or, better still, when the headache was found to be intractable to treatment, which could easily have been accomplished had the attendant physician caused a test of the urine to

be made; and had a prompt miscarriage been induced, in all probability her vision would have been saved. Now she is hopelessly blind. The moral is self-evident; but I will repeat it for emphasis and for the benefit of those practitioners who are too apt to neglect that greatest of aids to scientific diagnosis—a careful and competent examination of the urine.

When the pregnant woman, in the early part of gestation, is seized with a headache that is violent, intense, intractable; and which ceases, only to be followed by dimness of vision, suspect albuminuric retinitis. Examine the urine, and if albumen is found in any quantity, proceed at once to the only measure which gives any promise of salvation of vision or of life itself, and produce premature delivery.—*St. Louis Medical and Surgical Journal.*

ERYTHROPHLEINE—A NEW LOCAL ANÆSTHETIC.

A circular from Mr. George I. McKelway, of Philadelphia, whom we have reason to believe a most reliable pharmacist, announces that he possesses all of this new alkaloid at present in the United States. This substance, hydrochloride of erythrophleine, prepared by Merk, was found by Lewein in *Erythrophlœum Guineense*, believed to be the source of the "Haya poison," used by the natives of western Africa as an arrow poison. According to Lewein a two per cent. of the solution in a dog's eye renders it insensitive for from ten to twenty-four hours, and solutions of one-quarter, one-tenth or one-twentieth of one per cent. produce anæsthesia, lasting from several hours up to two days. The action is altogether local, and if the solution be injected into the eyelid this becomes insensitive, while the eye is unaffected. Injection of very minute qualities under the skin of guinea-pigs produced such profound local anæsthesia, that incisions down to the muscles could be made without eliciting manifestations of pain. Upon wounds and raw surfaces it acts as a powerful analgesic. Dr. Lewein says that in therapeutic doses it has a "digitalinic effect upon the heart," and Mr. McKelway very properly adds the caution: Before much of it is injected into the circulation more should be known of its constitutional effect, especially with reference to the heart.

So much for the claims; now to put them to the test.

BOOK-NOTICES.

On the Pathology and Treatment of Gonorrhœa and Spermatorrhœa. By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. New York: Wm. Wood & Co., 1887. P. 450. New Orleans: Armand Hawkins, 194 Canal street.

When the author first issued his work on Gonorrhœa, in 1877, Dr. Fessenden N. Otis, one of the most prominent of America's special surgeons, said that he could commend the book as the most valuable and comprehensive work on the subject in the English language. Such a tribute from one whose utterances everywhere command respect, is certainly of greater weight than anything that an humble reviewer could say. Mr. Milton, however, was not content to leave the book as it was, but has improved it with each of the many editions through which it has run. In this, the first American edition of the work, a long section on Spermatorrhœa is appended to the subject of Gonorrhœa; this would of itself form a valuable work.

The book opens with a history of gonorrhœa. This is followed by a chapter on the pathology of the disease, after which come four chapters on treatment, which take up over two hundred pages of the work. The discussion of the treatment is necessarily long and elaborate, for the author, as he states in his preface, aimed "to separate clearly what might be looked on as established from what was doubtful, and not merely to prove every assertion, but to place it on such a basis that it could not be disproved." To accomplish this object Mr. Milton, has been obliged to discuss thoroughly the action of every drug that has ever enjoyed repute as a remedy for gonorrhœa. Clinical histories are introduced at intervals to illustrate certain lines of treatment. A chapter on the pathology and treatment of gleet closes the first part of the work.

In speaking of spermatorrhœa, Mr. Milton deplors the neglect with which the subject is treated, and severely censures the profession for throwing the doors open wide for charlatanism, either by dismissing anxious patients with a few insufficient words intended to cheer the mind and distract it from the disease, or by treating the disease blindly or carelessly. He thinks that physicians should openly recognize the malady, which will remain one

of the happiest hunting-grounds of the charlatan, "until its pathology and treatment form a more prominent feature than at present in the regular course of lectures on surgery and in surgical works, and until it is no longer tacitly understood that spermatorrhœa is a topic only to be mentioned in a furtive way, or to be looked on as a trifle not worth taking into consideration." Mr. Milton handles his subject "without gloves," but, of course, in an elevated style. A striking feature of the work is the clearness with which everything is discussed. The treatises of many writers on this subject before the time of Lallemand were so strangely indefinite and theoretical as scarcely to seem the productions of minds trained to observation and logic. Mr. Milton is not a fanciful theorist; he draws upon nature for his information, and not upon his imagination; and to the charge that his picture of the disease is overdrawn, he replies that he has taken his account from the statements of the patients—not from the opinions of compilers.

Mr. Milton's work is one of sound facts and careful analysis; points which will insure a long lease of popularity. The opinion of Dr. Otis holds good in regard to this edition; and the publishers are to be congratulated upon presenting such a valuable work to the profession in America.

A. McS.

Hand-book for Young and Old Opticians. By W. Bohne, Optician. Published by the author (with A. B. Griswold & Co.), 119 Canal street, New Orleans, La. 1888.

The well-known optician of New Orleans, Mr. W. Bohne, has published a little book of 108 pp. designed as a guide, or *vade mecum*, for all young opticians, which we should think was destined to prove very useful. For, as Mr. Bohne tells us in his preface, the field which it is destined to occupy is as yet vacant. There is no similar work in either English, French or German. Thus, the author does not go into physiological and physical optics, referring his readers to the countless text-books on physics and ophthalmology for information on these matters, but deals strictly with practical questions—the selection of good lenses, the advantages and disadvantages of pebbles, crown and flint glass, and of the various tinted glasses; the setting and the centring of the different sorts of lenses; the selection and fitting of frames, etc., closing

with a very good little historical sketch of the history of the invention and introduction of spectacles. Great good sense has been shown in not casting aside many useful minutiae, and we can imagine that the book would be a perfect godsend to many an ill-instructed beginner struggling with the principles of his trade; indeed, we have no doubt that numbers of oculists who consider themselves thoroughly instructed will be able to gather a good point or two from Mr. Bohne's book, for we fear that the majority are not over-careful in seeing that their lenses are correctly centred or equally decentred, and we know that some would be puzzled to know whether a certain glass was or was not a weak prism, and to find its strength. Mr. Bohne is a German and his English is not idiomatic, but it has a quaint and simple flavor which we have found quite pleasant. Of course, we have noticed a certain number of errors and omissions, but these will doubtless be corrected in a future edition.

H. D. B.

Drug Eruptions. A Clinical Study of the Irritant Effects of Drugs upon the Skin. By Prince A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases; Consulting Surgeon to the Bellevue Out-door Department, etc., etc. Octavo, 206 pages, one lithographed plate. Extra muslin. Price, \$1.75. New York: William Wood & Co.

In a neatly bound book of good paper and clear type, the author gives an interesting account of the eruptions produced upon the skin by a variety of drugs.

This is the first work upon this subject which has attained any proportions, and Dr. Morrow deserves credit for being the first to bring it conspicuously before the public. The author has drawn upon a large amount of literature, extending more than a century back, to which he adds the details of his own experience.

The term "Drug Eruptions" includes not only those which are produced by medicines introduced into the system as ingesta, but also those produced by topical applications, thus greatly widening the field of study and investigation.

In perusing this work two practical questions occur to us as bearing directly upon the subject considered, and its *raison d'être*. These are: 1. How are we to recognize drug eruptions when we see them? 2. How are we to differentiate them from one another? The first question is

satisfactorily answered by the author in a few general rules, which will materially aid the diagnostician, but the second remains unanswered, at least so far as it relates to the lesions of the skin itself. This is the weakest part of the book, for he finds himself obliged to acknowledge "that in many cases the clinical features of drug eruptions have *nothing distinctive, nothing definite, nothing fixed.*" The question of treatment does not rise here to the importance it attains in other works, for the simple reason that a large majority of the cases are cured by emollient applications after the discovery and removal of the *cause*.

Acknowledgement is made in the preface of the assistance of Dr. Charles Rice, who has furnished a number of tests for the detection of drugs in the urine, and which are to be considered as a valuable addition to the work. We welcome the book as a forward step in dermatology.

H. W. B.

A Clinical Atlas of Venereal and Skin Diseases. By Robert W. Taylor, A. M., M. D., Surgeon to the Charity Hospital, New York, and to the Department of Skin Diseases of the New York Hospital; late President of the American Dermatological Association; joint author of Bumstead and Taylor's "Pathology and Treatment of Venereal Diseases." Lea Brothers & Co., Publishers, Philadelphia.

We are in receipt of specimen plates of Dr. Taylor's forthcoming Atlas of Venereal and Skin Diseases, and have examined them carefully. The work will aggregate 58 large folio chromo-lithographic plates, measuring 14x18 inches, and will contain about 200 figures. Many of these plates, we are told in the prospectus, will be life-size, and will delineate typical cases of disease. A large number will be from drawings in the possession of the author, in addition to which will be selections from the works of noted Europeans.

We have not as yet seen any of the text, but are informed that it will deal "chiefly with the practical aspects of the subjects." Dr. Taylor stands amongst the foremost of what might be called the New York School of Dermatology, and his leading characteristics, those of a close observer and original investigator, together with an undoubted familiarity with the subject treated, augur well for the accuracy of this clinical work.

The plates that lie before us are, it is true, only sample

plates, and it is to be hoped that the succeeding copies will be as faithful to nature. Judging from other writings of the author, and what has already been said, the text of this work will be a not inconspicuous feature of the publication.

Part I treats of Venereal Diseases. Parts II and III, treat of Syphilis in its various manifestations, while the remainder of this work considers lesions of the skin, including drug-eruptions.

The Atlas will be published by subscription, in eight parts, at \$2.50 per part. H. W. B.

Cyclopædia of Obstetrics and Gynecology. Vols. IX and X and XI and XII. Edited by Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, etc. New York: Wm. Wood & Co., 1887. New Orleans: Armand Hawkins.

Volume IX of this excellent series comprises two complete works, one on "Diseases of the Female Mammary Glands," by Th. Billroth, M. D., Professor of Surgery at the Royal University, Vienna, and "New Growths of the Uterus," by A. Gusserow, M. D., Professor of Obstetrics and Gynecology at the University of Berlin. It is scarcely necessary to say that Wood's Library of Standard Medical Authors for 1887, has more than justified the expectations of its subscribers. To get two such works as above mentioned, well printed and on good paper, for about seventy cents each, is an opportunity not often repeated in the medical book line.

The same may be said of Volume X, which is composed of "Diseases of the Female Urethra and Bladder," by F. Winckel, M. D., of the Royal University, Munich, and "Diseases of the Vagina," by A. Breisky, M. D., of the Royal University of Vienna.

Vol. XI. comprises two works, one on "Sterility and Developmental Anomalies of the Uterus," by P. Müller, M. D., Professor of Obstetrics and Gynecology at the University of Bern, and one on "The Menopause," by E. Börner, M. D., Professor of Obstetrics and Gynecology at the University of Graz.

Vol. XII. contains "Diseases of the Tubes, Ligaments, Pelvic Peritoneum and Pelvic Cellular Tissue; Extruterine Pregnancy," by L. Bande, M. D., Professor of Obstetrics and Gynecology at the University of Prague, and "Diseases of the External Female Genitals; Lacera-

tions of the Perineum," by P. Zweifel, M. D., Professor of Obstetrics and Gynecology at the University of Erlangen.

It is unnecessary to criticise these works, for they are written by men of such prominence in their own country as to make them a necessity to all physicians desiring to be thoroughly posted in gynecology. G. B. L.

Differential Diagnosis of Diseases of the Skin for Students and Practitioners. By Condict W. Cutler, M. S., M. D., Assistant Attending Physician for Skin and Venereal Diseases at the New York Hospital, Outdoor Department; Attending Physician for Diseases of General Medicine at the New York Dispensary; late House Physician at Bellevue Hospital; late Attending Surgeon at the Eastern Dispensary, etc., etc. G. P. Putnam's Sons, New York and London, 1887. For sale by Armand Hawkins. Price \$1.25.

An attempt is here made to place before the eye of the investigator the main points of difference in the diseases of the skin which resemble one another most closely.

The needs of the average student of dermatology are here very happily supplied, for between the covers of this little manual are the chief starting points of knowledge that lecturers are in the habit of impressing upon their classes, viz.: a good classification (Hebra's); the primary lesions of the skin, with the diseases in which they occur, and how to recognize them; and, finally, the main feature and object of the book—differential diagnosis. This is taught by the arrangement into parallel columns of the chief symptoms of similar diseases, giving their strongest points of contrast.

The book is concisely written, and therein consists its merit, for other works upon differential diagnosis, though good in their way, so closely resemble the larger textbooks that it were equally easy to appeal to one of the latter to settle any undetermined question. We have recommended this book to our class in dermatology, and believe it will materially aid the beginners in attaining a clear conception of the subject. H. W. B.

The Principles of Theoretical Chemistry, with special reference to the Constitution of Chemical Compounds. By Ira Remsen, Professor of Chemistry in Johns Hopkins University. Third Edition, enlarged and revised.

Philadelphia: Lea Brothers & Co. Armand Hawkins, 194 Canal street, New Orleans. Price, \$2.

With the first edition of this excellent little work, published in 1877, ten years ago, we were once very familiar. The present edition has truly been "revised and enlarged," and the additions are of great value, bringing it fully up to the present state of knowledge. Of course, it is impossible to review such a work, small and compact as it is, in the limited space at our command. The title indicates exactly the subject dealt with, and we can only add that every physician who desires a more intimate knowledge of the noble science of chemistry than that imparted by his "Fownes" or the text-books he once pored over on the benches, will procure a copy of Remsen's book and master the principles there so clearly and logically exposed.

H. D. B.

DEATHS.

DR. E. MILES WILLETT, SR., died of apoplexy at his home in Memphis, on Monday, February 6, 1888.

DR. D. ELLIS BYRD, of Arkansas, died of pneumonia at his home near Marvell, January 24, 1888.

MARRIAGES.

DR. JOS. E. KIBBE to MISS PAULINE DEROUEN, at the residence of the bride's parents in Vermilion parish, Louisiana, on Tuesday, January 24, 1888.

DR. JOHN S. THIBAUT, of Lafourche, to MISS AMELIE LASTRAPES, of St. Martin, La., January 30, 1888.

On January 11, 1888, at the Methodist Church in Kaufman, Texas, by Rev. D. L. Hicks, M. D., DR. W. J. POLLARD, of Gibsland, La., to MISS FLORENCE PIPES, of Kaufman.

MEDICAL NEWS AND MISCELLANY.

THE *Mississippi Valley Medical Monthly* comes to us this month under the new name of the *Memphis Medical Monthly*. It is sure to flourish under any name, for it is one of the very best of our Southern journals. *Ave!*

THE Thirty-ninth Annual Session of the American Medical Association will be held in Cincinnati, O., on Tuesday, Wednesday, Thursday and Friday, May 8, 9, 10, 11, commencing on Tuesday, at 11 A. M. For information address Wm. B. Atkinson, Permanent Secretary, 1400 Pine street, Philadelphia, Penn.

THE bill authorizing the removal of the Ship Island quarantine, and appropriating \$45,000 for the purpose, has passed the Senate.

DR. W. R. MCKOWEN has been appointed treasurer of the Insane Asylum at Jackson, Miss., *vice* Dr. J. W. Jones, resigned.

PROFESSOR PURKINJE, the veteran anatomist and physiologist, has recently celebrated his one hundredth birth-day at Breslau.

THE first triennial prize of \$250, under the deed of trust of Mrs. Wm. F. Jenks, will be awarded to the author of the best essay on "The Diagnosis and Treatment of Extra-Uterine Pregnancy." For further information address Ellwood Wilson, M.D., Chairman of the Wm. F. Jenks Prize Committee, College of Physicians, Philadelphia, Pa.

WE note with regret that Dr. Henry K. Leake has retired from the editorship of the *Texas Courier-Record of Medicine*. The last number of the journal was published anonymously.

DR. W. T. COUNCILMAN, Associate Professor in Pathology in the Johns Hopkins University, has been elected to the Chair of Anatomy. The Chairs of Chemistry, Physiology, Pathology and Anatomy are filled.

TWENTY persons in Inoural-law, Posen, were recently attacked with symptoms of trichinosis, and an investigation showed that they were poisoned by eating the flesh of trichinous ducks.—*Sanitary Inspector (Medical News)*.

THIRD Annual Meeting Lone Star Medical Association. The President desires the L. S. M. Ass'n to convene in Austin on the 14th of May, 1888, instead of the 23d of June, for the following reasons: 1. There is usually not so much illness at that season, and we can better leave our work. 2. It will enable you to be present at the dedication of the State Capitol, and the Interstate drill. 3. Last but not least, reduced rates over all the railroads, being \$5 for round trip from any part of the State. Please send in at once the subject of *thesis*. Address J. F. McKinley, M. D., President, over 907 Congress avenue, Austin, Texas. M. A. Majors, M. D., Assistant Secretary.

MORTUARY REPORT OF NEW ORLEANS

FOR JANUARY, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	1	1	2	.....	1	1	2
“ Congestive.....	2	2	3	1	4	.....	4
“ Remittent.....	1	1	1	1	2	.....	2
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	4	.....	2	2	4	.....	4
“ Puerperal.....	2	.....	.....	2	2	.....	2
“ Typho-malarial.....	3	1	1	3	2	2	4
“ Enteric.....	1	1	2	.....	2	.....	2
Scarlatina.....	1	.....	.....	1	.....	1	1
Diphtheria.....	10	4	8	6	1	13	14
Whooping cough.....	.....	.....	.....	.....	.....	.....	.....
Meningitis.....	8	1	6	3	5	4	9
Pneumonia.....	29	17	31	15	27	19	46
Bronchitis.....	18	11	11	18	18	11	29
Consumption.....	45	32	43	34	77	.....	77
Congestion of brain.....	4	1	3	2	3	2	5
Diarrhœa.....	10	5	9	6	14	1	15
Cholera infantum.....	3	2	3	2	.....	5	5
Dysentery.....	2	3	2	3	5	.....	5
Debility, general.....	3	2	3	2	5	.....	5
“ senile.....	13	9	8	14	22	.....	22
“ infantile.....	2	4	2	4	.....	6	6
All other causes.....	194	68	145	117	185	77	262
Total.....	356	165	285	236	379	142	521

Stillborn children—White, 27; colored, 16; total, 43.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 23.73; colored, 29.11, total, 25.20.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—JANUARY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.	
		Mean	Max	Min		Mean barometer, 30.187.	Highest barometer, 30.52, 18th.
1	30.04	50.0	71.0	45.8	.25	Lowest barometer, 29.83, 1st.	Monthly range of barometer, 0.69.
2	30.31	44.7	55.0	37.1	....	Mean temperature, 55.6.	Highest temperature, 79.6, 15th.
3	30.25	50.0	62.3	39.7	....	Lowest temperature, 28.8, 19th.	Monthly range of temperature, 50.8.
4	30.14	61.3	73.0	46.0	....	Greatest daily range of temp., 34.6, 15th.	Least daily range of temp., 7.0, 22d.
5	30.14	69.3	78.0	61.5	....	Mean daily range of temperature, 17.9.	Mean daily dew-point, 48.6.
6	30.08	70.3	77.0	64.8	.03	Mean daily relative humidity, 79.5.	Prevailing direction of wind, N.
7	29.99	70.3	77.0	65.1	*T	Highest velocity of wind and direction, 30 miles, north, on 18th.	Total movement of wind, 5628 miles.
8	29.99	68.3	76.7	61.3	....	Total precipitation, 3.29 inches.	Number of days on which .01 inch or more of precipitation fell, 11.
9	30.05	58.0	67.7	51.2	1.03	No. of clear days, 8. No. of fair days, 11. No. of cloudy days, 12.	MEAN TEMPERATURE FOR THIS MONTH IN
10	30.25	47.3	52.2	44.3	....		1873... 49.5 | 1878... 51.0 | 1883... 56.8
11	30.33	47.3	52.2	43.7	....		1874... 56.0 | 1879... 53.1 | 1884... 47.1
12	30.09	64.3	74.3	46.1	*T		1875... 54.2 | 1880... 63.2 | 1885... 52.0
13	29.13	63.0	69.0	60.9	.01		1876... 60.3 | 1881... 58.4 | 1886... 45.5
14	30.13	64.7	71.8	65.7	.02		1877... 53.7 | 1882... 62.4 | 1887... 51.4
15	30.23	56.7	79.6	45.0	.04		TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN
16	30.36	40.3	46.0	37.2	....		1873... 5.06 | 1878... 5.36 | 1883... 10.63
17	30.24	52.0	59.4	40.4	*T		1874... 1.68 | 1879... 2.34 | 1884... 4.35
18	30.44	37.7	52.0	34.1	.01		1875... 8.44 | 1880... 1.02 | 1885... 9.70
19	30.41	35.7	43.7	28.8	....		1876... 4.42 | 1881... 11.13 | 1886... 7.53
20	30.23	48.0	57.3	35.4	....		1877... 5.39 | 1882... 4.54 | 1887... 4.26
21	30.18	60.7	70.7	50.0	....		Dates of frosts: { Light, 2d, 3d, 29th.
22	30.23	55.3	61.0	54.0	.13		{ Killing, 19th.
23	30.19	56.0	62.0	51.3	.08		
24	30.15	51.7	57.7	49.3	.53		
25	30.15	56.7	63.8	51.3	1.16		
26	30.27	53.7	59.8	48.1	....	
27	30.18	57.3	69.0	45.0	....	
28	30.22	52.0	61.8	46.0	....	
29	30.20	56.0	68.8	44.4	....	
30	30.10	61.3	72.1	51.9	....	
31	30.09	62.7	71.1	54.8	....	
Sums	.....	.....	.....	.....	3.29		
Means	30.187	55.6	64.9	48.1	....	

*T indicates trace of rainfall.

MONTHLY METEOROLOGICAL BULLETIN OF THE LOUISIANA WEATHER Service for January, 1888. New Orleans, February 1, 1888.

The month of January, 1888, opened with a cold wave, the temperature falling from 25 to 30 degrees in the northern section of the State, and from 6 to 15 degrees in the southern section on the 1st, and a further fall of from 10 to 15 degrees throughout the State by the morning of the 2d. The temperature rose rapidly from the 3d to 6th, the maximum temperature of the month, excepting along the Gulf coast, occurring on the latter date. A cold wave was predicted on morning of the 7th, and the temperature fell from 20 to 30 degrees by the morning of the 8th, and a further fall of 10 degrees by morning of the 10th in the northern section. The temperature fell about 25 degrees in the southern section from the 7th to 11th, when it began to rise, attaining a maximum of 80 degrees by the afternoon of the 15th, which is the highest January maximum temperature on record in eighteen years observations. The minimum temperature of the month for the northern section occurred on the 16th, and for the southern section of the State (29) on the 19th, from which date to the end of the month the temperature was equable and pleasant. Moderately heavy rain fell in the northern part of the State on the 9th, and in the southern part on the 25th. Light rains occurred on the 5th to the 25th, excepting the 13th, 19th and 20th. No precipitation was reported from the 26 to 31st, inclusive. The total rainfall for the month for the State ranged from one inch in the northern section to two and one-half inches in the southern section below the average January rainfall of past eighteen years. Frosts were frequent during the month in the northern parishes. Killing frost occurred along the Gulf coast on the 19th. High winds occurred on the 1st, 12th, 15th, and 18th, due to passing cyclones, and the sweep of anti-cyclones from the northwest.

R. E. KERKAM, Signal Corps Director.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

APRIL, 1888.

ORIGINAL LECTURES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Typhoid Fever in Children.

By F. FORCHHEIMER, M. D., Cincinnati, Ohio.

The doctor, who is professor of physiology, Medical College of Ohio, physician to the Good Samaritan, Cincinnati and Children's Hospitals, in a clinical lecture before the class at the Cincinnati Hospital, discussed this question in brief as follows:

Gentlemen—Please to note well in the history of this boy we to-day bring before you, that he was taken ill on a certain day; that the day of the week and the month is given. In the majority of instances the disease begins suddenly in children and this is one of the great characteristics with them. In the case of the adult the history is indefinite. The patient tells you that he has been feeling badly for a week or ten days. He cannot tell you the day on which he was taken sick. Cannot put his finger on it as the man with the pneumonia can with his pain, but spreads his whole hand out over a number of days as does the man who has a bronchitis. In children the disease comes on so suddenly and seriously that the doctor is usually called in the first twenty-four hours. The child was probably playing about in the morning, languid in the

evening and quite ill by morning. It is the rarest thing in the world for this to occur in the adult.

The child does not locate the abdominal pain, but complains of "belly ache," and when asked to tell where the pain is will pass his hand indefinitely over the whole surface of the abdomen. Careful examination to localize the pain will not find the abdomen at all tender. In children any pain in the abdominal organs will be referred to the epigastrium. Tenderness will be elicited on deep pressure in the iliac regions. Often we are only able to tell that there is pain by the child's crying or frowning. Children frequently suffer from insomnia in the beginning of the disease, which may alternate with drowsiness which is not very well marked. As a rule the child does not sleep during the night, but is somnolent during the day.

Symptoms as regards the nose: Epistaxis is common, but absent, in many cases. Only five per cent. of my cases in this epidemic have had epistaxis. Not one of the 70 cases under my observation had it to any extent. This, as a rule, is the case, but in some epidemics it is quite severe and frequent. The nose is usually dry, and, as a rule, not dry enough to cause sneezing, which is generally absent. In this epidemic I have seen more than ever before and Liebermeister's dogma that if sneezing is present there is no typhoid fever, does not always hold good.

The condition of the tongue, I think, is insufficient to risk a diagnosis upon. It is the same as in adults, large, coated with red borders and red line in the centre. We may find lepthrax and the remains of food.

Cough, bronchial catarrh, is present in nearly all cases.

Abdominal symptoms: In children and infants a great many suffer from constipation. I am fully aware that in this statement I differ from many authors. As a rule diarrhœa occurs during the course of the disease, but it is usually not very severe. It is the pea soup stools with more or less pain, sometimes after the passages, but generally before. Constipation is, however, the rule, not diarrhœa.

Enlargement of the spleen occurs in a majority of cases though it has not the importance in the diagnosis as with adults. There are well authenticated cases where the spleen was examined post mortem and found changed in structure though not in size. Hensch reports a number where the spleen was normal; this has also been my experience.

Vomiting is present in most cases, very frequently in the inception, and we are often, for this reason, at a loss to know with what we are dealing.

The changes in the intestinal tract are by no means so severe as in the adult, and are altogether different. The changes in Peyer's patches are not so extensive, more localized, intense, deep, and as a rule do not extend into the large intestine. The child consequently suffers little from hemorrhage from the bowels. Only one out of my seventy cases had hemorrhage, and not one case of perforation occurred.

The greatest characteristic of typhoid fever in children is the deep and profound impressions produced on the nervous system. We have nervousness, somnolence, wakefulness, headache, and also changing of the disposition of the child. Those who were studious and agreeable before are now the opposite. After recovery they remain nervous, fidgety and shy, while sometimes the unstudious child becomes the reverse after the disease. This unbalancing of the nervous system in some cases lasts a number of years.

Circulatory system: As a rule the pulse bears no relation to the height of the temperature. With a temperature of 104.5° the pulse is not more rapid than with a temperature of 102°. This is one of the secrets why the disease is not more frequently fatal in children; the heart is not so severely affected.

Complications are not so frequent in children. The per cent. was very small in this epidemic; the complication most often occurring in this epidemic was that, when the fever was breaking up, the child was suddenly attacked with

aphasia. We have no explanation of the aphasia of typhoid fever; post mortem examination shows no change; it is probably there, but not discovered. This aphasia lasts a week or ten days, and the child begins to talk again. One sequela of typhoid fever which occurs in children and not in adults, is tuberculosis. The case is protracted for six, eight, or ten weeks, or it may be three months, and finally the child dies of tuberculosis of the intestines, acute miliary tuberculosis or tubercular meningitis. The only deaths from typhoid fever among children have been cases of this kind.

Prognosis is enormously favorable. In my seventy cases I have not lost one. The only exception to this general rule is among the newly born; the mortality during the first two months is very great. I do not believe entirely in this statement of the majority of authors. I think it incorrect. Up to the age of twelve years the mortality is hardly over five per cent. The death rate in this hospital is between six and seven per cent.

Treatment: He believed in the possibility of aborting typhoid fever with calomel, and thought he had done it six times during this epidemic, and that he had done it before. The whole trouble lies in the inability to prove this. If I get a case before the fifth day, I always give a dose of calomel, and a large one, sometimes repeating it. I follow this up with a rather full dose of antipyrine because it lessens pain and seems to have an antiseptic effect. I consider it of great importance to have two beds, one for the day and one for the night. It is necessary to have the largest, lightest and airiest room in the house. The diet should be absolutely fluid. No bread, no toast. I have seen hemorrhages occur from bread. The patient will complain bitterly of having nothing solid to chew. In these instances I find it very satisfactory to give tolu to chew. I frequently give a drop of the dilute nitro-muriatic acid every hour. I give sustaining measures, mainly whisky, and in antipyretics avoid everything which will cause a collapse. I give the lukewarm bath.

ORIGINAL ARTICLES.

The Value of Rapid Delivery in Puerperal Eclampsia.

By FAYETTE DUNLAP, M. D., Danville, Ky.

In advising the rapid emptying of the uterine contents in eclampsia, the writer is aware that his views are opposed by the majority of obstetrical authorities. In the outline of treatment generally advised, it is invariably given the last place, and to be employed only when other means have failed. A pregnant uterus and the various reflexes which it induces, the changes in the blood composition and the destructive inflammation of the renal substance, all combined or often acting singly, bring about the phenomena we denominate puerperal eclampsia. The symptoms presented are the same whether from one or two causes or all jointly.

The pathological questions arising are interesting, but our action in a case requiring immediate attention does not make it necessary that we have a complete understanding of them. The methods of relief employed are practically the same whether it be the result of reflex disturbance, uræmia or spinal congestion. These have been discovered post mortem, and there is no array of symptoms so distinct as to relegate the case in charge to one or the other category. We are, therefore, forced to a plan of treatment based not so much on pathological considerations as upon the conditions present. By careful study of such statistics as are at my command, I find that about fifty per cent. of all women who have eclampsia before labor perish, and that about ninety per cent. of the children are lost.

It being universally recognized that speedy delivery is worthy of trial, why should we hesitate to adopt it as the first instead of the last resource? The saving of infantile life with such meagre chances against its salvation is hardly worthy of consideration. The fact that the uterus has become impregnated is the cause of the convulsions: then why not begin at once and empty it?

It, as a rule, brings instant relief to all convulsive tendencies. If there is extensive nephritis we are in a more favorable position to begin its management with its cause removed.

During the last autumn there came into my care a young, robust woman of nineteen, in the eighth month of her first pregnancy. I was called on to prescribe for intense headache without seeing the patient. The messenger was requested to bring me a sample of urine and before it was secured she had convulsions. The urine was largely albuminous.

I did not hesitate about the course to pursue. I gave an anæsthetic, ruptured the amniotic sac, and with a long syringe point forced alternately hot and cold water into the uterine canal. The contractions began during the process, and with this continued hourly for ten hours and with the aid of Barnes' dilator the os was large enough to admit the hand. The perforator was used, the cerebral contents evacuated and the foetus easily lifted out. The convulsions were violent and coma complete, and the urinary secretion very scanty. In such an emergency I did not hesitate to sacrifice the child. In this I was supported by intelligent, experienced counsel, and had the active co-operation of the family. The convulsions gradually faded away within a few hours, and within twenty-four hours consciousness had returned, though imperfectly.

My action in this instance was largely influenced by a former experience. This patient was aged twenty-eight or thirty and a primipara. She was of the neurotic type, and gave strong evidences in former years of lunacy. There was a number of lunatics in her immediate family. Eclamptic seizure began during the night and without warning; she was near the date of confinement, and I was very solicitous about saving the child, and to this end I used temporizing measures, though my conviction was strongly in favor of rapid dilatation and delivery. There was no albumin in the urine. The patient was of a disposition to display any sort of nervous phenomena, and I used

chloroform, venesection and chloral by turns and in combination for a day and night. The convulsions were very severe and coma complete.

When I became satisfied that the foetus was dead I began at once to induce uterine contractions very much in the manner above detailed.

When the os was sufficiently dilated the forceps were applied and the delivery completed. After an hour's calm sleep the patient awoke with consciousness restored and no recollection of her recent experience.

This case and its fortunate result have been a guide to me in subsequent experience. Gradual, not forcible dilatation, by Ellinger's or Palmer's dilator will enlarge the os sufficiently to admit the graded sizes of Barnes' colpeurynters. I do not think there need be fear of lacerating the os by forcible dilatation if it is done with reasonable caution. Often the eclampsia is due to uræmia with irreparable kidney degeneration, and if after investigation the accoucheur discovers that there is total suppression of secretion operative interference will avail nothing. I very much question whether the kidney can be made to secrete after its function has ceased. The tubules and secreting structures are blocked and the pressure is not strong enough to dislodge the débris.

The mortality is great no matter what plan is followed, but I am convinced that it can be lessened if the foetus be promptly removed. Instances will arise where it is to be given every consideration, and the mother little or none, but in puerperal eclampsia as ordinarily encountered the removal of its cause is the rational course to pursue.

The *Atlanta Medical and Surgical Journal* says that "a movement is on foot to establish a respectable hospital in that city," but "the result cannot be foretold."

THE Medical Association of Georgia will meet in Rome, April 18, 1888, and continue in session three days.

One Year of Dermatology: Report of the Department for Diseases of the Skin in Charity Hospital, New Orleans, 1887.

By HENRY WILLIAM BLANC, M. D., Lecturer on Dermatology, Tulane University of Louisiana; Dermatologist to Charity Hospital and Touro Infirmary.

(CONCLUDED FROM FEBRUARY NUMBER.)

PRURIGO.

When one comes to consider an eruption distributed over a large portion of the integument, characterized by flat, fleshy papules intensely itchy, and which cannot be traced to any of the usual causes of cutaneous pruritus, such as animal parasites, womb trouble, jaundice, etc.; and when these papules grow rapidly, persisting in regions where excessive scratching is not easily accomplished, thus suggesting their independence of local irritation, the disease known as *prurigo* is most naturally thought of.

These remarks apply, at least, to one of several cases of eruptive pruritus which have been observed, the others being reported under the denomination of *pruritus cutaneus*. But before proceeding, let me say that while none of my cases can be considered as the *prurigo* of Hebra, which is almost exclusively an Austro-German disease, the peculiar and persistent lesions of the case to be described, should place it in the category of eruptive diseases as distinctly marked as the *prurigo formicans* of Wilson. Or, looking to a later English authority, we might find a place for it in Group III of Mr. Hutchinson's* cases of "prurigo without parasitic cause," some of which he distinctly tells us, "approach very closely to Hebra's type."

The disease I wish to describe occurred in a strong, heavily-built man, native of Manila, æt. 48 years. Fisherman by trade, but works in a sugar refinery in the winter. Is married and has five healthy children. General health apparently unaffected, appetite and various functions of body normal. Drinks port wine and claret at meals, but never takes liquors. Disease began in the summer, six years before consultation. Does not re

*Lectures on Clinical Surgery, vol. I, p. 120.

member whether the itching or papules preceded—both have always been present since disease appeared. Thinks the disease might have been caused by irritation in carrying planks on left shoulder while working in saw-mill. Has not worked in saw-mill since disease came on. Every summer for first four years the affection became much more marked and troublesome, but for past two years it has been nearly as bad in winter as in summer. On examination, an eruption was found covering the entire body except the palms of the hands and dorsal and plantar surfaces of feet. Upon the face and neck was an acute vesiculo-pustular eczema, which had been present about ten days, but the lesions on the rest of the body consisted of *papules* varying in size from the head of a pin to half an inch in diameter. The color of the papules was a very deep brown, a shade darker than the healthy skin, which had naturally the color of a mulatto. The papules were rounded and flat, some of the larger ones being denuded of epidermis by scratching; others, especially on lower extremities, were scantily covered with fine scales. The smaller ones were shiny, and polygonal here and there, conforming to the natural furrows and lines of the skin. The larger papules were on the back and extensor surfaces, where the itching was most intense. This latter has been a constant symptom throughout, and patient declares that he is never free from it. When in bed at night it increases, and he has lost much sleep on account of it. Some slight relief comes after prolonged scratching, as it were the relaxation after a nervous paroxysm, and he then falls off into a restless sleep, if it be night. The post-cervical, axillary, femoral and inguinal glands were enlarged and indurated. Has never had any lesion of tongue nor buccal mucous membrane, and gives no history of previous disease. Urine examined and found to be acid, with a specific gravity of 1016, and containing an excess of sodium urate.

Such was the patient's condition on admission. Simple vaseline was applied to the eczema of the face, which *dis-*

appeared entirely in two weeks, exposing a number of flat, dark papules on the forehead and cheeks in front of ears. The nose and centre of face were unaffected. The treatment was chaulmoogra oil internally—15 drops rapidly increased to 25, three times a day—and externally, a lotion of carbolic acid, alcohol and glycerine, together with warm baths three and four times a week. The itching diminished under this treatment, though never ceasing entirely; but the papules rapidly disappeared from the lower extremities, and in nineteen days after beginning treatment nothing remained upon the legs but round, pigmented spots about two lines in diameter, and with pale centres. The papules also diminished upon other parts of the body, except the back of the hands near and over the wrists, the face, and the back of the neck. In these places the skin had always been abnormally thick, independently of the papules, though undoubtedly as a result of the long-standing disease. The chaulmoogra oil was then stopped, and the following salve applied to the thickened parts: *acidi salicylici*, ʒss; *acidi carbolici*, ʒj; *ung. diachyli*, q. s. ad ʒj. M.

But hardly had the oil been discontinued when the general eruption reappeared as severe as before, improving again only after several weeks of chaulmoogra oil, to which was added Fowler's solution. When the patient passed from under my observation the papules on the body and extremities were nearly gone, but those upon the face, and the intense itching, continued as before. The urine had been examined several times, but nothing more than a few crystals of uric acid were found, and the specific gravity ranged between 1016 and 1021. Bromide of potassium was used for several successive days in large doses, but produced no more perceptible effect upon the itching than if it had not been administered.

Pathology.—A papule was removed from the patient's back between the scapulæ, and sections examined under the microscope disclosed the following: A round-cell infiltration throughout the corium, but most abundant

in the pars papillaris, extending up into the apices of the papillæ. This infiltration is noticeable along the course of blood-vessels, and surrounding the glands and hair follicles.

The rete mucosum and papillæ are thickened, and the corneous layer of the epidermis, which is normal on the sides of the papule, is nearly absent at the apex. A large deposit of pigment in the papillary layer and rete mucosum can only be partially accounted for by the natural darkness of the skin. No special change is noted *within* the hair follicles and sebaceous glands, but the fibrous coats of the follicles are thickened, as are also those that envelop some of the sebaceous glands.

The sudoriparous glands, which are here and there dilated to twice the normal size are, like the sebaceous glands, surrounded by thickened fibrous tissue.

A more or less general enlargement of the elements of the papule then, and an accompanying exudation of round cells, are the leading facts disclosed.

PURPURA HEMORRHAGICA.

The subject of this disease was a boy, æt. 13 years; a native of New Orleans, and an inmate of one of the orphan asylums up to the time of his illness. The disease began five days before his admission into the hospital, appearing upon the lower extremities. The patient is not at all a robust child and is thin and anæmic, though he states that he has hitherto enjoyed good health. Diet has been simple but nutritious, consisting of meat and vegetables plainly cooked.

At the beginning, and in fact, all through the attack, the disease was most marked on the legs just below the knees, and consisted of minute, reddish, hemorrhagic spots which rapidly enlarged to the diameter of a large pea. The red blotches soon became duller in hue, more purplish in color, and finally yellow, after the manner of ecchymoses, until quite a variety of colors were observed co-existing on one extremity. No other symptoms were noted on ad

mission, except swollen feet and pain in walking. The gums were normal.

April 6th. Two days after admission. Boy has been put to bed, as symptoms have increased. Cheeks are red, while other parts of face are pale, and this flushed appearance extends down on neck over sterno-cleido-mastoid muscles, terminating at the clavicle. Noticed yesterday a swelling of right wrist, and to-day both wrists are swollen and very pale. This swelling is œdema, which extends over the back of both hands. A new crop of hemorrhagic spots has come out. Yesterday a few pin-head-sized stigmata were noticed on wrists, and to-day a large number have appeared on ulnar side of forearms, accompanied by *pain* in wrists, hands and knuckles. Hemorrhagic spots (petechiæ) now cover the buttocks. The following is prescribed: Ext. ergot. fl., ℥iiss; potass. iodid., ℥ii; olei morrhuæ, ℥iv. M. et Sig. Dessertspoonful three times a day.

April 8th. Beginning on evening of date of last note, patient had five bloody passages in a period of sixteen hours, and did not take the medicine prescribed. Hemorrhage stopped with ergot, and patient given twenty drops of a mixture of laudanum and fluid extract of ergot, equal parts. This to be taken three times a day for three days, when the cod liver oil mixture is to be resumed. The hands, which were painful and œdematous, improved rapidly after the hemorrhage, and to-day the only swelling is a slight œdema of the feet. No new hemorrhagic spots have appeared; and the deep color of the old ones is diminishing. Gums are natural, but tongue is coated. Temp. normal; pulse 80. Has not had any fever.

April 15th. Until yesterday patient's general condition improved steadily, for the petechiæ were disappearing, only a few spots remaining on the elbows as slightly raised hemorrhagic *papules*. Cod liver oil mixture has acted well. But last night patient had a temperature of 101° Fah., and new purplish spots appeared on legs in blotches, here and there, a little larger than a silver dollar. These have

not the brightness of the red stigmata that first came on legs, but like them, the color cannot be pressed out. A tannic acid salve is applied to bandaged legs, and perfect quiet in the horizontal position is enforced. An anti-scorbutic diet, suggested by Prof. Elliott, has been strictly adhered to, the patient receiving only very soft or liquid vegetable food, and is given strong lemonade four or five times a day.

April 20th. An attempt to sit up yesterday is followed by an increase of spots on lower extremities. This is the second time eruption has been aggravated in this way. Mosquito bites cause prominent, raised papules, resembling in color those produced by the disease on the fore-arm.

April 23d. Has had fever since last note, temperature never reaching higher than 102° Fah. Was unconscious for several hours yesterday and day before, and has had eleven convulsions of a not very violent character, consisting of clonic contraction of the muscles of the extremities, with stiffness of the muscles of the face, the eyes being drawn up in the head. These spasms seldom lasted two minutes, and were followed by complete relaxation.

This morning the boy is conscious, having been nourished for the past two days by enemata of whiskey, eggs, and milk. Has still a low fever. All medicines suspended, and food of stimulating character administered *per orem*. Tongue coated and swollen, having a dry center and moist, whitish edge.

May 3d. Remains quiet in bed, and is still very pale, though he has gained in flesh. Appetite better, and purpuric spots have disappeared. Is taking compound syrup of hypophosphites.

May 12th. Sat up yesterday, and skin of legs is hemorrhagic again. Passed blood in urine this morning. Was put back in bed, and ergot added to compound syrup of hypophosphites.

Note.—The urine, which was of a dark brown color, was examined, and a “large amount of blood-cells” seen

under the microscope. Reaction, acid; specific gravity, 1020.

June 7th. Shortly after last note had an attack of epistaxis which lasted several minutes and ceased *untreated*. Has been doing well until yesterday, when he tried to sit up again, the feet becoming red and ankles tender; and to-day the inevitable petechiæ.

On June 13th the patient sat up for the first time without experiencing any evil results, and after that for two weeks he continued to move about the ward and halls of the hospital, finally leaving the institution completely restored, though somewhat the worse for wear.

In reviewing the foregoing history the question of nomenclature becomes interesting, for although the hemorrhagic symptoms more than justify the name given to the disease, the œdema and occasional redness of the joints accompanied by pain, introduce a *rheumatic* element, which is to be considered in diagnosis as well as treatment. The symptoms were far too numerous and severe for simple *purpura rheumatica*, which is regarded by many as a distinct affection; but which seems to me, in this case at least, rather a stage of the disease than a complication, for it is well known that joint-symptoms frequently arise in the course of *purpura hemorrhagica*.

SCLERODERMA.

Two marked cases of this disease came under my care, but complete notes are preserved of but one of them.

White boy; native of New Orleans; æt. 10 years. Is attended by an older brother, who is perfectly healthy and who denies the existence of any family disease. General health has always been perfectly good, and he has felt no discomfort of any kind. Did not know his skin was affected until attention was called to it two weeks before consultation, by the older brother, who noticed a smoothness and glistening appearance of forehead and cheeks. When examined, the boy was found to be of the blonde type, having a clear, unpigmented skin, ex-

ceedingly smooth everywhere, and hardened in places. The face showed no special thickening, though its extreme smoothness and absence of expression, together with a heavy, sleepy look about the eyes, suggested cutaneous infiltration. This could be realized on palpation, for a hard, resisting, hide-bound skin was felt, which could not be taken up between the fingers. The mouth when opened wide closed with a snap. The same hide-bound condition of the skin existed upon the neck, upper extremities and thorax; but was not noticeable upon the hands, where the skin seemed to be normal; nor could it be discovered on the abdomen, or any part of the body below the ribs, though the soft skin only looked a little smoother than is usual. Upon the fore-arms and trunk the diseased skin would verge into the healthy tissue quite imperceptibly, and without any line of demarcation.

This condition of things did not seem to interfere with respiration, nor any other normal functions for the muscles contracted easily, the bowels were regular and appetite good. The boy continued his habit of riding horseback, and working in his father's garden. Sensation was carefully tested and found to be perfectly normal. Daily baths of hot water were ordered, to be followed by brisk rubbing of the skin.

In two weeks the patient returned worse than ever. The weather was colder, and the baths had been omitted; indeed, it was questionable whether he had received any of them as ordered. The hardening had increased downward, being now slightly perceptible on the abdomen everywhere, and also on both lower extremities as far as ankles, but more marked on the right thigh than on the left. The soft tissues of the genital organs remained perfectly normal. The skin over the calves of the legs was now a little roughened and scaly, while both elbows presented patches the size of a nickel piece, of very rough and scaly, pigmented skin, like that seen in ichthyosis.

It was now noticed that the nipples, instead of being slightly elevated, were leveled with the healthy skin, and

soft as in the normal state, for the entire areola could be pressed into the hardened skin as if a circle had been punched out, and covered over with a membrane. The hardening remained more marked in the upper extremities than in the lower, and the tight, solid feel of the two arms suggested to more than one medical observer a concomitant hardening of the muscles.

The general health remained good, but the patient now felt less inclination to move about, and complained of stiffness of the limbs and joints.

The use of electricity as a mode of treatment now suggested itself and, after consultation with Dr. Archinard, it was determined to apply the faradic current. This was accordingly begun, and continued three times a week for two and a half months, the current being directly applied to all of the sclerous surfaces, each application occupying about ten minutes.

A note made seven weeks after beginning the electricity declares that he had "improved greatly, for the skin is much softer, and has lost the tense, hide-bound feel and appearance." When the treatment was finally discontinued the skin had regained its former softness and pliability, and the patient ceased to visit the hospital, having been pronounced "cured" by the electrician.

CORRESPONDENCE.

RICHMOND LETTER.

[Our Special Correspondent.]

The infirmary at the University of Virginia is to be thoroughly refitted in a way that will give its occupants every comfort possible. It is hoped that the inauguration of the electric-light system will prevent much of the eye troubles due to overstrain, from which many of the students suffer to a greater or less extent. The subject of athletics has also received attention at this institution, and the board has in-

structed the faculty to secure the services of an instructor for the remainder of the session. The gymnasium will soon be under the direction of a competent man. The Board of Directors have donated the old anatomical hall, which has been repaired, to the Charity Hospital. Needy persons may enter and be attended by the doctors and students of the University. The students will thus enjoy additional clinical advantages.

Dr. C. J. O'Hagan, of Greenville, N. C., will deliver the address to the graduating class of the Medical College of Virginia at the commencement, to be held in the Richmond Theatre, March 30th. Dr. O'Hagan is a prominent physician in his State, and was a surgeon in the Confederate army. His reputation as an orator equals his fame as a practitioner.

At the last meeting of the Board of Managers of the Eye, Ear and Throat Dispensary, encouraging reports were received from the lady managers, the surgeons and the treasurer. The work done in this institution, both in the private and outdoor department, has been considerable. The following medical officers were elected for the present year: Surgeon in charge, Dr. Joseph A. White; medical staff, Drs. E. C. Smith, C. A. Blanton, and Wm. S. Gordon. Dr. Lewis C. Boshier was recently elected to fill the vacancy caused by the resignation of Dr. Oppenheimer. Dr. White has recently invented a simple and useful palate retractor, a description of which has appeared in the *Journal of the American Medical Association*, and the same gentleman has also made some valuable additions to the thermo-cautery apparatus.

The reports of the president and treasurer of the Retreat for the Sick have been made. This institution has given during the year 2,928 days of board entirely free, including medical and surgical treatment, medicines and nursing. Efforts are being made to improve the building and widen its sphere of activity.

A project to convert the Medical College Infirmary into a city hospital was lately brought before the finance com-

mittee of the common council. Drs. Wellford, Cullen (Dean of the Faculty), and others spoke strongly in favor of the scheme, but as yet no action has been taken. A large, general hospital is a great need here. Another scheme is afoot to erect a hospital in this city to be under the auspices of the Sisters of Charity of Emmetsburg, Md. The building is to cost \$30,000, and the bishop of Richmond has donated \$10,000 and the site. The establishment will be open to charity and pay patients of all denominations. A corps of physicians will be assisted by trained nurses of the Sisters of Charity, and any doctor will be allowed to practice in the institution. The site has been selected, but is kept a secret for the present.

The physicians of Norfolk have organized an Academy of Medicine. One of its first measures was to investigate the water supply of that city, since there has been a widespread disposition in the community to grumble at the character of the water. The quarantine officer, Dr. Wm. A. Thorn, boarded and examined during the past year 110 vessels, and examined 3,052 men, mostly foreign. Four infected vessels were quarantined, and twelve from infected ports fumigated.

A new law to prevent the pollution of drinking water in this State was approved February 3rd, 1888. In some portions of the State measles have prevailed to a great extent during the winter, the fatality being more marked in some localities than in others.

In Bristol typhoid fever has been prevalent. The unusually damp and changeable weather of the past winter has told very perceptibly upon the health of people generally. Roanoke claims to be healthier than is supposed. The mortuary report for 1887 shows the total number of deaths to have been 214, 116 of whom were white and 98 colored, or a ratio of 21 in the thousand.

The bill passed by the House amending the laws of January 31, 1884, "to regulate the practice of medicine and surgery" came up in the Senate, February 27, and was

passed by a vote of ayes 17 to nays 10. The wording of the amendment has been previously given.

Dr. Vaughan, a leading physician of Farmville, has received an appointment in the U. S. Marine Service, and is to be located in [Boston, Mass. Dr. A. L. Langhorn, of Lynchburg, has received the appointment of Resident Physician at the Greenbrier White Sulphur Springs. Passed Assistant Surgeon Thos. C. Craig, U. S. N., has been ordered to the Naval Hospital in Norfolk. Dr. I. S. Stone, a member of the State Medical Examining Board, has sailed for Europe. Petersburg has sustained a loss in the death of Dr. Frank Peterson, who died suddenly of heart disease in that city, January 3d. He was one of the oldest physicians in Petersburg, and was honored professionally and socially. The death of Dr. Manson in this city, January 25th, was a great loss to this community as well as to the profession at large. Dr. Manson was a hard worker and a close student and had distinguished himself in the literature at his profession. His contributions on the subject of malaria are unusually interesting and instructive.

FLOTSAM FROM FLORIDA.

(Our Special Correspondent.)

Until the last year I have never realized how much is lost to the science of medicine from the indisposition to write, which the routine of daily practice develops in the rank and file of the profession. Our medical literature is for the most part made up of clinical reports and hospital statistics, which too often are utterly valueless to the general practitioner, if, indeed, they are not positively misleading in their application to the conditions of civil practice.

“I asked for bread and ye gave me a stone,” is the feeling if not the expression of the hard-worked medical man in whose hands the real progress of the profession is to be worked out, when he wades through tome after tome of modern medicine for guidance in the varied special manifestations of disease which make the burden of his life. I

can appreciate this more fully now than ever before, for after nearly twenty years of editorial and professional life, I find myself so overwhelmed by the details of daily practice, that it is with difficulty that I feel a sense of recoil from all generalization and the *cacoethes* of former years has given way to the *odium scribendi* of the practical present. This much by way of apology.

So much has transpired of interest during the past year under my observation that I feel at a loss to take a point of departure. I suppose the subject of most general interest would be the appearance last summer of yellow fever on the western borders of our great peninsula. I suppose there never was in the history of this disease such a ridiculous display of crass ignorance and senseless acrimony as the little Key West and Tampa episode of the past season. Town quarantining against town, everybody swearing that the yellow fever was everywhere else but the favored spot in which he lived, moved and had his being, making themselves and the profession a laughing-stock to the world. I do not wonder that quackery thrives, and that the science of medicine is held in such contempt by thinking men who expect better things of a profession with such a history and such a purpose in the economy of the world.

As to quarantine, those of us who have had much experience in these matters of epidemic disease know very well that it is practically the veriest nonsense, contrary to all the principles of humanity, and disastrous to all commercial interests and of impossible execution, even though its expediency were admitted. I have had occasion to remark that in the home of yellow fever it is less dreaded than in places unfamiliar with its nature and its treatment. Who ever thinks of running away from yellow fever in Havana, and I doubt if it were possible to get up another respectable epidemic in New Orleans or Memphis, where science has robbed it of its terror and its power by grappling boldly with its pathology and meeting its inroads with brave therapeutic resistance. Why, the very idea of *quarantine* is the *odium medicorum*—the dust which

science, falsely so-called, kicks up, under cover of which it tucks its tail and runs. The great obstacle to medical progress in Florida is the lack of organized medical power. There is so much of the *meum* and *tuum* in the profession here that there is no cohesion, and consequently our legislators are in perplexity. If a bill providing for the establishment of a board of health is presented it is sure to be supplemented by another and another, until the legislature, not knowing what to do, ends the whole matter by doing nothing. Personal spite and individual conceit, to say nothing of the expected opposition of ignorance and charlatanism, have throttled medical legislation in the State and left the profession to be buffeted about with every wave of doctrine. There are many good men in the State, but their voice is not heard nor their counsel regarded.

FLORIDA AS A SANATARIUM.

I suppose any communication from Florida that does not speak of its wonderful climate and its sanitary advantages over all the rest of the world would be like the play of Hamlet with the part of the immortal Dane left out. So much has been written on this subject by land agents and tourists that I shall be pardoned for referring only to those differential characteristics which I have remarked during my residence in the State.

In the first place, the most interesting feature of Florida climate is the effect it has upon the healing of wounds. This is indeed remarkable and I do not remember ever to have seen it noticed before. Larger doses of iodide of potassium can be given here than anywhere else in the world except in Hot Springs when taken with the baths. Bladder troubles are rare, but kidney degeneration frequently met with. Aneurisms are more frequent here than I have noticed elsewhere. I have met with two cases of aortic aneurism within a month, in one of which I ligated the left subclavian in its second portion and the other the right subclavian in the third portion. The first patient lived a month and died, with but little benefit from the

operation. The second recovered, resumed his business, but subsequently was attacked with a phlegmonous erysipelas in the lower limbs, from which disease he died—the aneurism having apparently disappeared. Yesterday I operated for hypertrophy of the walls of the bladder, performing the ordinary medio-bilateral operation (with Brigg's Lithotome), removing incrustations and papilloma about the size of a chestnut. I have to report three cases of trephining since November, one temporo-parietal, one mastoid, and one fronto-parietal, all with rapid recovery—two of them, however, negroes, and of course favorable cases for cranial operations.

By the way, this subject of trephining brings to mind a little incident which I have been intending to ventilate ere this: Last winter I was called to see a case at one of our large hotels of a gentleman of prominence from Philadelphia, who was evidently laboring under traumatic epilepsy, which diagnosis I made at once and aphasia being pronounced, of course, had no difficulty in locating the seat of pressure in the third convolution of the anterior lobe, afterwards learning that the patient had a year previous received a severe blow upon the head just at that point. Responding to the ordinary emergency measures, he insisted upon my accompanying him immediately to his home and laying the case before his physicians. I did so, but you know the prophets in Jerusalem think no good can come out of Nazareth, and I was kindly, politely and patronizingly informed by one of the high priests, who serves in the temple of the womb, that he was certain there was no fracture as he had dressed the wound himself, and the skull was intact. I didn't say it, but I wondered greatly what a womb doctor knew about cavities containing brains. But I was in Jerusalem and I held my peace. Returning to Nazareth, which being interpreted, is the land of the South, I was again called to Jerusalem and found that a great consultation had been held; a syphilis man had found a whole procession of syphilis bugs crawling over the retina, a nerve man declared it softening of

the brain, the great mogul of surgery said it was traumatic and nothing but an operation would relieve it, but when told that it had been so said even in Florida he reversed his decision and consented to consign the patient to an asylum for the insane, on being released from which he died. A *post mortem* was made and fracture of the internal table demonstrated, with cicatrix of dura mater at that point adherent.

Now I mention this simply to suggest to our brethren of the East the reason why the South and West do hang together in our great national Association. We are not and never shall be willing to admit that they are the world, and wisdom will die with them. The greatest lights in the galaxy of Eastern medicine have been plucked from the Southern and Western firmament, and the annals of the past century will show a grander development of the science of medicine under the broad generalizing methods of the South than has ever been seen under the banner of Eastern specialism. The great Bowling waged an uncompromising crusade against the tendency of the age toward the clap-trap methods of specialism, and his voice was never silent in defense of his own beloved Southland—the birthplace and the nursery of the grandest aristocracy of medicine the world has ever seen. The tendency of our educated young men to run off to New York and Boston and Philadelphia to get into that specialistic whirlpool which dashes out of existence all medical faithfulness, sanctity and honor, augurs sadly for the future of American medicine. I fear it will soon be as Wordsworth sang:

“Plain living and high thinking are no more.”

I utterly abhor this commercial influence upon medicine whose upas power is poisoning unto death all the freshness and purity of honorable practice. Let us reform it altogether, and when next we meet in Cincinnati let there go up to heaven an eternal protest against anything that would annul one jot or one tittle of our immortal code, the glorious heritage of our fathers.

T. O. SUMMERS.

PARIS LETTER.

[Our Regular Correspondent.]

In the course of their experiments on anæsthetized dogs, MM. Dastre and Morat have frequently observed curious phenomena of perfectly rhythmic intestinal gurgling, which might be produced or suppressed at the pleasure of the operator.

An instance of the kind is furnished by the following case. A spaniel was anæsthetized by M. Dastre's method, (atropine, morphine and chloroform), in order to prepare and stimulate the sensitive radix and motory radix of the second pair of dorsal nerves, previous to special researches. The animal was allowed to rest until the chloroform was eliminated. It was then submitted to a limited action of curare, so that the respiratory movements persisted. Tracheotomy was effected; a canula was placed in the trachea. During the intervals of rest, a distinct intestinal gurgling was discerned. This gurgling, which was regular and rhythmic, occurred every 14 seconds. The canula was then stopped up by the finger. The animal was threatened with suffocation. The gurgling was heard at intervals of 30 seconds; finally it disappeared. The animal was seized with convulsions characteristic of asphyxia. Two minutes elapsed without any gurgling sound. The finger was removed from the canula. The animal breathed heavily. The gurgling reappeared. This experiment was repeated six times. MM. Morat and Dastre intend investigating the origin and nature of this gurgling at a future period.

An anti-parasitic treatment with carbolic acid is now universally employed in the Paris hospitals. M. Dieulafoy and M. Dujardin-Beaumetz have employed carbolic acid in sub-cutaneous injections. The former administered injections of 1 gr. at 1 per cent. with a Pravaz syringe and succeeded in checking an intermittent fever which had recurred four times in one year, and which strong doses of quinine had failed to modify. The reason M. Dieu-

lafoy employed such small doses of carbolic acid was because he feared that accidents might result. But it has been clearly proved that it is only when carbolic acid is not pure that such accidents are observed. M. Dujardin-Beaumetz has employed 10 gr. of a solution at 2 per cent., but he insists on the necessity of using pure carbolic acid. Indeed, 15 and 20 gr. of such a solution may be prescribed when the acid is pure.

M. Dujardin-Beaumetz, in a lecture on carbolic acid in the treatment of phthisis, expressed himself as follows: The absorption of the acid by the pulmonary passages being out of the question, the only means of administering it is by hypodermic injections and through the digestive tube, whether through the stomach or the rectum. The digestive tube is defective in consumptive patients; any irritation of the stomach should be avoided in their case. The skin and the rectum are therefore the only means by which the acid may be safely introduced. The valuable antiseptic properties of carbolic acid, its volatile properties and its elimination by the respiratory organs have led many medical men to employ this substance in pulmonary tuberculosis. The injections may be made in the skin, or deep injections may be made by inserting the needle of the syringe perpendicularly into the soft parts; by this means the antiseptic liquid may be conveyed to the very spot in which the lesion exists.

Prof. Lépine and his pupil Truc tried intra-pulmonary injections in tuberculosis, with a solution of creasote at 2 per cent. in alcohol. An injection with a weak solution of morphine to prevent pain was previously made. These authors recommended iodoform by which excellent results were obtained in the treatment of tuberculous abscess. For the carbolic acid injections a large syringe, containing 5 grs. of the liquid, should be employed. A solution at 2 per cent. of carbolic acid, *perfectly pure*, and previously dissolved in glycerine (alcohol is irritating), should be used. The spots at which the injections are practised should be chosen in the anterior portion of the chest be-

low the clavicle. The number of incisions to be made must be determined by the particular character of the affection, but an excessive number may determine the symptoms of intoxication which have been observed after treatment with large doses of carbolic acid, namely cold, cyanosis, collapse, vomiting, blackish coloration of the urine. These phenomena are dependent on certain idiosyncrasies of different individuals. Certain patients cannot be subjected to this treatment. In a large number of patients, however, the following results are obtained with carbolic acid: the appetite returns, the patients can leave their beds and walk out; the coughing and expectoration are modified; the nocturnal sweats frequently disappear. On the whole, although there are certain disadvantages attending the use of carbolic acid, such as the possibility of intoxication, M. Dujardin-Beaumetz considers that this substance will procure relief in many cases of pulmonary tuberculosis.

The treatment of coma in diabetes is always unsuccessful. To combat the acidity of the organic fluids in diabetic coma, Dr. Jaccoud recommends saline purgatives, and large doses of alkaline substances. Inhalations of oxygen and subcutaneous injections of ether are also beneficial. Excessive fatigue, and disturbance in the digestive functions, should be guarded against; they have a considerable ætiological influence in diabetic coma. An exclusive meat diet should be avoided. The acid impregnation of the organism (the usual characteristic of diabetic coma) is betrayed by the presence of oxybutyric acid in the urine. This substance is easily decomposed into acetone.

M. Jaccoud recommends copious diluent draughts, and an exclusive lacteal diet, for the treatment of gout, and, in cases where there is considerable fever, a small quantity of hydrate of bromal. Preparations composed of colchicine and of salicylate of soda, though constituting excellent anæsthetics, are to be avoided. In patients affected with interstitial nephritis, these substances determine most serious symptoms of intoxication.

Prof. Jaccoud regards pulmonary tuberculosis as rapid consumption, characterized by febrile and pulmonary symptoms. It is an acute infectious affection. The only effectual method of combating this affection is to substitute the form which develops slowly, and may therefore be arrested, for the form which develops rapidly and quickly proves fatal. It is generally admitted that salicylic acid is the best agent to combat the fever which actively tends to produce the pulmonary lesions. This substance should be administered in doses of two grammes daily, during three days; in doses of one and a half grammes during the three following days. The doses are then suspended for two days, after which they are resumed as above. If the fever diminishes, one gramme daily of salicylic acid is then administered.

M. Edmond Habert considers that subcutaneous injections of eucalyptol and iodoform constitute an efficient treatment for apyretic, ordinary phthisis accompanied by bronchial catarrh; for emphysema and chronic bronchitis. By this method coughing and expectoration are diminished, the general condition is improved, sleep and appetite are restored. This treatment is, however, merely palliative. The bacilli in the sputa of tuberculous patients persist, although expectoration is diminished. The following solutions are employed:

R_y Absolute eucalyptol, 5 grs. ; oil of vaseline, 20 grs.

R_y Absolute eucalyptol, 5 grs. ; iodoform, gr. 0.25 ; oil of vaseline, 20 gr.

Each Pravaz syringe contains 0.20 grs. of eucalyptol for the first solution, and gr. 0.01 more of iodoform for the second. The doses which gradually increase vary from 2 to 5 c. c. in 24 hours. The solution must be absolutely pure. The quantity of liquid injected should not exceed 30 or 40 drops. The syringe must be thoroughly disinfected. The needle should be introduced a good way beneath the skin.

A New Method of Local Refrigeration by Chloride of Methyl.—M. Bailly concludes, from numerous experi-

ments, that plugs of which the centre is formed of dry cotton wool, and the periphery of floss silk—the whole surrounded by gauze—constitute the best agent for imbibing and preserving the refrigerant liquid. Two-thirds of cotton wool to one-third of floss silk are employed.

By a prolonged application of these plugs, saturated with chloride of methyl, M. Bailly has soothed the pain in 26 cases of toothache, and in 9 cases of facial neuralgia. Out of 10 cases of sciatica, he obtained successful results in 8 cases. In 62 cases of different forms of neuralgia recovery was almost invariably the result of this treatment. Of 16 cases of lumbago 14 were rapidly cured. MM. Dieulafoy, Bucquoy, Féréol, Lailler and Pozzi have employed this method to soothe visceral pain. M. Bouchard has found it efficacious in intercostal neuralgia, torticollis, muscular pains, lumbago, toothache, and in one case of lead colic and one of gastric attacks of tabetic ætiology. M. Bouchard found that at certain times it modified dyspnoea in an emphysematous, asthmatic patient.

M. Bailly has employed this method to obtain local anæsthesia before opening abscesses, incising panaris, removing cancrroid, and in an operation for anal fistula.

M. Vidal stated that he had performed over 120 operations of different kinds, after anæsthesia was obtained by M. Bailly's method, which was applied about 360 times in those cases in which the operation could only be completed in several *séances*.

M. Bouchard remarked that M. Bailly had perfected M. Debove's method. M. Bouchard has substituted the reaction produced by refrigeration for actual cautery with advantage, especially in the treatment of uterine affections. M. Besnier believed that M. Bailly's method might prove of great service when applied to the mucous membranes, but added that it would be advisable to interpose a piece of plaster.

A vote of thanks to M. Bailly for his perfection of a valuable method of local refrigeration was proposed by Dr. Vidal, and was unanimously adopted.

Nitro-glycerine administered in moderate doses has in many cases proved very useful. Different experiments made with this substance have shown that it reduces arterial tension, raises the action of the heart and moderates the pulse. Under its influence the sounds at the apex of the heart become more sonorous, the face becomes red, there are alternate sensations of warmth and cold in the head and face; its action is analogous to that of nitrate of amyl and nitrate of sodium. Most authors prescribe doses of one per thousand drops to begin with. Korczynski records a case of aortic contraction, in which 30 drops of a solution at one per cent. were administered, but in other cases 1.50 drops have determined morbid symptoms. M. Holst, who has lately studied the action of nitro-glycerine, attributes these symptoms to the individual reaction in different patients. He cites a number of cases in which he has employed this substance, which proved efficacious in certain instances, but in others remained without effect. He concludes that nitro-glycerine has an energetic action on the innervation of the heart, but this result is only obtained when there is no organic lesion in the heart or aorta, or is only rarely observed in such cases. M. Holst cured a patient suffering from angina pectoris with nitro-glycerine, but in this instance there was no organic affection of the heart. He believes that nitro-glycerine might be employed with advantage in illnesses in which the heart is seriously weakened, and which have been hitherto treated with camphor, musk, etc. He does not regard this substance as a diuretic, although he has found the urine increased in certain cases in which it was employed. This result he attributes to the increased action and regularity of the heart caused by nitro-glycerine. It is impossible to prescribe fixed doses of nitro-glycerine. Certain patients may take repeated doses of six drops with impunity, whilst in others four drops cause the pulse to become so much slower that the use of this substance has to be suspended. Small doses should be administered at first, and may be gradually increased.

LONDON LETTER.

[Our Regular Correspondent.]

The Physiological Society.—Prof. Schäfer on the Visual Area and the Retina.—The Influence of the Bile on Pancreatic Digestion.—Sir James Paget on Piano-Playing.—The Efficacy of Vaccination.—Smallpox Cured “in a Few Minutes.”—Scandal at St. John’s Hospital.—Post-Graduate Course at Charing Cross Hospital.—Post-Graduate Facilities in London.

The Physiological Society is a semi-private society which meets five or six times a year in one of the laboratories; it consists entirely of working physiologists, and the communications made very often deal with researches still in progress. There is generally one meeting at least each year at Cambridge, one at Oxford, one at University College and one at King’s College, London. The professor of the laboratory visited is more or less responsible for the success of the meeting; he therefore takes pains to induce every worker in his laboratory, whose research is in a sufficiently forward state, to give some account of it.

At the last meeting Professor Schäfer gave an account of some experiments on the visual area of the cerebral cortex in the monkey. The details of the research were of a highly technical nature, but in discussing the mode in which certain movements of the eyes caused by stimulation of the visual area were produced he made the following observation, which is of considerable neuro-pathological interest. He said:

“If, as is most probable, these movements are due to subjective visual sensations, they would appear to indicate a connection of such a kind between the visual area of the cortex and the retina as might be expressed by supposing the visual areas of the two sides to be united in the middle line and each retina to be expanded and projected in its normal position over the whole united area. If this be done it is seen that the inner half of the one retina and the outer half of the other will each correspond with one-half

of the united area, the upper and lower parts of each retina with the upper and lower parts of the united area respectively, and that the more central portions of both retinas will correspond with those parts of the united area which are formed from the mesial surfaces of the hemispheres. Also that every pair of "identical points" of the two retinas will correspond with one and the same spot of the cerebral visual area."

At the same meeting Drs. Martin and Dawson Williams made a communication on the influence of the bile on pancreatic amyolytic digestion.

Varying percentages of dried pig's bile in a solution of starch (2 per cent.) were used, and glycerine extracts of pig's pancreas added. A control experiment was always made with bile and starch alone. It was found that the iodine-reaction of starch disappeared more rapidly from the solution containing bile and pancreatic extracts than from that containing pancreatic extracts alone, and that the rapidity of the disappearance was proportionate to the amount of bile present up to 4 per cent. of dry bile, beyond which experiments had not then been performed.

In an address to the London Society for the Extension of University Teaching, Sir James Paget stated a curious calculation which he had made; he had once counted the number of notes played by Mdlle. Yanotha. She played 5,595 notes in 4 minutes and 3 seconds. He assumed that there were three movements to each note; this amounted to 72 movements in each second; further, each of these movements was determined by the will to a chosen place, with a certain force, at a certain time, and with a certain duration. Therefore there were four distinct qualities in each of the 72 movements in each second.

But this was not all, for each movement was preceded by a consciousness of the position of each hand and finger, and was accomplished by a consciousness of the force of each movement and the sound of each note, and lastly, the memory was remembering each note in its due time and place, and was exercised in the comparison of it with

others, that came before. So that it would be fair to say that there were not less than 200 transmissions of nerve force to and from the brain outwards and inwards every second, and during the whole of that time judgment was being exercised as to whether the music was being played worse or better than before, and the mind was conscious of some of the emotions which the music was intended to impress.

It seems to me that Sir James Paget omitted the greatest wonders of all, which is that the mind and the memory must always be a bar or two or even more in front of the fingers.

This extraordinary power is well illustrated also in a compositor who always, if he is a fast workman, keeps his eyes a word or even more in front of his fingers; for instance, while spelling the word "front" in the previous sentence he will be reading the three following words. The piano-playing is a very much more pronounced example of the same kind of power, but in both cases a series of very complex and apparently volitional movements are made in a semi-automatic way.

There has been an extensive epidemic of smallpox at Sheffield; about 2,500 persons have suffered from the disease and about 10 per cent. have died; the Anti-vaccinationists have been trying to make capital out of this, but they have been rather checkmated by the medical officer of health, who has shown that the mortality among the unvaccinated persons who suffered from the disease was 41.3 per cent., while among the vaccinated patients it has been only 4.4. The efficacy of vaccination is put in even a stronger light by comparing the mortality among children. A great many of the adults had never been revaccinated, and the protection afforded by that process must in all probability have materially affected the result, rendering it much more favorable to vaccination. With children under ten years of age the comparison is fairer. It is estimated that there are a hundred thousand children in Sheffield of whom 5,000 were unvaccinated; no less than seventy

deaths have occurred among these 5,000; this amounts to 1.4 per cent., while among the 95,000 vaccinated children only two deaths have occurred.

The epidemic has produced something like a panic, and a quite phenomenal quack arrived there from Leeds about three weeks ago, and has had a large following; he professes to be able to cure the disease in a few moments by putting the patient into a bath of water with, it is said, a small admixture of carbolic acid. He was introduced to the town people at a public meeting, over which the Mayor was kindly induced to preside. The man's name is Herring, and he used to drive about Sheffield with a large bath on the top of a covered cab. An "Institute" has now been fitted up for him where patients are to be brought to him; so far only one person is known to have died after his baths, and in that case the coroner did not think it necessary to hold an inquest.

St. John's Hospital for Skin Diseases is again in hot water; three members of the medical staff ventured to find fault with the way in which the hospital was managed by the secretary, Mr. St. Vincent Mercier, and his friends, who constituted the board of management; the three physicians were summarily dismissed. Backed by some of the Governors, they appealed to a general meeting for a committee of surgery, but were outvoted; thereupon the President of the hospital and many influential governors withdrew their names. These constant disputes at small special hospitals are a continual source of scandal and injure also the profession, and other more deserving charities in the public estimation. As a rule, these little scandals die out, but it seems that this one is not to be allowed to disappear in this way. Mr. Labouchère, M. P., the great firebrand, has taken the matter up, and in the columns of the journal "*Truth*," which he owns and edits, has published some allegations which, if not true, are actionable. The other side have shown the white feather, but this is how Mr. Labouchère speaks in his last issue:

“It may be well that both the board and Mr. Mercier should recognize the fact that in the interests of the public the matter will not be allowed ‘to slide.’ They have now had a week to think over my challenge. If they are unable to make up their minds for themselves within the next few days, it is clear that some one else will have to make them up for them. It is no longer a mere question of what they think necessary for their own good name. It is now a question of what the public think imperative in the interest of all charitable institutions.”

The first course of post-graduate lectures in London has been a great success; it has been held at the Charing Cross Hospital and the lectures have been given by various members of the staff of that hospital. All the business arrangements, however, have been conducted by a committee of practitioners attending, and it is to this circumstance that the success of the course has been attributed.

Though this has been the first formal course in London, it is in reality by no means the earliest, for lectures intended for practitioners have been for many years given at the Brompton Hospital for Consumptives and at the National Hospital for Epilepsy, to mention only two. Indeed, the facilities in London for obtaining post-graduate instruction are very considerable, and are hardly sufficiently known to Americans visiting this country. In addition to the lectures already mentioned, others are given at the Hospital for Sick Children; first-rate clinical teaching can be had at the two great eye hospitals; three hospitals for diseases of the throat are ready and able to give clinical instruction, and the whole surgical practice of all the great hospitals is open to any surgeon who will choose to take the pains to introduce himself to the surgeons; the same may be said of the lectures of the teachers of clinical medicine. At the present time London and Vienna are the chief surgical centres in Europe, and though we have no one here occupying the same brilliant position as Billroth, there is a generally higher standard of excellence than in any other city, on this side of the Atlantic at any rate.

LEADING ARTICLES.

TRUE IF STRANGE.

The first number (Vol. II, No. 6) by us received of *The Doctor*, a very good New York weekly medical newspaper, opens with this paragraph:

“Strange, if true! The following from a late number of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL: Having seen all the hospitals of New York and Philadelphia we can assure the profession of this and the neighbouring States that none offers such advantages for clinical study as the great Charity Hospital of New Orleans.”

The caption given by our contemporary to this extract from the editorial note on the New Orleans Polyclinic in our February number demands a statement of grounds for the opinion therein expressed.

Founded in 1832, our great institution, though it fills with its fame the length and breadth of the Mississippi Valley, seems yet to be unknown to our Northern brethren. They still appear to be ignorant that here in the gateway of the tropics stands a mighty building devoted to the relief of the sick and suffering of every land. At the ever-open doors no questions are asked; to be poor and disease-stricken is the omnipotent open sesame to those courts of mercy.

The tables of nativity in the recently published report of the Board of Administrators to the General Assembly for the Year 1887, show that 1884 Louisianians, 1581 natives of other States, and 1895 foreigners were admitted from January 1 to December 31, 1887.

It will be seen by adding the figures just quoted, that we have a total of 5350 sick admitted and cared for during the year, but this is an incomplete enumeration. In his report (l. c., p. 29), the House Surgeon says: Counting the 5999 inmates and 12,085 treated in the outdoor clinics, the medical work of the year, stated briefly, comprises the care of 18,084 patients. But these figures are below the average;

“the admissions were 1920 less than in 1884.” We are justified, then, in doubting if anywhere within our country the student of disease could witness so sad and wonderful and surpassingly instructive a spectacle—the procession in the space of a twelve-month, through the doors of a single institution, of a vast army of twenty thousand sick folk.

In this great array is comprised every form of disease from malarial intermittent and mild bronchitis to Yaws (framboesia) and Asiatic leprosy (elephantiasis Græcorum); from a splinter in the finger or a foreign body in the eye to an injury demanding amputation at the shoulder or a stone in the bladder. During the past year 160 women were delivered in the lying-in wards; there was one case of triplets, making the number of children born 163. In the eye wards 53 senile cataracts were extracted. Thanks to the devoted labours of the House Surgeon, Dr. A. B. Miles, aided by a liberal and broad-minded Board of Administrators, the past four or five years have witnessed the progress of the institution to an unparalleled degree of perfection. It has now medical, surgical, obstetrical, gynæcological, pediatric, ophthalmological, otological, laryngological, neurological, dermatological and odontological departments, well officered and equipped and multitudinously attended. Can our friends tell us where in this country such opportunities for clinical study can be found gathered together under one roof?

It is not, however, the presence of this great field for observation which led us to write the words that have called forth our contemporary's exclamation, but the absolute freedom accorded to all medical men, practitioners or students, to till it. In this the Charity Hospital of New Orleans far surpasses, we repeat, any hospital with which we are acquainted. To the medical visitor its gates stand always open, and no red-tape web bars his passage to the wards. The members of the staff, resident and visiting, vie with one another in showing to the student of medicine all he may desire to see, and in encouraging him to take part in the observation of the sick and in attendance on

their wants. The drudgery of the practice falls largely upon the Resident Students, a corps of fourteen undergraduates chosen by rigorous competitive examination, and these young men are clothed with an authority and responsibility greater than that vested in the House-officers of any of the Northern hospitals which we have visited. This acts most happily not on them alone—they receive the most thorough and practical education it* is possible to conceive of—but on all students who seek the institution. These, freed from the embarrassment naturally arising between men of greatly differing ages and attainments, fraternize freely with the residents, help them in their labours—temperature taking, physical explorations, minor surgery, the application of dressings, etc., etc.—and having thus in company observed and studied the cases, warm prolonged and profitable discussions over the meaning of symptoms, the proper application of apparatus, about moot points in diagnosis, prognosis and therapeutics naturally follow.

The writer graduated from a Northern college with a large class of students the majority of whom had never been nearer a sick man than the distance of their seats from the table in the amphitheatre, and had no other idea of a cardiac murmur than the imitation of the sound by the lips of their professor. He will never forget the great advantage he enjoyed over his fellow-students of that time by reason of two years' practice in the hospital. Many of the minor operations at which they gaped from their benches—that for phimosis, the removal of small and superficial tumours, the amputation of a digit—he had himself performed time and time again; and when the professor of clinical medicine would lift his head from a man's chest and tell his dumbfounded students of a systolic murmur heard loudest at the apex, their doubt as to its meaning was not shared by him; he had listened to that sound and interpreted it for himself too often.

We are glad our contemporary has drawn attention to this matter, for we know whereof we speak and feel sure

that the most searching examination can only serve to make more apparent the truth of our words: The Charity Hospital of New Orleans is the best teaching hospital in the country. We only hope that *The Doctor* having published the first extract as it did, will feel bound in justice and honour to give space at least to the most important points of this reply.

A CONTAGIOUS DISEASE ORDINANCE.

An ordinance for the prevention of the spread of contagious, infectious or pestilential diseases in the city of New Orleans has passed the Council and been approved by the Mayor.

Ignoring the poor English and the still poorer phrasing, the ordinance is a good one, and, if enforced, will be of much service to the people, and, as a warrant for action in any given case, to the Board of Health.

Its whole spirit seems to be to place the responsibility for exposure to contagious diseases, not upon the physician alone, as is so often the case, but upon the householder. The physician, however, is required to inform the family of the sick that such an ordinance exists. Thus, an occupant of any infected house must see to it that no one except necessary attendants visit the premises; he must see that all fomites or discharges of the sick are disposed of in accordance with the instructions of the Board of Health; he must not expose any dead body to the peril of others, and all funerals must be private.

Other provisions are that teachers must see that no child attends school from an infected house; children presenting symptoms of contagious disease must be sent home at once, and not allowed to return without a certificate from a physician that all danger has passed; no dead body shall be carried in any conveyance other than a hearse; all bodies must be interred within 36 hours after death in winter, and 24 in summer, but in case of death from contagious disease the Board of Health may require earlier burial.

An ordinance of similar import failed to pass sometime ago because of a provision that all bodies must be buried within 24 hours after death. We are glad to know that the Council has recovered from its attack of sentimentality, for there is no more reprehensible practice than that of retaining corpses until putrefactive changes ensue. If the condition of the corpse permits, and circumstances demand it, the Board of Health is wisely allowed to extend the time a few hours.

POSTPONEMENT OF DATE OF THE TENTH
ANNUAL MEETING OF THE LOUISIANA
STATE MEDICAL SOCIETY.

We regard this announcement as of such importance to the members of the profession in Louisiana that we publish it here to assure its not being overlooked. The decennial meeting of the Society should be celebrated in a manner befitting the occasion, and we hope that every member will do his best to be present and to contribute something from the store of his observation, experience or learning. Titles of a fair number of Essays and Case Reports have been forwarded to the Committee, but the postponement of date should have the effect of doubling the number. Surely every member can recount the history of at least one interesting case.

156 WASHINGTON AVENUE,
NEW ORLEANS, LA., March 1st, 1888.

Dear Doctor—Your attention is respectfully called to the following: The general election for State officers will be held on the 17th of April, in accordance with the proclamation of his Excellency, Governor S. D. McEnery. The tenth annual meeting of the Louisiana State Medical Society was fixed, at the meeting in Alexandria, 1887, for the 18th of April, 1888, in the town of Monroe. It is evident that the physicians of Louisiana who discharge their civic duties on the 17th of April, will be unable to attend the tenth annual meeting of the Louisiana State Medical Society, in Monroe, on April 18th, 1888. It is regarded of great importance to the advancement of medical science in Louisiana that the annual meeting should be largely

attended. In view of the preceding facts, and in accordance with the urgent request of members representing parishes on both sides of the Mississippi river, and in virtue of the power conferred on me by the constitution, I hereby postpone the Tenth Annual Meeting of the Louisiana Medical Association to the (fourth Wednesday) 25th of April, 1888. Arrangements are being perfected by which the various railroads leading to Monroe will grant the usual reduction of fare to the physicians and their families who may attend the meeting. Please extend this notice to your professional friends.

Respectfully, your obedient servant,

JOSEPH JONES, M. D.,
President of the Louisiana State Medical Society.

A SUBSTITUTE FOR THE DRAM SIGN.

The *Medical World* has been agitating the use of the Greek letter delta (Δ) for the dram sign (\mathfrak{D}), and is endeavoring to enlist the co-operation of medical journals generally in the contemplated change. Though there may be several reasons for the proposed substitution, such as the liability to confusion with the ounce sign (\mathfrak{O}), it seems to us very unfortunate that a letter so difficult to make as the one suggested should have been selected. Confusion between the present signs exists because of bad or careless and hasty writing, and it appears to us as but adding to the difficulty when as clumsy a letter as the delta is chosen. It is a triangular figure and requires for its formation three distinct strokes of the pen and all in different directions. It will be written as frequently like the letter "O" or the scruple sign (\mathfrak{S}) as like itself. But the greatest objection to it will be that the difficulty attending the writing of it will prevent its adoption, and the fight will have to be made over again with some other sign as a standard, and with the opprobrium of a defeat to hamper it. Indeed, we rather think the fight should be made against careless prescription writing, for it is only under these circumstances that an error in reading the signs is possible.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

DUALITY OF THE BRAIN AND SPINAL CORD.

At the meeting of the Paris Academy of Sciences of October 17, 1887, Brown-Séguard spoke of the *duality of the brain and spinal cord according to certain facts showing that anæsthesia, hyperæsthesia, paralysis, and the different conditions of hyperthermy and hypothermy, due to organic lesions of the cerebro-spinal axis, can be transferred from one side of the body to the other.* Contrary to accepted teachings, he wishes to prove that each half of the encephalon and of the spinal cord *can perform all the functions of both halves of these nervous centres.* The left half of the brain and the right half of the spinal cord, for example, serve to supply not only the right half of the body, but both halves.

1. *Transference of anæsthesia and hyperæsthesia.* Section of one lateral half of the base of the brain (pons or crus) produces anæsthesia of the leg of the opposite side, and hyperæsthesia of the same side of the body as the lesion. Now, after a second lesion, consisting of a transverse section of a lateral half of the spinal cord in the dorsal region, on the side opposite to that of the first lesion, not only does the anæsthesia of the affected leg disappear, but it is replaced by hyperæsthesia; besides, the leg which had been hyperæsthetic loses its sensibility more or less completely. Under the influence of the second lesion there is a transfer of the effects of the first. Similar phenomena are observed when the first has been made in the posterior part of the internal capsule; the transfer is produced after a second lesion, made either at the base of the brain or in the cervical portion of the cord. It is evident that if section of the internal capsule had produced complete loss of sensibility in the opposite leg, as is believed, by division of the conductors of sensitive impressions coming from this limb, it would be absolutely impossible to cause sensibility to return by the second lesion. This fact, then, is decisive against received ideas concerning transmission of sensitive impressions.

2. *Transference of the paralysis.* The upper part of the *right* crus of a young cat was cut; this gave rise to paralysis in the *left* side. Then the right lateral half of the medulla

was cut above the decussation of the anterior pyramids; whereupon the paralysis disappeared from the *left* limbs, and affected the right—*i. e.*, on the same side as the two lesions. If the first lesion had caused paralysis resulting from a division, as is supposed, of all of the conductors supplying voluntary movements to the *left* limbs, the paralysis evidently could not disappear at all in these limbs, and still less under the influence of the second lesion, which, according to clinicians, would only increase the paralysis.

It is known that in frogs ablation of the cerebral lobes is not followed by loss of voluntary movements. However, section of a single lobe of the brain will produce paralysis of the limbs of the opposite side, increasing at the same time the power of motion on the same side; if, now, the second cerebral lobe be cut, the paralysis disappears and equilibrium is restored.

3. *Transference of the hypothermic and hyperthermic states from one side to another.* The *right* half of the cervical portion of the cord was cut; this gave rise to hyperthermy of the *right* leg, and hypothermy in the *left*. Afterwards, the *left* lateral half of the cord was cut in the dorsal region, and there was a transference of the thermic states; the *right* leg, which was the warmer, became cold, while the *left* became warm. It was not, therefore, division of the conducting fibres proceeding from the brain that determined the hyperthermy.

Conclusions.—The anæsthesia, the paralysis, and the hyperthermy, caused by an organic lesion of the nervous centres, can be transferred from one side of the body to the other under the influence of a second lesion of these centres; whence it follows that these manifestations are not necessarily effects of the destruction of certain nervous element, possessing certain functions, and may be the result of purely dynamic actions exercised at a distance by the irritation which the lesion sets up. One-half of the brain can supply sensibility, voluntary motion, and vaso-motor action for both halves of the brain. The same holds true with regard to the spinal cord, at least as far as sensation and vaso-motor action are concerned.—*Progrès Médical.*

THE DIFFERENT FORM OF BACTERIA FOUND IN THE TISSUES
OF PERSONS DEAD OF YELLOW FEVER.

In the Hospital of Jurujuba, Dr. J. B. Lacerda removed the liver and kidneys from six victims of yellow fever, a short time after death, and hardened them in alcohol.

Sections of all of these, stained by Gram's method, showed the same bacterium that Babes (in whose laboratory Lacerda worked) found, in 1883, in the material sent to him through Cornil. It is found throughout the whole of the liver, and it forms layers upon the cells of the parenchyma or else fills the capillaries and the bile-ducts; it shows itself in the kidney in the empty blood-vessels, in the uriniferous tubules, and even in the vascular spaces as in the lymphoid interstitial tissue of the glomeruli.

In the hepatic tissue the bacteria are difficult to stain, but not so in the kidneys. They almost always appear in chains, which are composed of uniform, cylindrical joints. When the latter do not absorb the coloring matter, they are of silvery whiteness in reflected light. What distinguishes this bacterium from all others previously described, is its tendency to form branching chains. These are sometimes double or triple. The branches appear sometimes straight, sometimes crooked, and lie at various angles to the parent stem. The members of the chain, from which the branches are given off, are not infrequently thicker than the others, and have a more globular form. In other cases the terminal joints of the branches are thicker and more globular than the others. Other forms were also seen in the preparations, similar to those which Goes found in the blood of yellow fever patients. It would thus appear that the bacterium of yellow fever is so well characterized, that it would be impossible to confound it with other pathological bacteria.—*Comptes Rendus de l'Académie de Paris. Centralblatt für Bacteriologie und Parasitenkunde.*

[It seems, however, that Lacerda's conclusion is somewhat premature. The mere discovery of a micro-organism in the tissues and blood of yellow fever subjects is not enough to prove that it is the actual morbid agent. Before that conclusion can be incontrovertibly established, it is necessary to isolate and cultivate the bacterium, and then *produce the disease experimentally* by introducing some of the germs into the blood or tissues of a suitable animal. ED.]

CASE OF TRICHINOSIS IN COPENHAGEN.

Medical Student Finsen reports a case of trichinosis admitted to the clinic of Dr. Trier, in Copenhagen. The patient was a servant girl, aged 19. She presented the following symptoms: Copious sweating, œdema of the face at first (especially around the eyes), and later of all

the limbs. Almost at the same time she had contractures of the arms and legs, difficulty of mastication, hardening of the contracted muscles, which were tender to the touch; the joints were free from all trouble. The contractures disappeared slowly; for example, towards the end of convalescence the tension of the muscles was so great as to prevent the patient from planting the heel on the ground, thus giving her a *talipes equinus*. A moderate constipation and well marked distension of the abdomen, observed in the beginning of the disease, were replaced later on by a profuse diarrhœa lasting about a week. A subacute fever was present throughout the entire course of the disease, which lasted ten weeks.

In regard to treatment, glycerine in large doses, recommended by Merckel, was tried, but without effect; besides, symptomatic treatment was employed.

The diagnosis was easy enough, considering the symptoms; a microscopic examination of the alvine evacuations gave a negative result. No pieces of the affected muscles were exercised on account of the great uncertainty of this method of examination. None of the suspected food was left (half-cooked pork, Bavarian sausages), so that the diagnosis could not be confirmed in that direction. However, of two other persons who had partaken of the same food, one had slight muscular pains, distension of the abdomen and œdema of the eyelids, while the other person experienced no ill effects at all; the latter suffered from a chronic diarrhœa, which, according to Virchow, seems to confer a certain degree of immunity against trichinosis. Altogether, there have been up to date only fourteen cases of trichinosis in Denmark, two of which were fatal.—*Nordiskt Medicinskt Arkiv*.

ANGINA PECTORIS OF SYPHILITIC ORIGIN.

Dr. Hallopeau reports, in the *Annales de Dermatologie*, a case illustrating the peculiar localization of syphilis, and which shows that this disease, in its secondary and tertiary stages can give rise to attacks of angina pectoris. These attacks, arising from specific neoplasms occurring on the cardiac plexus or in its immediate vicinity, may present the classical type of angina pectoris, but at other times it is complicated with other troubles of innervation due to the same cause.

In Dr. Hallopeau's case, the patient, who had had syphilis eleven years before, was seized suddenly and without

exciting cause with an attack of angina pectoris which recurred a great number of times during six weeks, sometimes occurring several times a day. None of the modes of treatment employed gave him any relief. The disease was at first attributed to rheumatism; but at the end of six weeks, Dr. Hallopeau prescribed forty-five grains of iodide of potassium daily, on account of his previous syphilitic history. After the second day of this treatment, the attacks decreased greatly in intensity, and, in six days, they disappeared entirely.

Such a powerful, and, at the same time such a rapid action upon a disease that had resisted the most energetic treatment, particularly bromide of potassium, repeated cauterizations with a red-hot iron, and frequently renewed applications of the galvanic current, clearly shows that this angina should be considered as being of syphilitic origin. Huchard has cured some cases of angina pectoris with iodide of potassium, but he rarely attributes this disease to syphilis; besides, the treatment has extended over six or twelve months. In Hallopeau's case on the contrary, the symptoms had entirely disappeared six days after the treatment with the iodide. Syphilitic manifestations are the only ones which can be so quickly removed by this remedy.—*Journal de Médecine et Chirurgie Pratiques.*

POISON CONTAINED IN EXPIRED AIR.

Brown-Séguard and d'Arsonval have shown that by condensing the aqueous vapor which is exhaled from the lungs of man and mammals in perfect health, an extremely powerful toxic liquid is obtained. Later researches have proved that this poison is an organic alkaloid, and not a microbe. It is a volatile substance, and analogous to the ptomaines and leucomaines; it is found in great abundance in confined places. Experiments show it to be secreted by the lungs.—*Journal de Médecine et Chirurgie Pratiques.*

CREASOTE IN PHTHISIS.

Dr. Sommerbrodt, of Breslau, says that the reason some fail to get good results from creasote in phthisis is that they use too small doses. Of 5000 cases 27 per cent. completely recovered, while the remainder were greatly relieved.

Hoffmann is thoroughly in accord with Sommerbrodt on this point, and says the beneficial effect of creasote is in

direct proportion to the amount used. His formula is: *Ry.* Creasote, one part; tincture of gentian, two parts. *M. S.* Begin with ten drops three times daily, and increase rapidly to 20, 25 or 30 drops.

He thinks some of its good affects are due to its beneficial action upon assimilation.—*Physician and Surgeon and Am. Jour. Med. Sc.*

CANNABIS INDICA IN DIARRHŒA.

Drs. Bond and Edwards applaud the use of this drug especially in summer diarrhœa. They add, "We have not seen one case run on to a fatal issue under this treatment." Their formula is: *Ry.* Tincturæ cannabis indicæ, mm. x; liquor morphinæ, mm. v-x; spirit. ammoniæ aromat., mm. xx; spirit. chloroformi, mm. xx; aquam ad., ζ i. *M. S.* At a dose for an adult, every one, two or three hours. *No food for several hours, but a little brandy and water.*—*Braithwaite's Retrospect.*

REMEDY FOR MYALGIA.

An old and well-known formula combined with lanoline had such a quick and favorable effect in myalgia of the scapular and brachial regions, that I feel safe in offering it to the profession. *Ry.* Hydrate chloral, gum camphor, \overline{aa} ζ ss. Mix well, until liquid and add lanoline ζ j. *M. S.* Rub well over painful parts. To show what lanoline can do it fully relieved the pain in six hours, and had the constitutional effects of chloral as fully as if the person had taken gr. 20-30 per month. Only two applications were used, and only a limited portion of the salve.—*Subscriber.*

OIL OF TURPENTINE IN DIPHTHERIA.

The oil of turpentine is given by the teaspoonful three times a day. As a corrective, use spiritus ætheris, one gramme (16 minims) of the spirits to every 15 grammes (4 drachms) of turpentine oil. At the same time give a tablespoonful of a two per cent. solution of sodium salicylate every two hours; also use icebags, and have the patient gargle frequently with a one per cent. solution of potassium chlor. The following are the results:

1. The fever and the frequency of the pulse decreased rapidly.
2. The subjective difficulties, such as headache and difficulty in swallowing, were soon relieved.

3. The duration of the disease was greatly shortened.

4. The local symptoms ceased to grow worse in most cases as soon as the first dose of the drug had taken effect.

5. The danger of choking only occurred in one case, viz.: That of a boy three years old. Tracheotomy was performed, but this is the only case in which the operation was necessary.

Abstain from painting the throat, as experience has shown that the practice is utterly valueless. Aside from this, he considers the private practice of patients painting their own throats as very unsafe, and should be carefully guarded against.

The oil of turpentine was used with the greatest possible caution in anæmic and decrepit cases, and patients with cardiac troubles. In sound-hearted patients the increase of the heart's action was carefully watched. The author's patients were given strong bouillon or beef-tea, old port wine and milk. The thirst was quenched with ice water with or without raspberry syrup. The diet consisted only of the above named fluids, no solid food of any kind being given. Stop the use of the oil so soon as the patient is free from fever and the local symptoms have improved. Usually 15 to 20 grammes (4 to 5 drachms) is sufficient.—Dr. C. Roesse in the *Therap. Monat.* (*Archives of Gynæcology*).

STRUMPF: THE USE OF SUBLIMATE IN THE TREATMENT OF DIPHTHERIA. [GAZ. MED. DI ROMA (ABSTRACTED) OCTOBER 1st, 1887.]

In a recent epidemic of this disease, in which all the ordinary means of treatment were unavailing in the author's hands, it occurred to him to make use of insufflation, of the powdered sublimate every three hours, using for the purpose the insufflator of Richardson. The first cases which were treated in this way recovered in a few days. Encouraged by this success, the author then used it in a series of thirty-one cases, of which only two terminated fatally. In nine of the cases there was scarlatinal diphtheria, in five pharyngeal diphtheria with grave laryngeal symptoms, in twenty others there was simple pharyngeal diphtheria. In one case the patient had been treated with chlorate of potash, and had begun to have paroxysms of suffocation, when the use of sublimate was begun. A solution of fifty centigrammes to the litre of water being used by atomization, the result was the desired one. Another

child, eighteen months old, had been treated without success with boric acid. Inhalations of sublimate were then used, resulting in salivation and subsequent cure of the patient. This means of treatment is approved not only for its local effect, but also on account of its anti-pyretic action, which was quite satisfactory. It must not be expected that local changes will take place immediately; from three to five days of treatment will be necessary before the membranes disappear. The dosage will vary, of course, with the age of the patient; for a child under six years of age, the strength of the sublimate solution or mixture should be 1 to 200; for older children, 1 to 100. For children two years of age or less, the strength should not exceed 1 to 50. The atomization for the first five times should be made every two hours, and afterwards at longer intervals. The treatment should not be suspended unless salivation occurs.—*Archives of Pediatrics.*

SURGERY.

THE CLICK OF THE CALCULUS.

Garraway writes: "Who cannot diagnosticate stone in the bladder? Who does not know the characteristic 'click'? But does everybody know that the click may be there without the stone? A young lady got retention of urine. Of course, in young ladies the element of hysteria has to be always taken into account, and one should be slow to introduce the catheter for the first time, for who can say where or when such a procedure may end? All other measures failing, the patient must needs be relieved. On passing a silver catheter, a click was heard and a percussion felt as its point entered the bladder. Not hastily convinced, I waited till the next day, when, the retention recurring, I audibly and sensibly struck the calculus. The young lady's friends were apprised of the nature of the malady and of my hope that without any operation the stone might be removed. Dilatation of the urethra was gradually effected until the forefinger could be swept over the internal surface of the bladder, and behold, that viscus was empty. Then, and not till then, did it occur to me how often in turning off the water at my surgery tap I had heard and felt precisely the same concussion. The conditions were analogous. As the catheter entered the full bladder, the urine came down the tube with a rush, giving a shock as it impinged upon the head of the stillette at the

other extremity. Some balm was dropped upon my wounded pride by afterwards hearing from my friend, Professor Lund, of Manchester, that he had been similarly deceived, and went so far as to cut boldly into the bladder, and more boldly and bravely still, to publish his mistake in his Hunterian lectures of the following year."—*Edinburgh Medical Journal*.

EXTERNAL PERINEAL URETHROTOMY AS A PREVENTIVE OF
COMPLICATIONS AFTER OPERATIONS
UPON THE URETHRA.

Dr. Charles McBurney recently read a paper before the Medical Society of the county of New York (*Medical and Surgical Reporter, February 11*), in which he stated the following conclusions:

1. For all points not more than four inches and three-fourths from the meatus, internal cutting operations are best and drainage will be sufficiently good for safety.
2. For all points farther from the meatus than four inches and three-fourths, cutting operations are also best, but the wounds here cannot drain properly, and so be safe.
3. External perineal urethrotomy is indicated in all cases in which, in the deep urethra, such conditions are present as may result in hemorrhage, septicæmia, urethro-perineal abscess, or infiltration of urine.

TRACHEOTOMY.

The operation of tracheotomy is in many cases confessedly a difficult one to perform. This is emphatically shown by the amount of literature written upon the subject, by the many different ways which have been described and practised, and also by the many dangers warned against. My excuse for proposing any change in the methods usually adopted is the simplicity of the plan I have to suggest, and the ease and success which have invariably attended its performance.

The operation is performed as follows: The head of the patient being bent well back over a pillow, an incision is made in the usual situation, but of rather greater length than is common. The incision extends through the skin and fascia, as deep as the interval between the sterno-hyoid muscles. The scalpel is now laid aside, and the raspatory used, not only to separate the sterno-hyoids, but to split the strong fascia which runs down from the hyoid bone to enclose the isthmus of the thyroid gland. This

fascia is split to a distance extending from the upper limit of the incision down to the isthmus below—that is, supposing it is desired to open the trachea above the isthmus. The split fascia is then pushed to right and left with the raspatory. Should there be any difficulty in doing this, the fascia is separated to some extent on each side from the upper border of the isthmus. Proceeding carefully, the isthmus itself can be pushed down and the trachea exposed to the necessary extent. If the trachea is to be opened below the isthmus, we proceed in a similar manner, remembering that here, however, we have between the fascia and the trachea a quantity of areolar tissue in which lies the inferior thyroid plexus of veins. The front of the trachea can in this way be cleared perfectly, and, since the method is bloodless, the rings of the tube are seen glistening white at the bottom of the wound. The trachea can now be fixed readily between the left index finger and thumb, and opened to the desired extent. There is little or no difficulty in introducing the canula, since the trachea can be so steadily fixed and the incision into it so clearly seen.

The above method resembles in many particulars the “bloodless” method of Bose, but in the latter operation the scalpel is used to a much greater extent than in the operation here advocated, and when the scalpel is not to be used the use of the director is advised. But the walls of the veins in this region are very thin, and the sharp edges and the point of the director have been frequently known to tear these vessels and rob the operation of its bloodless character. This tearing of the veins is much less likely to occur if the raspatory is used. Moreover, the above operation with the raspatory is not only suitable for cases where the surgeon has abundant time at his disposal, but is advised even in emergency tracheotomy; since, although perhaps a little more time is required to reach the trachea, the certainty that when once reached it can be quickly opened and entered is a distinct ultimate gain. What is urged in favor of the operation is: first, the ease with which it can be performed; secondly, the small number of instruments required; and thirdly, the manner in which it meets the four difficulties usually enumerated, viz., of reaching the trachea, of hemorrhage, of opening the trachea, and of introducing the cannula. Again, it avoids, in an especial manner, those dangers met with when the operation is performed, as it too often is, practically in the dark, from the

bleeding, and the not sufficient separation of the parts; thus, it is impossible, in this operation, that the cannula should be pushed down between the trachea and the fascia lying in front of it, or that it should be thrust, as has actually happened, into the internal jugular vein. Our resident surgical officer, Mr. J. Collier, who is frequently called upon to perform tracheotomy in emergencies, has definitely adopted the operation described since seeing me open the trachea some months since for the extraction of a gun cap accidentally inspired into the trachea.—Walter Whitehead, F.R.C.S.E., F.R.S. Ed., in the *Lancet*. Braithwaith's Retrospect.

TAIT'S METHOD OF CLEANSING THE PERITONEUM.

Dr. Lawson Tait, F. R. C. S., describes his method of washing out the peritoneal cavity as consisting of making use of two ovariotomy trocars of simple construction, very blunt and provided with two islet holes of chisel-shaped edges differing only in size; these tubes, the larger being seven-eighths of an inch in diameter and the smaller seven-sixteenths of an inch in diameter, by means of which, attached to a rubber tube connecting with an ewer of blood-warm water, the water is syphoned into the abdomen, the point of the trocar being made to travel in any position in the abdomen which may be wanted; the temperature of the water should be 103 to 106 or 107 degrees. No precautions are taken to sterilize the water; that is, to deprive the water of its natural germs of animal and vegetable life. Mr. Tait does not believe that they have the slightest evil influence on the peritoneum; there is no chemical substance put into the water, and nothing is used but the original domestic water from the tap, to which is added enough hot water from the kettle to raise it to the requisite temperature. Any statements which are made to the effect that sterilizing agents are used in the water, or that distilled water or boiled water is made use of, Mr. Tait declares to be absolutely untrue. The method of cleansing the peritoneum by sponging has been given up by him to a very large extent, and instead of employing a sponge to remove the remainder of the washing water, he introduced a drainage tube down to the bottom of the pelvis just at the time the wound is to be closed, and by means of a sucker sucks out water from the cavity. The rules given by Mr. Tait for the use of the drainage tube are: *First*. Where

oozing is going on, or if there is reason to anticipate hemorrhage. *Second.* The tube is continued until after hemorrhage ceases. *Third.* Drainage is always used in cases where there has been a ruptured cyst, or suppuration of the peritoneal cavity or where there has been produced extensive ascitic effusion. *Fourth.* There is an increasing need for drainage as the age of the patient is advanced—that is, in a woman thirty-five with an ovarian tumor, Mr. Tait says he would never dream of using the drainage-tube, while at fifty-five he most certainly should. *Fifth and finally.* Of all methods of secondary cleansing, the washing out with the drainage-tube is the simplest.—*British Gynæcological Journal. Internat. Journal of Surgery.*

EXPERIMENTAL RESEARCHES CONCERNING THE INFECTIOUS NATURE OF TRAUMATIC TETANUS.

In a paper read before the Section in Pathology at the Ninth International Medical Congress, Dr. Edward O. Shakespeare, of Philadelphia, draws the following conclusions from his personal experimental researches:

(1) Traumatic tetanus of the horse and mule is, at least sometimes, if not always, an infectious disease, transmissible to other animals, and, therefore, possibly also to man; and during the progress of this disease a virus is elaborated and multiplied which is capable of producing the same infectious disease in some other animals when placed beneath the dura mater of the cerebrum.

(2) This virus is contained in the medulla and spinal marrow of the animal suffering the disease. It is, like the virus of hydrophobia, capable of being strengthened in virulency by inoculation sub-dura cerebri from rabbit to rabbit, and, like the virus of hydrophobia is capable of attenuation by exposure for a sufficient time to the action of dry air at a temperature of summer heat; and still again like the rabic virus, its effects are far more intense when the virus is inserted beneath the dura-mater cerebri than when injected beneath the skin or between the muscles of the back.

The author reserves his conclusions concerning a prophylactic effect of inoculations of the attenuated virus, until the completion of experiments which are at present in progress.

Conclusions drawn from the author's experiments when correlated with those of Nicolayer, Carle and Ratone, Rosenback, Ferrari, Flügge, *et al.*:

Traumatic tetanus of the lower animals and of man, at least sometimes, possibly always, is a specific infectious disease due to the action of a specific infectious virus which exists in the tissues at the seat of infection, in the blood and in the central cerebro-spinal nervous system.

In view of the experimental evidence which we possess at present and of many unassailable observations of many surgeons and veterinarians, there seems to be ample warrant for the admission that not infrequently tetanus in man is acquired directly and indirectly from some of the domestic animals, notably the horse, which surround him.—*Boston Medical and Surgical Journal.*

RUPTURE OF THE INTESTINES.

In the paper based upon experimental and clinical data, which was awarded the Cartwright prize of the Alumni Association of the College of Physicians and Surgeons of New York, Dr. B. Farquhar Curtis summarizes the practical results of his inquiry as follows:

(I) The treatment of contusion of the abdomen should be purely expectant in the early stage, until symptoms of internal injury have appeared, or until the full extent of time in which they may be expected has passed. Exploratory laparotomy at this time is inadmissible.

(II) When symptoms of uncontrollable hemorrhage or serious visceral injury appear, laparotomy is indicated; but, when the diagnosis is uncertain, the operation should always be begun as an exploration.

(III) Great collapse is an absolute contraindication to all operative interference.

(IV) When rupture of the intestine is found, the best method of treatment is to secure the injured gut in the abdominal wound, and form an artificial anus. This can be easily relieved by a latter operation, when the patient has recovered his strength.—*The American Journal of the Medical Sciences. Internat. Journal of Surgery.*

PÆDIATRICALS, GYNÆCOLOGY, ETC.

THE USE OF THE VAGINAL TAMPON.

In an article in the *New York Medical Journal* of the 18th of February Dr. Emmet says that the only class of cases, in the treatment of which he has derived any special benefit from the use of the vaginal tampon, has been where

he had supposed the blood vessels had degenerated into a varicose condition, and where this state of the veins has been brought about from the effects of local peritonitis with adhesions, from the loss of the connective tissues and from injury where the fascia has been involved.

He has laid down the rule that its use can accomplish no good, but may do much harm, so long as any inflammatory symptoms can be detected. We must trust to the use of the thermometer to show the absence of an elevated temperature in the pelvis, and to the want of other symptoms indicative of existing inflammation. In the absence of other symptoms we must exclude, to a great extent, the presence of pain on pressure, as an evidence of active inflammation, its chief value then being but an indication of the manner in which the tampon should be applied.

We can draw but one conclusion, and in doing so we reach the point that the tampon acts mechanically, by compressing the dilated veins and by lifting the uterus to its natural position in the pelvis, so that the circulation between the arteries and the veins may be equalized.

The best material for tampons is the cleanest quality of cotton wool, as sold in the shops and put up in rolls. For the tampon he prepared a number of pieces of cotton of about the width and thickness of four fingers. He then made a ball of each by turning the four corners or edges together, and while grasping these he thoroughly smeared the outer surface with vaseline. Each ball was then of about the size of an English walnut and kept its shape as it was packed loosely into a tin-box for use. It was found advisable to have these balls of cotton as nearly uniform as possible and of about the size indicated.

On beginning the operation it is sometimes necessary to place the patient on the knees and chest before the uterus can be replaced. Then several balls are to be introduced and placed at a point where the uterus can be held by means of the finger while the patient is turning upon her back. One ball of cotton after another should be placed in the vagina and passed closely along the index finger of the other hand which is engaged in pressing back the perineum and in holding up the uterus or that portion of the tampon already introduced.

If one part of the vagina is more sensitive than another we must learn to "humor" it by making less direct pressure until tolerance becomes established. When the sensitiveness is situated in the neighborhood of one of the

broad ligaments we must pack the cotton on the opposite side of the cervix to act as a crutch. If the inflammation is chiefly about the utero-sacral ligaments, it is easy to tampon so that the uterus will be lifted without making direct pressure. The tampon should be placed so as to make as little direct pressure to the left as possible along the course of the rectum. After the introduction of a sufficient amount of cotton we are to pass the index finger carefully over every portion to be certain that it is uniformly placed and to smooth down the entire surface. When this "finishing off" is properly done it is possible, from the coherency of the cotton and vaseline, to pack but a portion of the vagina. It may be but the upper part or to one side, and it is likely to remain in position.

There are two practical points in the application which, if not carried out carefully, will cause all other efforts to miscarry. The first is to keep the uterus, throughout the whole course of treatment, as nearly as possible in its natural position and at the same plane in the pelvis. The other is to place the fresh tampon without delay after the other has been removed. He has been in the habit of renewing the tampon daily for the patients in his private hospital. But if it could be kept deodorized, the longer it remained undisturbed the more thoroughly would both of these indications be met in practice.

A serious drawback to the satisfactory progress to be gained by this mode of treatment is the recurrence of the menstrual period, when the use of the tampon has to be discontinued. Just before the period is expected he removes the tampon and immediately introduces one of the rubber rings and one of a sufficient size to admit of the introduction of the finger between it and the vaginal wall at any point. These rings are about three-quarters of an inch in diameter, and so long as the patient remains in the recumbent position their broad surface offers a fair substitute for the tampon, both in exerting a direct pressure upon the larger vessels and by taking up the slack in pelvic tissues. As soon as the flow has ceased he has a large hot-water vaginal injection administered, and then employs the tampon as before in the continued treatment of the case.

NORMAL COURSE OF PUERPERAL TEMPERATURE BY DR. J. W. HUNT.—"PRACTITIONER FOR FEBRUARY, 1888."

Under the above heading Dr. Hunt gives us an excellent article, from which he draws the following conclusion:

That in a large number of cases, as we should expect would be the case in a purely physiological act, labor and the lying-in period are free from any marked fever; but that, at the same time, the whole system, and especially the mental system, is in a state in which it is very ready to receive impressions from without, and that any reflex irritation or any mental excitement causes a rise in the temperature which may be most marked, but which ceases on the removal of the cause.

THE TREATMENT OF GONORRHŒAL INFECTION IN WOMEN.

The last of a series of articles, dealing in the most exhaustive manner with the clinical, therapeutical, and even moral aspects of Gonorrhœal Infection in Women, appears in the *Medical Chronicle* for October, 1887. The object of the author has been throughout to show that almost all, if not all, the inflammatory diseases of the uterus and its appendages are due to gonorrhœal infection, either immediate or remotely preceding their appearance. As to the extent to which gonorrhœal puerperal affections occur there is general difference of opinion, but pelvic peritonitis, salpingitis, and barrenness after one pregnancy, not unfrequently occur. The whole series of articles is well worth the careful study of all who are called upon to deal with such conditions. We can reproduce here only Dr. Sinclair's remarks upon treatment.

The treatment of gonorrhœal diseases in women seems a rather large and complicated subject for exposition. But if we set aside mere theoretical details, and deal with that which concerns only cases met with in practice, the varieties of treatment that can be reasonably employed shrink into comparative insignificance. As a specific disease there is little or no hope for treatment of it in the female; we have only the opportunity of trying to minimize the consequences.

Gonorrhœa as a local disorder requires topical treatment; as a specific disease, depending for its development and symptoms upon the growth of a micro-organism, it requires for its treatment the employment of the antiseptic and astringent class of chemicals, which are known to destroy the ordinary micro-organisms.

However, if we should meet with cases in the early stage, before the uterus is invaded, we must be prepared to act energetically, and the question arises to what is best

to be done. When men become more impressed with the serious nature of the disease, it will probably be the rule to see cases in the early stage. Schwartz, of Halle, who speaks so as to give the impression of having had a large experience of purely vulvo-vaginal gonorrhœa, describes his method of treatment in the following terms: "First of all, the vulva and vagina are thoroughly cleansed of the adhering secretion by means of a 1 : 1,000 sublimate solution; then with the help of a Simon's speculum, the vagina and vulva, including every fold and recess, are energetically swabbed with a dossil of cotton wool soaked in a one per cent. solution of the sublimate, and rubbed with it for several minutes, so that the superficial layers of the epithelium containing the gonococci are removed. The Simon's speculum, or some other with separable blades (such as Bozeman's, etc.) is essential for the purpose in view; by this means it is possible to distend the folds of the vagina to their utmost extent, and to obtain a complete controlling view of the whole process, so as to avoid missing any of the diseased patches. Special care is taken with the introitus, which contains numerous folds.

"The next step is copiously to dust over the vagina and vulva with iodoform, which is still more effectively applied by rubbing it into the mucous membrane with the tip of the finger.

"To complete the progress, the vagina is with moderate firmness packed full of iodoform gauze.

"If the treatment is very painful, a thing which depends upon the intensity of the disease process, and the idiosyncrasy of the patient, a narcotic or anæsthetic must be administered.

"The process is of value only when thoroughly carried out, but then it is certain to succeed.

"If, as is usual in rubbing the vagina, there occurs extensive capillary hemorrhage, it is only a favorable sign, inasmuch as it shows that at the bleeding points the diseased epithelial covering is for the most part removed, and, at the same time, a large number of the superficial, perhaps diseased, capillaries are destroyed.

"The iodoform gauze is permitted to remain for three or four days, and then the whole process is repeated with the same thoroughness, and over the same area.

"After four or five days more the gauze is finally removed, and then, from eight to fourteen days, the patient

carries out a copious irrigation of the vagina with a sublimate solution of 1 in 2,000."

This process was hardly ever known to fail. The vagina is red and raw after the second tampon has been removed, and there is usually a copious purulent discharge, "but the gonococci are annihilated and have forever vanished."

Schwartz goes on to recommend the use of iodoform to the vulva, in order to eradicate the disease from Bartholini's glands, and he further employs compresses soaked in warm sublimate solution with the same object.

As to the treatment of the disease after it has reached the uterus, I can speak with confidence. In order to be effective, treatment must be energetic and immediate. If you have reasonable cause for belief, from the absence of thickening of tissues, or of pain on either side of the uterus, that the disease has not reached the tubes, there are fair grounds for hoping to prevent the worst complication of all. Nothing should be done that could increase the congestion of the uterus and interfere in any way with the uterine canal until the moment the germicide is to be applied. Therefore you cannot stop to dilate with tents, the interference and delay would be fatal to success. Only once, when the hollow sound would not pass, I have rapidly dilated, wounding the mucous membrane before applying the germicide. This is an undesirable incident, although it does not necessarily do harm. My routine treatment has been to steady the uterus by holding its anterior lip with a vulsellum, after exposing it well with a duck-bill speculum, and to introduce to the full length of the canal a Fritsch-Bozeman sound. The sound is kept in a hot disinfectant, and at the last moment the air in it is expelled and replaced by the ordinary tincture of iodine, which is injected from an ordinary two-ounce glass syringe. When the sound is in position in the uterus, the tincture is slowly injected as long as it continues to flow from the opening in the outer tube of the instrument. It is almost always necessary, however, to withdraw it, in order to clear it of coagulated blood and mucus before you can efficiently complete the application; and this is a serious defect in an otherwise satisfactory instrument. The vagina can be protected from the action of the returning fluid either by rapid and frequent changes of pledgets of cotton-wool, or by constant irrigation by gravitation with warm water.

The applications should be repeated three days in succession, if no symptoms arise. A strip of lint wrung out of sublimate solution is left in the vagina for two or three hours to afford the patient time for a rest, and then a copious vaginal douche with a weak sublimate solution is given, and this is repeated before the next intra-uterine application. The Fritsch-Bozeman sound is laid aside for several days after the third application, and the vaginal irrigation is continued, careful note being taken of both the axillary and vaginal temperature. When the eschar or iodised uterine lining has had time to break down and get more or less expelled, the process is repeated. So far, I have seen no harm come of the intra-uterine applications, and I am confident that the proceeding has saved several patients from a further spreading of the disease. Tincture of iodine is so far the only fluid I have employed. Perhaps a spirituous solution of corrosive sublimate might be used with advantage.

Schwartz employs, at the stage of disease under consideration, a process of constant irrigation of the whole uterine canal with carbolic acid or corrosive sublimate solution. He mentions some details of three cases in which the process was most successful. The irrigation is carried on for two or four days through a modified Fritsch's sound, and the return fluid is collected and drained away by means of a special apparatus.

So much must serve here as suggestions for the treatment of the uterine stage—a phase of the disease also comparatively rarely seen. I must confess that the opportunities which have presented themselves to me have been too few for trying variations in treatment. In the vast majority of the cases which I have seen, the disease had already spread beyond the uterus by the time the patients applied for advice. When the disease has advanced beyond the reach of topical treatment, it must be dealt with on a totally different plan. Treatment cannot now be too cautious. Nothing should be done that could possibly increase the blood supply to the internal sexual organs, and special care should be taken when the menstrual periods are impending. Such treatment must vary according to the apparent severity of the attack, but it should err, if at all, on the side of caution. It must be remembered that some pathological conditions of the ovary may already exist, which may greatly exaggerate the effects of the infection. The patient's sexual health is almost certainly about to be

ruined, but her life is also in danger, whatever Sanger and others may say to the contrary. If the ovaries are healthy and the tubes do not become sealed, there is comparatively little danger to life, and in the later stages all manipulations which might cause the slighter adhesions of the fimbrie to give way by increased peristaltic action of the tubes, should be avoided. Should even a comparatively small amount of fluid have collected in the tubes undue manipulation may cause a rupture, followed by a fierce conflagration over the pelvic peritoneum.

It is usually necessary to keep down the vaginitis by a *warm* douche, and this is really all the local treatment which I practise, beyond poulticing for the perimetritis in the acute stage. The warm water may have some soothing effect. The *hot* douche may be injurious. In one of my early cases, which ended fatally, I have always blamed the hot douche for again lighting up the inflammatory process. In order to prevent the uterine discharge from keeping up the disease in the lower portion of the genital tract, I direct the patient to use a tablet of corrosive sublimate and ammonium chloride. Each tablet contains two grains of sublimate, so that when one of them is broken and thrown into a pint of warm water, the resulting solution is practically the strength of 1 in 5,000. A solution prepared in the same way may be also used in the earlier stages of the disease, concomitantly with the intra-uterine applications. This treatment is continued until the dangers of the acute and sub-acute stages are over, and it is time to endeavor to remove the resulting exudation by the iodised tampons, to break down adhesions, or to prevent deformities.

The latter stages of the disease, those of the complications and consequences, must be looked upon as a separate chapter in gynecology apart to a large extent from their primary cause. Gonorrhea in a woman when it has once passed beyond the uterus is an incurable disease; such an outrage as the invasion of the tube by a pathogenic organism, nature never forgives. Just as a burn inflicted on a child that falls in the fire is followed by a deforming cicatrix, the effects of which may ultimately be more or less relieved by surgical measures, so the consequences of gonorrheal invasion of the tubes and peritoneum are adhesions and deformities which cannot be cured, but whose miserable consequences may be sometimes minimised by operative gynecology.—William Japp Sinclair, M. A., M. D., *Medical Chronicle*. Braithwaith's Retrospect.

OPHTHALMOLOGY.

A CASE IN RELATION TO THE BACTERIAL ORIGIN (PONCET)
OF PTERYGIUM.

January 3, 1887, Walter M., æt. 15, presented himself for treatment with the following history. He had been a puny infant, and at three years of age there was noticed upon the outer aspect of either eye a small tuberculated eminence at the corneal margin, from which, as an apex, there spread out towards the outer canthus a triangular mass of vascular and fibrous tissue. The cornea becoming more involved, they were excised, four years later, by a surgeon of Indianapolis. Immediately upon the cicatrization of the wounds it became evident that the disease had not been eradicated, inasmuch as it began to return and within a few months had attained its former proportions. On examination it was found that the elevated apex was located just within the corneal margin of either eye, beyond which was a milky haziness involving one-half of the corneal surface of the right eye, and one-third of that of the left. The bases of the triangles were of considerable breadth, and towards the apices ran numerous prominent blood vessels. The growths were soft, and with none of the fibrous material said to have been present before the first operation, and which is usually present in pterygia.

After preparatory treatment the patient was placed in the operating chair, a 4 per cent. solution of cocaine instilled into the right eye, the diseased mass thoroughly crushed and lacerated with toothed forceps and calomel applied to the raw surface, which local application was continued at intervals subsequently. Considerable irritation followed, but the growth rapidly and completely disappeared. Three weeks later the opposite eye was subjected to the same procedures and with like successful result. The cure remains perfect.—Ed. F. Wells, M. D., of Shelbyville, Ind, *Journal A. M. Association*, February 25, 1888, p. 251.

OPHTHALMOPLEGIA EXTERNA DUE TO ALCOHOL.

J. B., a man, aged 50, was admitted into the workhouse infirmary on January 25th. His relatives stated that he had been drinking heavily for some years, and my friend, Mr. Newton, who attended him before his admission into the workhouse, tells me that he has been drinking for years, and that the drooping of the eyelids came on about

a month ago, the patient having complained for some weeks previously of pains and cramps in the legs. The patient, on admission, was incoherent, constantly asking for drink, and unable to tell where he was or to give any account of himself. He was unable to raise his eyelids, there being drooping of both eyelids, the left being less affected than the right. There was slight external strabismus of the right eye. He was unable to rotate his eyeballs either upwards or downwards, but could move them readily from side to side. The pupils responded to light and accommodation, but sluggishly, and were small. The knee-jerk was lost on both sides, the plantar reflex increased. There was no paralysis of the legs or arms, but the calf-muscles were exquisitely tender on being grasped, and pressure along the course of the posterior tibial nerves elicited great pain. He could point his toes, and there was no marked weakness of the extensors of the wrist or leg. The first metatarsal bone was fractured, and he said this was due to a chair falling on his foot. The muscles of the legs responded normally to faradism and galvanism. His memory was much affected, and he did not know where he was; he had no knowledge of time or place. When asked if he had been out he always responded in the affirmative, declaring that he had been several miles, and that he had had several glasses of whiskey; in fact, he talked of nothing but drink. He took his medicine readily on being told it was whiskey, though he thought the taste of it was very peculiar; in fact, he thoroughly illustrated the truth of the proverb, "In vino veritas," his speech betraying his previous habits.

Since his admission the patient has much improved, being now able to open his eyes, and the lids only drooping slightly. There is still considerable restriction of the movements of the eyeballs, but this is daily diminishing. The patient has had no alcohol since admission.—C. W. Suckling, M. D., in the *British Medical Journal*, March 5, 1888.

GLAUCOMA.

Lena G., a very intelligent mulatto girl, came to the Presbyterian Eye and Ear Hospital a few months ago. She has noticed for more than a year (she is now eleven years old) that her sight has been gradually failing. Her father observes that she no longer recognizes small objects at a comparatively small distance. She has on several oc-

casions during the past eighteen months complained of pain in the temples and forehead, but as they were transient in character they attracted very little attention in themselves, from either the child or her parents. A very common symptom in glaucoma is the temporary observation of objects—by which I mean that, for a brief space, a cloud or veil hides the object from view; and again, another common symptom is the appearance to the patient of a rainbow-colored ring around a flame or gas jet. Neither of these symptoms, however, were associated with this case. Her family history excluded the question of heredity.

Objectively I found the following: With her right eye, letters which she should see distinctly at seventy-five feet, she could scarcely discern at twenty feet; with the left eye she saw at not more than twenty feet letters which the normal eye sees at two hundred feet. There was marked plus tension in both eyes; indeed, the left eye possessed a feeling of strong hardness to the touch. The pupils, though large and somewhat sluggish, presented besides these two diagnostic points nothing worthy of note. There was narrowing of the field of vision in both eyes, more especially in the left eye on the nasal side; and this latter symptom—narrowing of the nasal side of the eye of the field of vision—is peculiarly characteristic of glaucoma. Externally the eyes presented a perfectly normal appearance, as it most frequently does in this form of glaucoma—glaucoma simplex—where there are no acute inflammatory symptoms. The ophthalmoscope revealed transparent media and glaucomatous excavations in both eyes.

As there was no material difference in the ophthalmoscopic appearance of the two eyes, I will simply describe one: The vessels were crowded over to the nasal side of the optic nerve entrance and disappeared with a sharp bend into the depth of the excavation. The veins were enlarged and twisted. The arteries were narrow, and at points near the optic edge of the papilla pulsated very beautifully. The entire papilla presented a grayish hue and the outer three-fourths were almost perfectly white. In other respects I observed nothing abnormal about the background of the eye.

(But how are we to account for the disease in a girl ten years of age, whose physical development was singularly good, whose heart's action was perfectly normal, and yet

who was afflicted with the disease in question in its most typical form.)—Robert L. Randolph, M. D., in *Virginia Medical Monthly*.

THREE CASES OF HALLUCINATIONS DUE TO THE ADMINISTRATION OF SODIUM SALICYLATE.

Case 1.—Mr. J. S., age 43, occupation, journalist, consulted me in April, 1886. He had had iritis in the right eye for four days. The iris was muddy, the pupil contracted, the periphery of the iris bulged forward, and there was pus in the anterior chamber. Pain was intense, not only in the eye, but in the temple. There was no syphilis, but an attack of rheumatism three months previous to his visit to my office, seemed to offer an explanation for his iritis. There was, so far as I could make out, no organic heart trouble. He gave a distinct history of phthisis in the family, and while I could not find a cavity in either lung when I examined him, there was dullness over the apices of both lungs; there was considerable emaciation, and he had a cough which was sometimes very troublesome. I have not seen him since I discharged him in the spring of 1886, after his iritis had gotten well; but he wrote me, from his home in Baltimore county, during the past winter, that he had been obliged to give up all his work, that his cough was incessant, and he was growing weaker. Undoubtedly he has fallen the victim to phthisis. His habits were temperate. He said he usually took a glass of sherry with his dinner, and sometimes a little whiskey at bedtime. I applied a compress bandage to his eye, ordered the instillation of a four-grains atropia solution, and prescribed for him twenty grains salicylate sodium every four hours. When he called at my office the next day, I was engaged, and he sat in the waiting room about half an hour. After I had examined his eye, finding it greatly improved, he said: "Doctor, is there a big colored woman with a child on her lap sitting on the sofa in the other room?" I told him I didn't think there was, but to satisfy him I looked and found no one there. On learning this, he said: "I wasn't sure of it. I didn't see her until I had been in the room a little while, and then she wasn't clear enough to make me sure." On questioning him, I found he had, to settle the question in his own mind, gone up to the sofa, and tried to touch the supposed woman, and found his hand came down upon the sofa. He then told me that he had taken four of the powders between 10 A. M. and 10

P. M., the day before, making 80 grains in all. He retired about 10 o'clock, and did not take a stimulant that night. After being in bed a little while, he noticed his ears buzzing. He could not sleep, and soon thought he was having a dispute with his son. He sat up in bed, made up his mind it was all imagination, laid down again, and talked away at his son as much as ever; so much so that his wife asked him to stop talking. After a while the delirium changed and he thought he was at the telephone in his office, and couldn't speak above a whisper. He got out of bed two or three times during the night to answer a supposed telephone call. In the morning, while coming to town in the cars, he was troubled by seeing a black cat on his knee. He could convince himself that these things were all hallucinations; but no sooner would he do this than they would all come trooping back as real as ever. When standing alone he suffered from giddiness. His pulse was about 80, temperature normal. I had him pass his urine in my office and found it free from albumen. The salicylate was stopped. He slept very little that night, but the next day seemed completely himself. The iritis was afterwards treated with kal. iodid. and the alkalis.

The other two cases occurred in the private practice of Prof. Chisolm, who has kindly written out for me the following notes:

Case 2.—L. G., aged 50, of temperate habits, has been for ten years troubled with repeated attacks of specific iritis. Each attack runs its tedious course of six weeks or two months under the orthodox treatment of iod. pot. and mercury with the local use of atropia and an occasional application of leeches to the temple. Four years since the treatment was changed to the salicylate of sodium in 25 grain doses, given four times a day. The drug alleviates very promptly the inflammatory attacks and enables him often to get out in a fortnight—a marked shortening of the paroxysm. In his case the remedy is not without its detractions. It does not disturb very materially his digestion, but when continued for some days produces very curious psychological effects. By the fourth day of taking, particles of dust become conspicuous against white surfaces and pollute the water which he drinks. The particles covering his white bed-spread, grow in size into green flies and some of these develop into green frogs with a few green snakes. They are not stationary, but are in

constant motion. He knows them to be an illusion, but they look very real notwithstanding. If the medicine is stopped at this stage of the mental disturbance in twenty-four hours they are all removed, disappearing in the transition forms in which they introduced themselves. Should it be needful to continue the large doses of the salicylate, figures of men, not always of the most pleasant countenances, appear on the scene. At one of my morning visits my patient reported his night's sleep much disturbed by the intrusion of three men into his chamber. In waking, by the dim light of the turned-down gas, he saw three men inspecting his box of valuable papers which they for convenience had transferred to a side-table. He reasoned with himself that no one could get into his house and that his body-servant was in the contiguous room. He could not shut out the vision by closing his eyes. At my visit he was sitting facing an open door leading into the next chamber. After describing his visions of the previous night, he said: "Now I know perfectly well that there is no one in that room," pointing to the door, "and yet there stands in a threatening attitude a big man with an ugly club. I can shut him out by shutting my eyes, but there he stands all the same."

On another occasion, after using the salicylate for some days, with the recurrence of motes, then flies, frogs and snakes, always green ones, I found him at midday sitting in the dining-room. As soon as I had examined his eyes and found that the injection had nearly disappeared he said that he was very glad of it, and could now stop the sodium, because the hallucinations were becoming annoying. Just before I had arrived, a mouse had come out from under the grate. After playing about on the rug it commenced to puff up and became a cat. The inflation continued, the animal becoming larger, until it assumed the appearance of a tiger, upon mischief bent. When the animal crouched with the intent of springing toward him he asked his mother, who was reading the morning paper at the window, to come toward the fireplace. In doing so she got in between himself and the threatening animal, and the illusion vanished. During these conditions of mental excitement the reasoning powers were never disturbed, nor did the conversation at any time indicate otherwise than a clear head. In this case the psychological influences seemed always to run in the same channel. These experiences had occurred to him on several occasions at

many months of interval, and always in a regular order. After three or four days' taking large doses of the salicylate he would mention to me: "Doctor, I saw the little pieces of stick in my basin this morning; the flies will come before the day is out."

Case 3.—Miss S., aged 50, had been operated upon for double acute glaucoma. Vision had been reduced to light perception before operation, and was so perfectly restored that she could use her eyes for hours daily in confined literary pursuits. Four years after the iridectomy, her left eye was attacked with a sharp inflammatory attack, which she conceived to be a return of her glaucomatous trouble. I saw her after three days of suffering, and found an acute attack of iritis, with some pus in the anterior chamber, a heavy rim of injection around the cornea, a very painful eye with very dull vision. The salicylate of sodium was given in 25 gr. doses, four times a day. By the second morning all congestion had disappeared from the eye. The media had cleared up in a wonderful manner, and vision had returned. She stated that she had had a most horrible night of hallucinations of most disagreeable forms. She was very glad to know and feel that the eye was so very much better. She had made up her mind, from the horrors of the preceding night, that she could not take another dose of the medicine, even if the safety of her eye depended upon it.—Hiram Woods, M. D., in *Maryland Medical Journal*, February 25, 1888, p. 321.

SOMNAMBULISM CAUSED BY ATROPINE.

In the *St. Louis Medical and Surgical Journal*, January, 1887, A. D. Williams tells the story of a man for whom he prescribed an atropine solution to be dropped in the eye for contusion of the cornea. The solution was of the usual strength (one grain to two fluid drachms?) and was ordered to be dropped in the eye five times a day. After two or three days of this treatment the patient arose one night towards morning, and in a somnambulistic condition, and clad only in his night shirt, left the house and walked eight or ten blocks away. It was during warm weather, and most of the houses had their windows open. Entering one of these, he wandered about the house until awakened by the vigorous snoring of one of the sleepers. Making his way out of the house, he found himself in a strange neighborhood, and had some difficulty in finding his way home, being mistaken once for a ghost. Dr. Wil-

liams expresses the opinion that the atropine was the direct cause of the somnambulism, as the man had never before shown the slightest tendency to wander in his sleep. The frequency of application of the drops was diminished and no further ill effects were noticed. Two other instances, in which the drug produced temporary dementia in boys, are also mentioned.—*The Medical and Surgical Reporter*.

TRACHOMA SELF-LIMITED.

Dr. J. H. Thomson, in *Kansas City Index*, February, 1888, gives the following case as illustration that trachoma may run an unrecognized course to self-cure, and that the accompanying blennorrhœa is the real cause of trouble:

Mr R., age 48, a successful farmer and a man of good build and vigorous constitution, consulted me last summer for an inflamed eye. He gave this history. He never before, to his knowledge, had a sore eye, indeed, had always bragged on the strength of his vision. Some few days before he came to me, he was driving some cattle to market; the weather was very hot and the roads dusty. On the drive a wind sprang up, and in the excitement of a stampede it filled his eyes with sand and dirt. From that moment his eyes began to inflame, growing worse until the morning he saw me, when he was unable to attend to his business. I examined the eye and found a small ulcer on the cornea, with two or three blood-vessels coursing toward it. The eye-ball was red, in a state of catarrh. On turning the upper lids I found the characteristic scars. The diagnosis was trachoma, with ulceration of the cornea. I am certain that that man had had trachoma for years, that the disease was quietly running its course, but the favorable progress was interrupted by the combined irritation of the heat, glare and dust. The object of the treatment was to relieve the secondary inflammation, cure the ulcer and bring the eye to its original condition. The treatment was daily applications of a mild solution of the nitrate of silver (grs. iij to the oz.), atropia and blue glasses. He was well in one week. The trachoma was left alone.

UNIOCULAR TRIPLOPIA.

Mr. Wherry said that this was the case of a patient who, under certain conditions, while using only one eye, saw a single object appear as three. A well-known biologist and good observer, about thirty years of age, told him that

after working with the microscope—which he always used with the right eye—he lost sight with left, especially for distance, and objects seen near were multiplied. This condition would pass away after some hours. On October 17, 1885, after working with the microscope with the right eye, he paid him a visit and described a single circle on a white ground, when seen with the left eye only, appearing distinctly as three rings. The circles were sketched at Mr. Wherry's request, intersecting, though sometimes they were quite separate. The objects were held at 2' distance, further off was not multiplied, and nearer was blurred.

L. V. = 20-50: Cyl.—0.75D. V. = 20-40 easily.

R. V. = 20-30: —0.75D. V. = 20-40.

Ophthalmoscope shows a thin irregular atrophic crescent at each o. n., otherwise normal. On October 20th, after two days rest from microscopic work,

L. V. = 20-30 improved with—0.75D. to 20-20.

R. V. = 20-40 easily: improved with—0.75D. to 20-20, and the defect in sight and multiplication of images is no longer complained of. There was nothing to be discovered abnormal in the eyes, except what was mentioned. The patient suffered from habitual constipation, and lately from fissure of the anus. Mr. Wherry said this was probably a case of ciliary spasm; it was curious that the eye which multiplied the image was not the eye which was used in microscope work. It was not unlike the case of unocular diplopia which occurred in an amateur astronomer, and was reported by him to the Society in December, 1883.—*London Lancet*, October, 1887, p. 302.

DERMATOLOGY.

ABORTIVE TREATMENT OF FURUNCLES.

Dr. Jorissenne treats commencing furuncles by an ointment composed of one part of red oxide of mercury to one hundred parts of lanoline, and claims that suppuration is prevented when the application is made early. The same treatment is of service, he says, in acne.—*New York Medical Record*.

TREATMENT OF BALDNESS.

Dr. Rohé says: "In the baldness due to, or accompanied by, dandruff, or dry seborrhœa of the scalp, and which constitutes about nine-tenths of the cases that apply

for treatment, I have found the following method very efficient. The scalp is washed two or three times a week with a good tar soap, and afterward a lotion containing sulphur or resorcin is applied and well rubbed in. The formulæ I generally use are the following: \mathcal{R} . Resorcini puri, \mathfrak{z} ss—j.; sp. myrciæ \mathfrak{z} viiij. \mathcal{M} . \mathcal{R} . Sulphuris precip., \mathfrak{z} ss.; sp. myrciæ \mathfrak{z} viiij. \mathcal{M} .

A small quantity of glycerine or castor oil may be added to either of the above, if the scalp is very dry. If preferred, an ointment may be used instead of a lotion."—*Maryland Medical Journal*.

TABLET TRITURATES OF SULPHIDE OF CALCIUM.

In discussing the *Tablet Triturations* Murrell declares: "One of the most useful tablet triturates in the list is the tenth of a grain sulphide of calcium. I use this for boils, carbuncles, abscesses, suppurating scrofulous glands and other affections accompanied by the formation of matter. The pus is rendered more limpid, discharge is promoted and the inflammation quickly subsides.

This is one of the best methods with which I am acquainted of treating a troublesome class of complaints. They must be genuine triturates, the admixture or combination being perfect, and the drug distributed equally throughout the mass. The tablets must be absolutely uniform in size, and must contain in each the exact quantity of the drug which it is proposed to administer."—*Practitioner*.

FURUNCLE AND ANTHRAX TREATED BY CARBOLIC ACID PULVERIZATIONS.

(Continued from page 749 March number.)

5. They may be applied to all the regions of the body, in any form and every period of the disease. They are never injurious, and by themselves bring on a cure in the great majority of cases. They add greatly, besides, to the success of surgical measures when these latter become necessary.

6. Finally, they tend to prevent interior auto-inoculations and the phenomena of general infection.

The paper was then discussed.

M. de Méricourt asks Prof. Verneuil if he attributes the disappearance of the pain and the cure of the carbuncles and boils exclusively to the action of the carbolic acid. He himself does not admit the microbe-theory of the ori-

gin of anthrax, having more than once seen this disease manifest itself in persons otherwise healthy, sometimes following excessive grief, sometimes after the skin had been exposed to a very high temperature. The happy results of the carbolic pulverizations would be due, according to M. de Méricourt, rather to the soothing action of that sort of kindly dew, or spray, which the carbolic vapor causes to fall upon the diseased part. One of his naval colleagues, Dr. Planchon, has obtained the same results in a case of extensive anthrax, by simple applications of compresses saturated with hot water.

M. Perrin resorts, in the treatment of anthrax, to prolonged hot water baths. During the night the bath is succeeded by a cataplasm of cold starch. Under the action of hot water there should supervene active endosmotic currents, the effect of which is to clear the base of the carbuncle of all the organic tissue-waste which is found there.

M. Le Fort believes that there are cases of anthrax against which it is difficult not to employ surgical measures. He prefers, as an abortive measure, which has always succeeded with him, the introduction of the point of a lancet or bistoury into the centre of the furuncle or carbuncle, at the very beginning of the disease.

M. Laborde calls attention to the physiological action of carbolic acid. This acid acts not only as an antiseptic substance, but its action is also seen on the small vessels, which it causes to contract, bringing on, as a consequence, the diminution and gradual disappearance of the congestion and local inflammation.

M. Verneuil replies that, without wishing to consider deeply the question of the microbial origin of anthrax, a question which could not be thus incidentally considered, he thought he ought to assert his conviction that anthrax, furuncle, acne, etc., have a similar and common parasitic origin. He is perfectly convinced, besides, that the carbolic pulverizations, outside of their local antiphlogistic action, the happy influence of which he does not wish to overlook, owe their principal therapeutic effects to their parasiticide action.

THE Medical Society of North Carolina will hold its annual meeting in Fayetteville on May 8, 1888. At the same time and place the North Carolina Board of Health and the North Carolina Board of Examiners will assemble.

BOOK-NOTICES.

Lectures on the Diagnosis of Diseases of the Brain, delivered at University College Hospital by W. R. Gowers, M. D., F. R. S., Prof. of Clinical Medicine, University College; Physician to University College Hospital and to the National Hospital for the Paralyzed and Epileptic.—Second Edition.—P. Blakiston, Son & Co., Philadelphia. Pp. 254. Price \$2.00.

This work, like all of Prof. Gowers' works, is marked with that thoroughness and easy application to practice so characteristic of the experienced teacher, and on this account it is valuable to student and practitioner. The first three chapters and lectures are devoted to a full synopsis of medical anatomy of the brain; in the remaining he treats of the symptoms of brain diseases, first of the general symptoms, afterwards of the motor, sensory, of the cranial nerve symptoms, finally of the mental symptoms and the affections of speech and other important symptoms. The diagnosis of the seat of the disease, the nature of the lesion, the pathological diagnosis, and the differential diagnosis between functional and organic diseases of the brain are the subjects carefully treated in the last six lectures.

P. E. A.

The Throat and its Diseases, including associated Affections of the Nose and Ear. By Lennox Browne, F. R. C. S. E., Senior Surgeon to the Central London Throat and Ear Hospital, etc. Second edition. Rewritten and enlarged. Philadelphia: Lea Brothers & Co., 1887. New Orleans: Armand Hawkins. Price, \$6.00.

We are glad to be able to welcome a second edition of this valuable work. Standard works on Laryngology are comparatively scarce, and a work from a teacher of such extensive experience as Dr. Lennox Browne is sure to meet with the good reception it deserves. This work, however, is not intended for specialists only. In fact, Dr. Browne is more diffuse in the portions of his book devoted to conditions that may be treated by general practitioners and needing no skill in manipulation such as is, usually, only acquired by specialists.

G. B. L.

PUBLICATIONS RECEIVED.

Dystocia from Short or Coiled Funis and its Treatment. By A. F. A. King, M. D., Washington, D. C. Reprinted from the *Journal of the American Medical Association*, September 24, 1887.

The Galvano-Cautery Sound and its Application, Especially in Hypertrophy of the Prostate, with Reports of Cases. By Robert Newman, M. D., of New York. Reprinted from *New England Medical Monthly*.

Should Physicians be Pharmacists. By Chas. L. Mitchell, M. D. Philadelphia. Reprinted from the *Philadelphia Medical Times*, for December 30, 1887.

The Nature of Contagion. By J. W. McLaughlin, M. D., Austin, Texas. Reprinted from *Daniel's Texas Medical Journal*.

Bits of Knowledge taken from Adams' *Manifold Cyclopaedia*. Bavaria—Beer Acts. New York: Jno. B. Adams, Publisher, 393 Pearl street.

The Use of the Cunth for the Relief of Hemorrhage, due to Uterine Fibroids. By Henry C. Coe, New York. Reprinted from the *Medical Record*, January 28, 1888.

The Significance and Localization of Pain in Pelvic Diseases.—Same author. Read before the New York Neurological Society, November 2, 1887.

The Three Ethical Codes. Cloth, 55 pages, postpaid, 50 cents. The Illustrated Medical Journal Co., Publishers, Detroit, Mich. In this little book is reprinted the Code of Ethics of the American Medical Association with its Constitution and By-Laws and Ordinances, brought down to 1888; the Code of Ethics of the American Institute of Homœopathy and the Code of Ethics of the National Eclectic Medical Society.

Eye of the Adult Imbecile. By Chas. A. Olivier, M. D., Ophthalmic Surgeon to St. Mary's Hospital and to the Maternity Hospital, Philadelphia. Abstract of a paper read before the American Ophthalmological Society, July 21st, 1887.

Hypertrophy of the Tonsil of the Tongue; with History of Cases. By J. W. Gleitsmann, M. D., Prof. of Laryngology and Rhinology, New York Polyclinic. Reprinted from the *Medical Record*, Dec. 17, 1887.

Traumatic Hæmatoma of the Larynx. By same author. Reprinted from the *Medical Record*, Oct. 29, 1887.

The Puzzler. A Monthly Magazine of Puzzles, Enigmas, Etc. Published by N. D. C. Hodges, New York, N. Y. \$1 20 a year.

Statistical Report of 5700 Cases of Ear Diseases. Reprinted from the *Journal of the American Medical Association*, Dec. 17, 1887.

Operations for Mastoid Diseases. Reprinted from the *Journal of the American Medical Association*, Nov. 12, 1887.

The Treatment of Chronic Suppurative Otitis Media. Reprinted from the *Journal of the American Medical Association*, Dec. 3, 1887. By Seth S. Bishop, M. D., Chicago, Ill.

Elixir Paraldehyde. The coming remedy as a substitute for Opiates and Anodynes. By A. B. Cook, M. D., Louisville, Ky. Reprint from *Progress*, January, 1888.

The Bones of the Leg Considered as one Apparatus. By Thomas Dwight, M. D., Parkham Prof. of Anatomy at Harvard University, Boston. Cupples & Hurd, 94 Boylston street, 1888.

Ninth Annual Report of the Board of Health of the Taxing District of Shelby County (city of Memphis), for the year 1887. By G. B. Thornton, M. D., President.

Theosophy and the Churches. Reprinted from the Christmas Number of *Lucifer*. Price 2d. London: George Redway, York Street Covent Garden.

The Efficacy of Coca Erythroxylo-n. Mariani, Paris. Sent free on application to 127 Fifth Avenue, N. Y.

Organic Strictures. By R. R. Walker, M. D., Paris, Texas.

The Professional Reference List (Physicians' Supplies). Fred, D. Van Horen, No. 157 Baxton street, New York.

On the Use of the Vaginal Tampon in the Treatment of Certain Effects following Pelvic Inflammations. By Thomas Addis Emmet, M. D., New York. Reprint from the *N. Y. Medical Journal*, for February 18, 1888.

A Clinical Lecture on Tubercular Meningitis. By Daniel R. Brower, M. D. Delivered at the Woman's Medical College, Chicago, Ill. Reprint from the *Journal of the American Medical Association*, January 7th, 1888.

The Pennsylvania School Journal. E. E. Higbee, Editor. J. P. McCaskey, Lancaster, Pa. Price \$1.60.

Tenth Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

A Very Valuable Lesson for those who Use Anæsthetics. By Julian J. Chisholm, M. D., Baltimore, Md.

DEATHS.

DR. OTIS FREDERIC MANSON, an esteemed and honored physician, of Richmond, Virginia, died at his home, February 1st, 1888, in the 66th year of his age.

DR. THOMAS H. MOODY, of Cross Roads, Mississippi, formerly of Meridian, dropped dead, while at dinner, in his home at the former place, Sunday, February 26th, 1888.

MRS. MARTHA HARVEY, widow of the late Dr. W. B. Harvey, and mother of the famous Confederate scout, Capt. Addison Harvey, died suddenly of paralysis, at her home in Canton, Mississippi, February 29th, 1888, aged 71 years.

DR. S. A. FOSS died at his home, near Pleasure Ridge Park, Jefferson county, Kentucky, on the 15th of February, 1888, in the 67th year of his age.

MARRIAGES,

DR. W. F. SCALES, of Pensacola, Florida, to Miss SARAH ZELMICKER, of Mobile, Alabama, March 14th, 1888.

DR. EDWARD B. PRICE, of Alexandria, Louisiana, to Mrs. MIMI CONNELLY, on Thursday, March 15th, 1888.

MEDICAL NEWS AND MISCELLANY.

THE *Pittsburgh Medical Review* is entitled to much praise for the fight it is making against the matter of advertising as practiced by some medical journals. Interleaving has become so general with some that the papers resemble almanacs. Others have so many "reading notices" in the body of the journal as to weary and disgust one in his endeavors to discover some *bona fide* matter. As a consequence advertisers are becoming terrific in their boldness, as witness the following: "..... balance to be paid after the insertion of two editorial notices;" "these notices, which have more value than the twelve yearly pages, must be written by an editor of the journal;" and "also I insist upon the two last editorial notices from a well-known physician, who will conscientiously speak the truth regarding the elixir of" This journal never has allowed, and never will allow, "ads." in the body of the reading matter, nor will it transform itself into an advertising bureau beyond receiving such reputable copy as may be offered and inserting it at regular rates in the departments set aside for it, including the page marked "Reading Notices." This latter page also, be it understood, must be filled by matter furnished by the advertiser.

THE commencement exercises of the Medical Department of Tulane University of Louisiana were held in the Grand Opera House, Wednesday, March 28th. There were seventy-five graduates in medicine and pharmacy. The annual address was delivered by Judge Charles E. Fenner, of Louisiana, and the valedictory by Dr. George H. Lee, of Texas.

DR. C. E. KELLS, Jr., of this city, has a very interesting and practical paper in the *Dental Review* on Dental Electrics.

THE removal of the Quarantine Station from Ship Island, as authorized by Act of Congress, will be commenced at once. The location selected by the joint commission appointed for the purpose is the North Island of the Chandeleur group, off the east coast of Louisiana. These islands are certainly out of the track of commerce, but our remembrance of them is that they do not furnish either very elevated ground, free from danger of being submerged during a storm, or very good harbor facilities. However,

the commission was an excellent one and these points were doubtless carefully considered.

SMALL-POX is well domiciled in San Francisco. There were 115 cases with 9 deaths during the month of February, 1888. The report from Key West, dated February 29th, says: "Seven cases of small-pox, with 2 deaths, 3 recoveries, and 2 still sick." Three cases were introduced by ship into New Orleans on _____, but by prompt isolation and disinfection, there has as yet been no spread. The disease is still prevalent in Cuba and in some parts of Mexico.

CHILI is still being ravaged by cholera. On January 12 there were at Valparaiso 55 new cases and 20 deaths, at Santiago 46 cases and 16 deaths. This, as a sample, tells a hard tale.

THE FORGOTTEN WORTHIES OF MEDICINE.—"A volume," says the *Lancet*, "might be devoted to this theme, and one of its most interesting chapters would be descriptive of the heroic life and death of Eusebio Valli. That gifted Tuscan physician, whose anticipations of Pasteur's prophylactic treatment of rabies have already been noticed in the *Lancet*, met his death at Havana under circumstances which do honor to himself and to his calling. From his Oriental experience with the plague, he had convinced himself that inoculation might be extended to yellow fever—as, indeed, it has quite lately been by Dr. Freire at Rio de Janeiro. In 1815 he was acting as ordinary physician to the Military Hospital at Dijon, in France, and with the sanction and aid of King Louis XVIII., he set sail on December 14th of that year for America, to put his theory to the proof. Arrived at Philadelphia, he had an interview with the celebrated Dr. Moore, who warned him against the attempt; but Valli made the characteristic reply: 'Believing in the contagious character of yellow fever, I propose to inoculate myself with the perspiration of the moribund from that disease, and also with the bile taken from their dead bodies, modifying the poison with the selfsame reagents I employed in my experiments on the plague of the East. If it is inscribed in the Book of Fate that I am to fall a victim in this great ordeal, my death will not be without honor.' In 1816 the yellow fever did not visit North America, so Valli set out for Havana in quest of patients suffering from the malady. He presented himself to the public health authorities of

that city, and they so far approved his design as to nominate two physicians, Dr. Antonio Machado and Dr. Romay (who afterward wrote his *éloge*), to be his assistants. On September 4th, 1816, he was conducted to the Hospital of St. John the Divine, in Havana, and there he found a patient from yellow fever *in articulo mortis*. Valli watched the aspect of the sufferer—the black sanious blood oozing from his mouth and from other parts of his body—and, having felt his pulse, he withdrew. He returned next day to the bedside of the patient, now a corpse. Then, before proceeding to inoculate himself with the vomit and the bile, he put on the night-gown of the diseased, saturated as it was with perspiration and rubbed it well over his back, breast and abdomen. He had not long returned to his abode when the first symptoms of the peculiar malaise supervened. On the evening of the next day, September 21st, he sent for Dr. Romay, who found him pale as death, his strength gone, the life rapidly ebbing. He could pronounce only a few broken sentences, interrupted by long-drawn sighs. He said: ‘My fate is irrevocable, I am dying.’ Everything that his medical friends could do for him was done; but, after lingering in a comatose state till the third day from his seizure, he expired (September 24th). The Sociedad Económica, of Havana, in grief and admiration for their guest, caused his portrait to be hung in the public library of the city, an honor up to that time accorded to but two members of the society, and they also had inscribed on his tomb an epitaph, still read by the stranger in the cemetery of Havana, and of which the following is a translation: ‘To God, the All-good and Almighty. Here lies Dr. Eusebio Valli, victim to his love for mankind; the Economic Society of Havana solicits for his memory the prayers of the pious. Anno Domini 1816.’ A descendant of Valli, the Cavaliere Giuseppe Valli, has recently been at pains to collect all the papers and documents relating to his illustrious kinsman, and to weave them into a suitable memoir—mainly by the help of Spanish and other foreign coadjutors, his compatriots, by their neglect of the good and great physician’s name and memory, having long incurred the reproch now launched at them by his latest biographer: *Nemo propheta in patria sua!*”

SUCCESSFUL TRANSFUSION.—On Friday, January 13th, Dr. Eustace, a young practitioner at Alesford, Hants, was summoned at midnight, and found the patient suffering from uterine hemorrhage. This he stopped, but in the

morning the patient was almost pulseless and sinking fast. Dr. Eustace, with no one to help him but an old woman, opened a vein in his arm and tried direct transfusion, but lost a quantity of blood; so, allowing over six ounces of blood to drop into a basin, he injected it with a syringe, with the result that the patient after a week had recovered.—*British Medical Journal*.

COMMENCING January, 1888, the *Analectic* will be published weekly. We congratulate the editors and publishers on this evidence of success which they have well deserved.

WE return thanks for an invitation to be present at the unveiling of a tablet erected by the Alumni Association of the Bellevue Hospital Medical College in memory of the late Austin Flint, M. D., LL. D., at the Carnegie Laboratory, on Saturday evening, March 10, 1888.

THE commencement exercises of the Southern Medical College, of Atlanta, Ga., took place at DeGives' Opera House on the night of the 29th of February.

GOVERNOR McENERY has appointed Wm. B. Schmidt member of the Board of Administrators, vice Richard Sinnott, deceased. A most satisfactory and excellent appointment.

DR. E. A. NEELY has been appointed to fill the chair, Clinical Medicine, Physical Diagnosis, and Diseases of the Chest, of the lamented E. Miles Willett, Sr., in the Memphis Hospital Medical College.

DR. STREET has been elected dean of the Baltimore Medical College, vice Dr. Wm. Lee, resigned.

THE third annual meeting of the Association of American Physicians will be held in Washington, D. C., on the mornings and afternoons of September 18, 19 and 20, 1888.

THE Kansas State Medical Society meets at Topeka on May 1st, 2d and 3d.

WE are informed that the Louisville Training School for nurses is still greatly in need of pupil-nurses. Board, lodging, instruction and a small monthly wage are to be had for the asking by proper applicants.

THAT venerable and exploded myth about Shakspeare's medical friend who lies buried in a Virginia graveyard is on its rounds again. Many of our enterprising northern contemporaries are giving it a wide circulation.

MORTUARY REPORT OF NEW ORLEANS

FOR FEBRUARY, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, yellow.....							
“ Malarial, unclassified	5	.....	3	2	4	1	5
“ Congestive.....	4	.....	3	1	3	1	4
“ Remittent.....	1	.....	1	.....	1	.....	1
“ Catarrhal.....							
“ Typhoid.....	4	1	3	2	2	3	5
“ Puerperal.....							
“ Typho-malarial.....	1	1	1	1	1	1	2
“ Enteric.....							
Scarlatina.....							
Diphtheria.....	12	.....	5	7	.....	12	12
Whooping cough.....							
Meningitis.....	6	2	5	3	1	7	8
Pneumonia.....	16	23	20	19	18	21	39
Bronchitis.....	21	8	20	9	11	18	29
Consumption.....	53	23	38	38	71	5	76
Congestion of brain.....	4	3	5	2	5	2	7
Diarrhœa.....	8	4	9	3	12	.....	12
Cholera infantum.....	.....	1	.....	1	.....	1	1
Dysentery.....	3	4	5	2	6	1	7
Debility, general.....	1	.....	1	.....	1	.....	1
“ senile.....	12	7	7	12	19	.....	19
“ infantile.....	3	3	2	4	.....	6	6
All other causes.....	149	80	113	116	160	69	229
Total.....	303	160	241	222	315	148	463

Stillborn children—White, 11; colored, 20; total, 31.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 20.20; colored, 28.23, total, 22.40.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—FEBRUARY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.			
		Mean	Max	Min					
1	30.04	61.0	70.0	55.4	....	Mean barometer, 30.003.			
2	29.90	60.3	62.0	56.0	.82	Highest barometer, 30.42, 28th.			
3	29.82	62.7	69.0	58.0	.13	Lowest barometer, 29.68, 10th.			
4	29.89	56.7	61.6	53.5	....	Monthly range of barometer, 0.74.			
5	29.87	58.0	64.0	51.4	.27	Mean temperature, 58.6.			
6	30.01	54.7	58.5	52.0	....	Highest temperature, 78.7, 14th.			
7	29.91	59.7	68.5	49.7	....	Lowest temperature, 35, 28th.			
8	29.83	62.0	68.4	56.3	1.24	Monthly range of temperature, 43.7.			
9	29.80	66.3	75.8	57.1	....	Greatest daily range of temp., 31.3, 14th.			
10	29.72	68.0	74.0	61.8	.25	Least daily range of temp., 5.3, 21st.			
11	29.81	65.3	74.3	57.8	....	Mean daily range of temperature, 13.8.			
12	30.03	52.0	62.3	45.0	....	Mean daily dew-point, 51.8.			
13	30.18	54.7	63.0	45.0	....	Mean daily relative humidity, 80.			
14	30.22	58.7	78.7	47.4	....	Prevailing direction of wind, N.			
15	30.31	60.0	67.2	55.5	.01	Highest velocity of wind and direction, 26 miles, north, on 27th.			
16	30.33	53.3	69.4	48.3	.01	Total movement of wind, 5031 miles.			
17	30.19	56.7	64.5	50.5	....	Total precipitation, 11.21 inches.			
18	30.05	59.0	66.0	49.0	....	Number of days on which .01 inch or more of precipitation fell, 13.			
19	29.90	57.0	74.0	59.8	.02	No. of clear days, 6. No. of fair days, 18. No. of cloudy days, 5.			
20	29.84	63.7	71.2	59.0	1.63	MEAN TEMPERATURE FOR THIS MONTH IN			
21	29.92	58.0	61.5	56.2	1.13	1874... 59.1	1879... 55.8	1884... 60.7	
22	29.97	59.0	63.6	54.5	.51	1875... 55.9	1870... 60.4	1885... 53.1	
23	29.86	61.0	64.0	57.0	3.73	1876... 59.0	1881... 56.3	1886... 65.2	
24	29.75	61.3	68.6	55.6	1.46	1877... 55.9	1882... 66.2	1887... 65.2	
25	29.91	55.7	63.4	50.3	....	1878... 55.5	1883... 62.0	1888... 58.6	
26	30.10	54.3	61.6	47.0	....	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN			
27	30.28	49.3	56.0	45.4	....	1874... 3.68	1879... 2.13	1884... 3.16	
28	30.37	45.0	54.4	35.0	....	1875... 10.84	1870... 4.62	1885... 7.39	
29	30.27	55.0	66.0	42.0	....	1876... 8.20	1881... 5.80	1886... 1.96	
30	....	....	....	....	....	1877... 0.98	1882... 4.04	1887... 5.58	
31	....	....	....	....	....	1878... 3.50	1883... 1.59	1888... 11.21	
Sums	....	....	....	....	11.21	Dates of frosts: { Light, 27th and 28th.			
Means	30.003	58.6	65.9	52.0	....	Killing, none.			
						Thunder storms on 8, 20, 22 and 23.			

R. E. KERKAM, Signal Corps Director.

The following interesting comparison of the meteorological conditions affecting New Orleans during February, 1888, with normals of similar data covering the past eighteen years, is furnished us by Signal Officer Kerkam: The mean temperature, 58.6, was but 0.1 below the normal for February; the rainfall, 11.21 inches, was 6.89 inches above the February normal, falling on 13 days, which was 4 days more rainfall than usual for the month; the percentage of sunshine, 54, was 5 per cent. in excess of the normal sunshine for February; the mean relative humidity, 80 per cent., was 10 per cent. in excess of the February average; the total movement of the wind, 5031 miles, was 690 miles less than the February average, making the average hourly movement of the wind for the past month 7 miles, which was one mile less than the average as computed for the past 18 years.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

MAY, 1888.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Report of Prof. S. E. Chaille, M. D., Dean of the Medical Department, to Prof. Wm. Preston Johnston, President of Tulane University of Louisiana,

AT THE ANNUAL COMMENCEMENT, MARCH 28TH, 1888.

Mr. President—I respectfully submit a brief report on the condition and prospects of the Medical Department.

During its fifty-four years of existence, there have been registered on its record of students 8583 names, and of these 2329 have been graduated in medicine and 175 in pharmacy. These figures may be viewed as representative of the capital stock from which flows our annual income of students.

During the present session there have been registered three hundred and five students, about forty more than last year, eighty more than three years ago, and one hundred more than seven years ago when we began to recuperate from the evil results of war and the worse results of many years of political misrule. If the shadows cast by the present session on the coming one do not prove deceptive, our next class will exceed the present one and number possibly even three hundred and fifty.

Increasing numbers do not always denote deserved prosperity. Is our prosperity deserved? It has not been

gained by under-bidding, for our terms are as high as are those of the very best and therefore the dearest medical colleges; nor is our prosperity due to decoying medical students by means of so-called "free scholarships" and other such bribes; nor has it been gained by braggart advertisements, promising very much, but realizing very little. However discreditable to medical education and to the medical profession, it is none the less true, that these and other such shabby expedients are resorted to by some medical colleges in order to maintain their unworthy existence.

Of the ninety-three regular medical colleges in the United States, there is not one which enjoys such practical advantages for medical education as are given to this institution by our great Charity Hospital. But, apart from this, our means for instruction have year by year been added to and improved, and our requirements for graduation have been increased; and as long as progress in these two particulars is made, prosperity is deserved.

Among other indications of progress there are three which will be noted, because sufficient to inspire the wise with hope, though insufficient to satisfy those numerous reformers, who so exhaust the little capacity they usually have in saying harmful things of the present that none is left wherewith to do something for the benefit of the future; reformers, who would, in their own opinion, do much if they only had the chance, which, somehow or other, is never given them.

In order to induce medical students to prolong their studies from two collegiate sessions, as is usually required, to three years, as is exceedingly desirable, the faculty, in addition to measures previously resorted to, adopted in 1881 the policy of offering all students, who had attended two sessions, final examinations on one or more of the preliminary branches taught by four of the seven professors. The number of students volunteering for these examinations averaged during the first five years, 1882-1886, only nine; but the unprecedented number this year is

twenty-seven. So many others were entitled to, but did not avail themselves of, this privilege, that there will be next year sixty students in the third, fourth and even fifth year of their collegiate studies. Further, during the past twenty years the number of students attending more than two sessions has much increased, and from one-third to one-half of our annual graduates now consists of students who have attended three or more sessions.

A second notable proof of progress is the addition to our educational resources of a most excellent pharmaceutical laboratory, due to the wise liberality of the Board of Administrators and to the technical skill and generous interest of the Board's exceptionally competent agent, Prof. John M. Ordway. As a result, probably of this addition, our students in pharmacy increased from twenty-eight at the last to forty at the present session.

A third gratifying indication of progress is the voluntary contribution by the members of the faculty of a considerably larger sum than usual for improving our means of instruction, in such wise as to render this more and more objective and practical.

In fine, after twenty-three years of exceptional trials and of ill-requited labor by some of the members of the present faculty, they are at last enabled to bequeath to others the medical department fairly restored to its antebellum prosperity, and to feel assured that this institution will continue notably to prosper as long as the members of its faculty may continue to deserve it.

However, for its rightful development into one of the foremost colleges of America, such financial aid is indispensable as has, in recent years, been liberally bestowed on some few of our Northern medical colleges,—bestowed in such wise as to contribute exclusively to the general welfare, and not to the emolument of professors or of any other special individuals. To the College of Physicians and Surgeons, Mr. Wm. Vanderbilt gave \$500,000; to the Harvard Medical School, several hundred of the wise and liberal citizens of Boston united to contribute some \$300,-

000; and, to improve the Medical Department of the University of Pennsylvania, hundreds of the citizens of Philadelphia united to contribute some \$230,000 to the college, and more than \$800,000 to endow its hospital. Yet independent of and prior to these contributions, these three medical colleges already had greater resources than most other colleges, and were among the oldest, most famous and most prosperous institutions in the United States. The three instances cited do not complete the list of all the sums voluntarily contributed to the cause of medical education by private citizens at the North.* However, during the fifty-four years' existence of our own medical college, the oldest and most prosperous educational institution in the Southwest, not only has no private citizen ever contributed one dollar, but such a measure has never been even discussed.

How is the South, how is this city, how is this institution to keep to the front in the march of progress, except by adopting the same measures resorted to elsewhere? There is consolation in the hope that the increasing prosperity of the South will supply it, in time, with numerous wealthy citizens, cultured enough fully to appreciate the value of medical education, wise enough to realize to what incalculable extent the common welfare depends on the progress of medical science and on a thoroughly well-educated medical profession.

Mr. President, you are respectfully requested now to confer degrees on eighty-three students who, having been examined, have been found to possess satisfactory knowledge either of medicine or pharmacy. The seventy-three students whose names will first be called are entitled to the degree of Doctor of Medicine, and the ten to be subsequently called are entitled to the degree of Master of Pharmacy. To every one of these successful pupils and to every one of these good friends the medical faculty now tenders its official farewell, and with it is proffered the

*Especially deserving mention are the liberal contributions for medical college laboratories, viz: The Carnegie, the Loomis, and the Hoagland Laboratories.

cordial regard of the faculty and its very earnest hope that their careers may be full of good to others, of honor to their profession, and of prosperity for themselves.

The Effects of Present Educational Methods on the Health of Women.*

By C. A. L. REED, M. D., Cincinnati, Ohio.

In a practice of fourteen years devoted largely, and now exclusively, to treatment of the diseases of women, my attention has been attracted to the frequency with which a certain class of cases present themselves. A young girl of fourteen, of previously excellent health and good physique, begins to lose her appetite, has headache and indefinite pains all through her body, and in short has neurasthenia. She is ordered from school, given a complete change of surroundings, and returns quite restored. At sixteen she is fairly in the high school course; bright and precocious, she shows the mental and physical vigor with which she is endowed. But there comes a change. She begins to complain of pains low down in the back, and she has serious trouble each month. Soon the periodic function fails to appear, or is scantily performed, if at all. She has a slight cough, is pallid and worn in the mornings; but at this stage, or a little later, as evening approaches, a flush is again on her cheek, the light in her eye and the red again on her lips. These are but the evanescent play of colors on a ghastly background; she is pronounced the victim of incipient consumption, taken from the school-room, and sent in search of the health forever lost.

I could multiply the list of cases in which girls and women, pupils and teachers, have contracted diseases while in the discharge of their duties. It is the central fact in these cases, and others of which they are types, that they occur in individuals subjected to conditions and influences which obtain in ordinary school life. In endeavoring to analyze these conditions in causative relations to diseases

*Abstract of a paper read before the Ohio State Sanitary Association.

such as have been indicated, it may be well to consider: (1) Some general questions in regard to school hygiene. (2) Some especial hygienic conditions which affect female pupils. (3) Some especial hygienic conditions which affect female teachers. (4) Some suggested remedies.

In a preliminary view of the subject as a whole, we are impressed with the idea that, whatever department of the topic we may look at, we behold a battle of contending forces; those of the vitality of youth on the one side, and those of the unsanitary conditions surrounding them on the other. I shall therefore arrange these forces in a sort of credit and debit style, in a fancied physiological ledger, and, when I am through, will ask you to assist me in striking a balance.

The topic of general school hygiene is a very hackneyed one, and yet it is a theme of such urgent and present importance, that it should be fairly thundered at all times until a too heedless public give ear to its teachings. In opening this account, we have first to put on the invoice a splendid bundle of potentiality in the form of youth. In this connection, youth implies expansive energy, a physiological impulse to growth and development, fortified with organisms to make that impetus sustained and effective.

In this country we can put down on the side of good conditions promotive of vitality, good food, warm clothing and comfortable abodes. The school age generally furnishes a child of fair physical endowments and surrounded with fair hygienic environments at home. It is entering an arena, however, where it is to encounter antagonistic influences. The school-house itself furnishes the first adverse element in the conflict. Within its walls the child sighs for the air which has placed the bloom upon her cheeks; she pants to resist the oppressive heat; the odors offend her yet untried olfactories.

In the next place she is subjected to the general unsanitary conditions, but the evil of stair-climbing is especially

pernicious to her, because it is very probable that she presents a case of intra-pelvic disease, provoked during her pupilage, and existing later at an advanced stage of development. I beg to protest against the rule requiring teachers to stand during school hours, and which, to my knowledge, is enforced in some populous schools of this State. Blackboard exercises and chart demonstrations when long continued, work damage by placing the abdominal muscles on a tension, and thus inducing persistent downward pressure of the pelvic organs. There are, however, some cases of illness among teachers for which school and school-work are unjustly blamed. The long hours before and after school are very tempting to the ambitious teacher to take some extra task. Some take up an outside study, as stenography, medicine, law or book-keeping. Others become correspondents in law and other offices, having already done a day's work, and some self-sacrificing creatures are not uncommonly found doing the domestic work for an entire family, in addition to discharging the onerous duties of the school-room. Of course, the constitution breaks down under the double strain. I said the school system could not be blamed for these cases, but on second thought beg leave to recall the remark. The motive for taking extra work, particularly professional study is the hope to get into employment that has about it some certainty of continuity, and some prospect of reward. The uncertain tenure of position in the profession of a teacher, depending as it does upon the most fickle of all institutions, a political board, cannot but be a source of anxiety and discontent.

The public school system is by all odds the largest and most potent single instrumentality in the United States. It illumines more minds; irradiates more homes with the sunshine of intelligence; prolongs more lives, and fills more untimely graves than any other one power in the land. It is the purpose of progress to eliminate that which is evil and retain that which is good. I am aware the philosopher would say: "Hands off; this is a fight for the survival of the fittest, let Nature's laws have their sway."

This is wrong; the feeble minority have their rights and it is the business of the humanitarian to respect them, and to see that the conflict is a fair one. It is particularly the business of the aforesaid humanitarian to see that the feebler combatant in the arena be not placed at a disadvantage by man-made conditions. I would strip our school system of everything that is artificial and adventitious and bring it back to natural ways and natural methods. I would see that the curriculum of study was arranged with reference to the physiological synthesis of the mind. It should be remembered that a precept is the necessary antecedent of a rational concept. The senses should, therefore, be cultivated in an easy and gradual way, but I am not dealing now so much with the psychical as the physical phase of these hygienic topics. Turning, therefore, to this side of the question, I would have the air free even to the school children. The greatest of all mental and cerebral stimulants is oxygen, and I would furnish it to them in wholesome and generous quantities. The brain work of the world is done north of the frost line, and I would, therefore, take the hint which nature and history furnish, and keep the temperature of the room within normal limits—70 degrees or less. It is preferable to generate the heat within the pupil than outside of her, and it is vastly more economical to use her lungs as a furnace, with pure air as a fuel, than the stove as a radiator and even natural gas as a combustible. It is a penny wise and pound foolish policy which prompts the saving of ground to such an extent in our cities, as to convert our temples of learning into veritable towers of Babel. But if from necessity they are built so lofty, girls of from 12 to 17 should never be called upon to climb the long flight of stairs.

The farce of stated final examinations should be done away with. That teacher is unworthy her calling who cannot, at the end of the year, indicate with accuracy and precision just which pupils are, and which are not, ready for promotion, and her dictum should be final. Published grades do more harm than good in the cases of sensitive girls of moderate capacity.

I beg leave to make another general criticism and suggest a general remedy which is of great importance. Our present school system, relying almost exclusively upon books as the media for the communication of knowledge, tends to develop the reflective centres rather than the perceptive faculties; and through the imposition of inordinate tasks, brings on an ultra-mental mood which is inimical to the physical welfare of the pupil. In the case of sensitive girls this wear and tear brings on a state which a scholarly friend of mine has aptly designated as one of "morbid subjectivity." The remedy which I would suggest is more attention to physical culture, not in our select schools and endowed colleges, but in the public schools, the university of the people.

Do not think from what I have written that I take a gloomy view either of the present or of the future. On the contrary, I am a pronounced optimist on this as every other topic, and believe that the schools of to-day are better than those of any previous day; that the health of the school children is better, and that the teachers have a finer stamina. My present complaint is but a protest against the longer continuance of certain remaining evils viewed from my particular standpoint as a specialist in medical practice. These evils are less striking than they were, and I am happy to believe, are gradually receding before the new order of things. This new regime involves the adoption in our schools of the axiom that the successful man must first be a good animal; it involves recognition of the principle that education, to effect its true end, must develop co-ordinately the mental and physical organisms, if indeed they be capable of separate mention. Germany has gymnasiums established beside each school-house. Wellington said it was the manly sports of Eton that won the battle of Waterloo. If physical culture has had such an influence on history through the medium of men, what possibilities are not in store when the effort to influence the race is made through the more conservative organization of woman? The Eastern colleges, Wellesley, Vassar,

Brown and Smith, have excellent gymnasia, and I would that our Western colleges were following the example of their Eastern competitors. But my special plea on this occasion is that our common schools, through legislative enactment, come to the rescue of pupils who are now dying, the victims of defective educational methods. This can only be done by the imitation of the German example, the establishment of facilities for physical culture at each school-house. This will, at least, turn the attention of a rising generation toward an ideal manhood and womanhood, and start them on the road to the attainment of its realization.

Extra-Uterine Pregnancy.

By S. C. CARSON, M. D., Bessemer, Ala.

In March, 1886, Lid. Carter, a negress about 40 years old, mother of two children aged 19 and 16, consulted me concerning a "wasting," as she termed it; said she had approached another doctor on the subject and he thought it the beginning of her "change of life." A simple astringent was directed, and nothing more was heard from her for several weeks. On her second visit she complained of a "lump" in the left ovarian region, which proved to be about the size of a hen-egg and separate from the uterus. Tenderness and pain upon micturition, together with the fact that I had at that time a patient with similar symptoms who undoubtedly was afflicted with cellulitis, led me into the error of a similar diagnosis.

In answer to a hurried call on August 20th, I found her making strong expulsive efforts with the regularity of labor pains. She evidently thought her confinement imminent, and insisted that "something was coming out right away." A close examination of the womb assured me that it was empty—being light and easily movable; but the tumor had increased in size considerably. An injection of morphia quieted her perfectly. I was puzzled and sorely perplexed, and never once thought of the true state of affairs. It was impossible to get consultation owing to the distance and the

poverty of the patient. On the next day the pains returned to some extent and a considerable quantity of a peculiar membrane partially filled the vagina. Sims' speculum was introduced, the membrane carefully removed with the dressing forceps, and the vagina antiseptically cleansed. This was repeated two or three days when the particles of membrane ceased to appear, a dark, offensive discharge came on, and death from peritoneal inflammation occurred on August 27th. No autopsy was allowed.

The appearance of the decidual membrane is considered pathognomonic of extra-uterine fœtation. This case, doubtless, was of the ovarian variety.

Case II. About the 15th of September, 1886, I found Fanny Foster—negress, 35 years of age, mother of six children—bordering upon collapse; pulse feeble, surface cold and covered with a clammy perspiration. She stated that she was seized with a sudden cramping in the bowels followed by vomiting, had vomited a great deal of late, and that she was three or four months pregnant. A small dose of morphine with stimulants soon made her comfortable. In a day or two the same thing occurred and was relieved in the same way. I attributed the attacks to the vomiting of pregnancy, but could not satisfactorily account for the distressing cramps that accompanied them.

Very soon I was called again. A bi-manual examination showed the uterus to be large and soft—just such a condition as one would expect to find in the third month of gestation—the os being directed backward. This was pulled forward by hooking the finger under the neck and making slight traction. During these manifestations I detected a hardness—rather circumscribed—in the left ovarian region. I called her attention to it, but thought nothing more of it, especially as all trouble ceased from this moment. She worked regularly in the field, enlarged as usual in her former pregnancies and enjoyed most excellent health. I never saw her again until September 11, 1887—one year from my last visit—when her husband thought she needed attention “on account of chills and fever and

falling away so fast." I then learned that she had never been confined, had never had pains, had sometimes lost a little blood from the womb, had frequently felt the motion of the child, but did not then feel them; and that she had lost her appetite completely, had rigors followed by fever, was languid, listless and unconcerned. I concluded at once that she was dying from septic poisoning. The womb was small, and natural to the touch, but the abdomen presented the characteristic appearance of pregnancy. After careful search I made out the head—as I thought—in the left side under the diaphragm. The diagnosis of extra-uterine pregnancy was announced to the family and consultation called.

A most careful, painstaking and eminently successful practitioner of twenty years' experience, who was only recently back from his third term in New York—came and disagreed with me in the diagnosis; said she was not pregnant at all; that what I mistook for the head was a tumor, probably cancerous in its nature, but agreed in the prognosis of death within a few days. When I saw she was compelled to die I introduced the uterine sound, in order to prove to my own satisfaction that it was empty, because I was convinced that I *had* made out the form of a child, and if it was not *in* the womb it was compelled to be *extra-uterine*. Contrary to my expectations the family readily yielded to my request for a post-mortem examination. Immediately upon opening the abdomen a large, well-formed female child, with its head lying to the left of the umbilicus and its legs flexed upon its abdomen, was disclosed. It had the white, bloodless appearance of flesh that had long been macerated in a fluid. All the fœal envelopes and a portion of the cord had, by a process of putrescent dissolution, been converted into pus, and the whole pelvis was simply a basin filled with pus. My ardor and eager desire to examine the ovaries, tubes and uterus were overcome by the repulsive aspect of affairs. She could have been turned on the side and the creamy-looking fluid poured out like water into a bucket; but she

was already prepared for burial. It would have been an endless and disgusting task to soak it up with sponges.

This case was undoubtedly of the abdominal variety.

Two years ago it would have been eminently "in order" to report these cases, but so rapid has been the progress in the science of diagnosis and the surgery of the abdomen that one is conscious of treading upon the borderland of "things that were," instead of the domain of new and attractive literature. After reading the brilliant series of operations by Lawson Tait, and the several interesting and instructive papers contained in a recent number of *The Annals of Gynæcology*, together with the scattered reports from different physicians throughout the land, and connecting therewith the fact that a country practitioner, limited to comparatively a brief period of time, has given the writer an experience of two cases, he is led to the conclusion that this anomaly occurs more frequently than the profession has heretofore imagined. If my memory serves me aright statistics say "once in 1200 cases." Unfortunately the causes leading to this grave freak of nature are involved in doubt.

Tait has recently announced his views as to causation, and, doubtless, he is correct as to the *cause*, but his position that fecundation takes place *only* within the cavity of the uterus is against the theory of the best physiologists. It is sufficiently evident that a previously existing salpingitis would prevent the ovule entering the uterine cavity; and such I imagine is the predominant cause of extra-uterine pregnancy. I know that the husband had gonorrhœa before she became pregnant. Cazeaux says: "When, indeed, we consider the narrowness of the tubal canal, we can readily conceive that any deviations, even slight ones, of the Fallopian tube, any paralysis or spasm, an excess or defect of length, an engorgement, the swelling and ulceration of the mucous membrane, or hardening of its pavillion, or any retraction of the internal orifice,—in one word, all the anomalies and alterations described by authors

may take place there and give rise to it." Again, "Fecundation, as elsewhere stated, *most frequently* takes place in the *ovary*, and the impregnated ovule is then received by the fimbriated extremity of the tube, which applies itself on this organ doubtless by a kind of spasmodic contraction. Having been once deposited in the tubal canal, the ovule travels its whole length, and falls into the uterine cavity where its development continues until term. Such is the course observed in normal or uterine pregnancies; but it may happen that the ovule is arrested or diverted in the route it thus travels, and ingrafting itself, so to speak, upon the point of stoppage, is then developed; in the latter case the pregnancy is called an abnormal or extra-uterine one." Barnes expresses almost identically the same opinion. Although a *complete* occlusion of the tube, beyond doubt, would produce sterility, yet there are many cases when the calibre would be sufficiently large to admit of the passage of the spermatozoa *from* the womb, but not capacious enough for the *return* passage of the fecundated ovule.

Were it not that this paper has already exceeded the length originally intended, it would perhaps be profitable to discuss the varieties of extra-uterine pregnancy. The classifications made by the text-books are already too complicated. Cazeaux has an especially elaborate article on this point.

It is to be deeply regretted that no credit can be assumed by me in these cases. My blindness in the first case is simply amazing. Were the same opportunity given me now with my increased knowledge through experience and study, there would doubtless have been a more favorable termination.

Fortunately there is no cause for hesitation as to the manner of treatment. A *very early* diagnosis, in my opinion, would warrant the trial of electricity; but laparotomy presents the only effectual remedy.

HOSPITAL REPORTS AND CLINICAL NOTES.

SPONTANEOUS SUBSIDENCE OF CHRONIC HYDROCELE.

By J. T. B. Berry, Steen's Creek, Miss.

P. E. N., age 65 years, farmer, habits temperate, general health good, applied for treatment for chronic hydrocele. He gave the following history: About four years ago he rode very fast, some distance, on horseback without any saddle. Soon after he began to feel sore as if his perineum was bruised.

About two months later a perineal abscess was developed, which was not opened, but suffered to go on to spontaneous rupture.

The abscess soon got well, but some enlargement and tenderness of one testicle followed.

This condition persisted without notable change for about twelve months, when the scrotum began to enlarge and tenderness to subside. He applied for treatment about four years from date of first injury and about three years from date that fluid began to accumulate. The tumor was about the size of a large cocoanut, and tension of skin very great. It was aspirated with small hypodermic needle and fluid found to be almost clear, but of a slightly yellow tinge.

The point of interest is in the fact that when I went to operate a few days later there was no tumor there. The tissues on that side the scrotum were considerably thickened, and that testicle somewhat enlarged, but the skin tension was gone, and a very relaxed condition instead. The scrotum about one-fifth the size it had been a few days before. The patient, an intelligent gentleman, said there had never before been the slightest decrease in its size, that it had persistently grown larger and the tension greater.

Was this a case of *spontaneous subsidence of a chronic hydrocele*?

Vanburen and Keyes say: "Although chronic hydrocele has been known to subside spontaneously in the adult, yet this termination is of so rare occurrence that practically it may be said never to happen."

COMPOUND POTTS' FRACTURE.

Reported by HENRY J. SCHERCK, Resident Student Charity Hospital.

CASE I.—On January 13th, 1888, the ambulance was summoned to the foot of Esplanade street, where we found a white man, who had been thrown from a two-wheel jumper while the horse was running away. The weight of his body falling on one foot caused his ankle to turn outward, fracturing the fibula midway, and causing the tibia to be driven through the integument into the ground. The end of the tibia, as well as the joint, was covered with clay. The ankle was bandaged and patient was taken as quickly as possible to the hospital. The assistant house surgeon being summoned he directed the wound to be irrigated with a 1 to 1000 solution of hg. bichloride, after which he performed the following operation: Seeing that it would be impossible to reduce the tibia, and on account of the fragment being so throughout covered with dirt, he sawed off probably one and a half to two inches of the tibia, replacing same after this shortening. Making a counter-opening on the outer side, a drainage tube was passed directly through the joint. During the whole operation strict antisepsis was carried out in all details possible. An antiseptic dressing was then applied, and over this an immovable plaster cast. The wound was sutured with antiseptic cat-gut. The patient was then put in Ward 14. It is well to state that the patient was a young man of magnificent physique and one in whom a good result might naturally be expected.

It was decided not to change the dressing unless compelled by one or more of the following reasons: 1st, severe pain; 2d, pyrexia, i. e., above 100° F.; 3d, swelling; 4th, when it became necessary to remove tube.

His temperature, from the 13th to the 26th, ranged from 99½° to 98½°. Pulse always at 70 or 80. He complained of no pain whatever after the first day or two.

Seeing that everything was progressing so favorably it was decided on the 23d to remove dressing so as to remove tube. When the wound was exposed it was found to have

united by primary union and not a half drachm of pus could be discovered, the dressing had no disagreeable odor or any evidences of putrefaction. A similar dressing was applied, which was not removed until ten or twelve days later, when it was found that the wound had practically healed, save in one small place, where the tube had been inserted.

He continues to do well, but still comes to the hospital to have his ankle bandaged. This leg is two inches shorter than the healthy member, but with a cork sole he will no doubt remedy the deformity. It may be truly said that this case healed under one dressing.

CASE II.—W. H., æt. 47, admitted night of April 7th, 1888. Diagnosis: Oblique strangulated scrotal hernia of twenty-four hours standing. On examination, said he had made no urine since day before, a catheter, however, drew out a small quantity. He passed a large amount later during the afternoon of April 8th.

On the night of April 7th, 8½ P. M., he was operated on by Dr. Parham and the hernia reduced; the intestines were found to be in very good condition; the sac was ligated with cat-gut, and a drainage tube inserted in the wound, chloroform being the anæsthetic. The proceeding was carried out under strict antisepsis.

On the day following operation it was noticed that his breathing was very irregular and short. The attention of several physicians was called and they were quite puzzled as regards its significance. As the patient had always been a large, robust man, never being sick, it was quite strange and not easily to be accounted for. His bowels had not moved for several days following the operation, and an enema of a pint and a half of warm water with oil was ordered, this he retained; also, two more given the same day (*i. e.*, fifth day after the operation). The next morning another enema of the same quantity was given with same result as the preceding ones. His breathing in the meantime had grown more irregular and superficial. The urine was examined and found to contain 2 per cent. moist

albumen. It became very difficult to rouse him, but he always gave very intelligent answers; when awakened he seemed to be always sleepy, so much so that the nurse was very closely questioned whether he had received any opium. His abdomen was tympanitic, but he showed little evidence of peritonitis. [For temperature, etc., see accompanying chart.]

On Sunday morning, April 15th, 1888, he died. At the post-mortem his intestines were found distended with air, but no peritonitis. The portions of the small intestines that had been strangulated were slightly discolored, but were not gangrenous. The wound had all healed and a radical cure of the hernia been effected. His kidneys were sent to Dr. Schmidt, who returned the following answer:

DR. F. PARHAM:

My Dear Doctor—I have examined the kidneys which you sent me this morning, and find them to present *interstitial nephritis* with fatty degeneration of the cells of the uriniferous tubules. In the kidney already cut the disease had farther advanced than in the other. The cirrhosis of these organs accounts for the small amount of albumen found in the urine, as well as for the absence of casts.

Very truly yours,

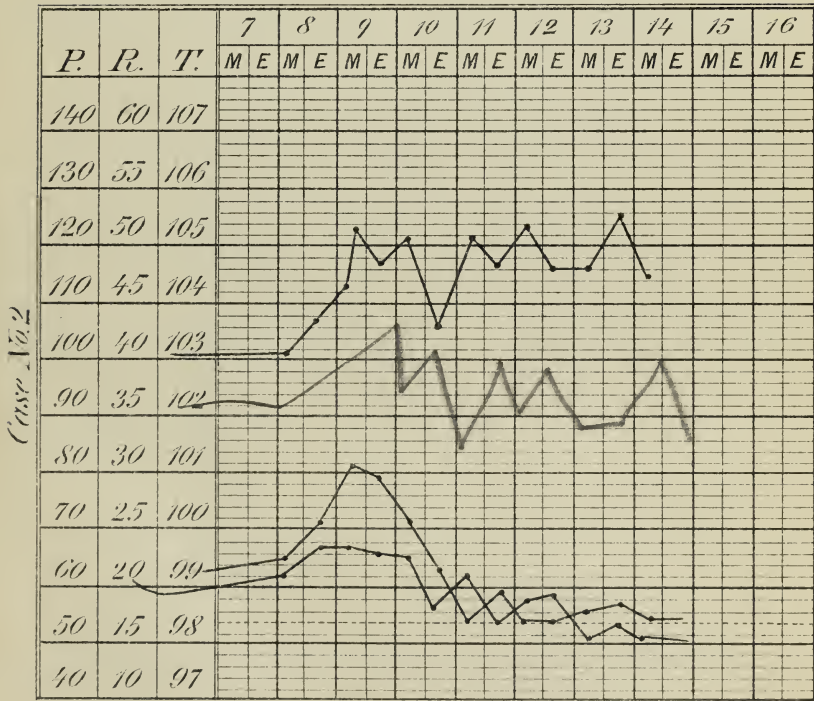
H. D. SCHMIDT.

This case is interesting from the fact that a man seemingly healthy, never having been conscious of his having nephritis, should so suddenly die of uræmic coma. There is no doubt but that the disease was rapidly terminated by the coëxistence of the hernia and the operation.

A CASE OF CORROSIVE SUBLIMATE POISONING.

Editors New Orleans Medical and Surgical Journal—Having perused several articles from the pens of eminent physicians in recent medical journals, concerning the dangers arising from the intra-uterine and vaginal injections of corrosive sublimate in obstetrical practice, we would be delighted beyond expression to hear something from you with regard to its action, feeling sure that it is a subject worthy the careful consideration of every conscientious practitioner in the State. To point out the

His Temperature, Respiration and Pulse.





serious consequences sometimes following the use of sublimate, and to encourage the careful consideration of others upon this subject, we respectfully submit the following case:

On March 14th last we were called to see Mrs. X., a short distance from town, who was suffering with a violent hemorrhage. Upon careful inquiry we elicited the following history: About the first of January last, while assisting some member of the family in removing some heavy body, she suddenly felt that she had received some internal injury, and upon reaching the house discovered that she was flooding very profusely. Being the mother of twelve children, the youngest having attained the age of three years or more, she concluded that it must be due either to "the menopause" or a uterine tumor, which opinion was confirmed by a physician who was called in two or three days afterward. However, the flow continued incessantly from that time. After many abortive attempts to check the hemorrhage we were called in, and upon careful examination, and the administration of ergot and quinia, we were convinced that it was a pregnancy. We were told that the enlargement in the abdomen had existed since the birth of her second child, over twenty years ago, and that she had never had one single symptom of pregnancy. Indeed, the only indication of pregnancy was a patulous os and the labor pains produced by ergot and quinia. The blood at that time would hardly stain a linen kerchief.

Having called a friend in consultation a fœtus was soon delivered, about two and a half or three months of age, with some indications of putrefaction. Hemorrhage was intense and the adherent placenta was delivered mechanically by the consulting physician. The patient herself seemed more surprised than others, believing still that it was "the change" or more probably "a tumor."

During the night she rested well, notwithstanding she had had fever several days with a slight rigor occasionally. On the following morning she had a very severe rigor followed by high temperature, the rigors increasing day

after day in frequency and intensity. With the first rigor we began the sublimate injections, using the solution of the strength of 1 to 1000 from two to six times daily, with large doses of quinia, ergot, salicylic acid and chlor. ammonia internally, with sulph. morphia as necessary and veratrum, aconite and digitalis, and later on an occasional dose of antipyrine, which seemed to act nicely in bringing about a normal temperature, return of consciousness and in my opinion abridging the paroxysms and diminishing to a marked degree their frequency—its efficacy not being fully tested, having given her only a few small doses as necessary to relieve nervousness and delirium.

After the second or third injection into the uterine cavity of *sublimate solution*, there formed upon the uterine neck, the vaginal walls, as well as the walls of both anterior and posterior cul-de-sac, a white and thick diphtheritic membrane which entirely obscured from view the meatus urinarius, through which a catheter could be introduced only by force. The vaginal walls became tightly contracted, forming great folds, making it an impossibility to introduce the finger without great pain, even following the injection of olive oil to first lubricate the surface, and making it difficult to continue other antiseptics until the use of the sublimate was deferred sufficiently long for the diphtheritic membrane to become detached and come away, when the surface invariably assumed a healthier appearance. During this time the rigors increased in frequency and severity, resembling pyæmia more than septicæmia, without the formation of any abscesses; but sometime before death, we discovered that her mouth and gums especially were badly swollen, dark red and spongy; an enlargement beginning about the maxillary tuberosity, extending over the entire zygomatic surface, eventually assuming enormous proportions, showing conclusively that the sublimate solution certainly exerted a powerful, and I might say, poisonous influence in this particular case. We discarded it for a time until a healthier condition of the tissues became apparent; but a subsequent experiment

only served to corroborate former results. The liver became enlarged and solidified, the lungs inflamed, with a terrible cough, and the expectoration of large pieces of dark lung tissue, and peritonitis. Some contend that this diphtheritic condition of the vaginal walls is produced by bacteria; but with such complications in a case like this and especially the reappearance of this diphtheritic membrane invariably upon resuming the sublimate treatment and the terrible ptyalism following its use, we are forced to believe that our patient's suffering was intensified, her digestive functions seriously impaired and her chances of recovery lessened by the too frequent use of corrosive sublimate. The injections invariably produced the most intense pain, and in my opinion, if this diphtheritic condition of the vaginal walls was due to bacteria, then the corrosive sublimate first set up the irritation that favored and attracted the colonization of bacteria at that point.

* * *

[We certainly confirm the opinion of our friend that the patient was suffering from corrosive sublimate poisoning. Whether the death was due to that or to septicæmia or both, we leave an open question. The strength of 1 to 1000 is too great. When there is a solution of continuity it should not be more than 1 to 5000, and care also should be used to have perfect drainage so that the solution shall not remain in contact with the tissues after the injections. This was most likely the cause of the corrosive action on the vagina. Again, it is always dangerous to use intra-uterine injections of any kind without special precautions for return drainage. Deaths have occurred where weak injections of carbolic acid have been forced through the Fallopian tubes by sudden contraction of the uterus. This would undoubtedly lead to a fatal result with a bichloride solution as mentioned. The rapid poisoning and peritonitis point to the peritoneal cavity as the main channel of absorption in this instance. It is not necessary for the nozzle of the syringe to be inserted into the uterus for this accident to happen.—*Eds.*]

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The Election of President of the Royal College of Physicians—Doctor or Undertaker?—Lunatics and their Laws—The Doctor's Horse—Excision of the Larynx—Apparent Increase of Laryngeal Cancer.

The event of greatest general interest in the medical world which has happened since I last wrote to you has been the election of a new President of the Royal College of Physicians.

As I think I have stated in previous letters, this college is, in conjunction with the College of Surgeons, seeking powers to grant the degree of M. D.; the policy of the College of Physicians is therefore a matter of great interest to the large body of practitioners who hold its diplomas and who would be benefitted if the desired powers were obtained. The President is elected by the Fellows annually on the Monday after Palm Sunday, and is generally re-elected until he has served four or five years. The election is conducted by secret ballot; at the first ballot a large number of names generally issue from the urn, aspirants to the office in the future taking that opportunity of making their aspirations known. The real contest ensues on the second ballot and this year it was seen that the two favorites were Dr. Richard Quain, the editor of the well known *Dictionary of Medicine*, and Sir Andrew Clark. Dr. Quain has rendered great services to the College, is a member of the General Medical Council, and *un homme répandu* in general and political society. Sir Andrew Clark belongs to a younger generation and has not only a very large practice, which Dr. Quain also has, but has had considerable experience as a teacher in the London Hospital Medical School; he was on this occasion the candidate of what is called the College Party, and for a curious reason. A few

months ago he was reprimanded by the Registrar of the College, Sir Henry Pitman, for allowing himself to be mixed up as President of the Hospitals' Association, with a non-descript weekly paper called "*The Hospital*"; he took his reproof meekly and was rewarded by the adhesion of his Mentors, who carried the day for him against Dr. Quain by a majority of 8 in a comitia of a 150.

Mr. Bancroft, by the way, tells in "Mr. and Mrs. Bancroft on and off the Stage, written by Themselves," a book just published, a good story of the genial lexicographer. Mr. Bancroft had complimented Dr. Quain on the light and cheery manner which made him always welcome in any sick-room. "Ah," replied Quain, "* * * I began quite the other way." He had been cured by a friend, a physician of eminence, who had taken him to see a patient who was dangerously ill. Quain was putting on a mask of professional gravity, when his friend started and whispered, "For mercy's sake do not look like that, man, or the poor soul will take you for the undertaker." He never forgot that lesson.

A bill has been passed in the House of Lords for amending the Lunacy Laws, but what its fate may be in the House of Commons it would be difficult to prophesy; it is a very badly drafted bill, but to some extent it will protect the doctors, whose liabilities at present are very serious: they are held responsible in damages if they have certified a person as insane without due care. Any discharged lunatic can bring such an action for damages; the sport is largely indulged in, for as a rule the odds are, heads I win, tails you lose. Nearly every case is won by the doctors, but they generally have to pay their own costs; they get judgment against the plaintiffs with costs, but as the plaintiff seldom has any funds this is not much use.

The last case reported is one of the most glaring. The plaintiff was a Roman Catholic lady, who had been confined on the petition of the Mother Superior of a convent in which she lodged, and on that of her nearest relatives; the doctors signed the medical certificates gratuitously, yet

years afterwards they have to defend an action which lasted three days, damages being claimed on the ground that the certificates were signed without due care; happily it was possible to convince the jury that due care had been exercised.

A succession of cases like this has but naturally got up a scare, and a great many physicians refuse to sign lunacy certificates under any circumstances. The new bill would do something to improve matters, because under it a person certified to be a lunatic would have to be examined before a magistrate, and it is thought that the formal commitment would relieve the doctors of responsibility in the eyes of the juries; but this is by no means certain and the bill is thoroughly badly drafted, many of the clauses having been drawn up by ex-lunatics, whose opinions under the British system of representative government are of as much consequence to the machine politicians as those of the other voters who have always remained sane.

The country doctor is just now in great tribulation about his horse and trap. We are going through a small political revolution disguised under the innocent form of a local government bill, which will create county council to discharge all business of a municipal nature. The conflict of local authorities, the overlapping of jurisdictions, and the survival of obsolete courts side by side with hastily constructed modern boards, led to dire confusion, left many loop-holes through which offenders could creep, and afforded endless opportunities for jobbery and corruption. Quarter Sessions composed of the much abused unpaid magistracy have been the only check. It will be replaced by an elective council which will hold the purse strings. On these county councils the magistrates are sure to form the majority, so that there is some prospect of real economy. In future a large number of taxes now paid to the Imperial Exchequer will be paid to the county councils, among others the carriage taxes and a new tax on pleasure horses which is to be imposed.

The burning question is: Is the doctor's horse a pleasure horse? And if not, how is the tax-gatherer to distinguish between the necessary and the superfluous animals, for even the country doctors admit that they sometimes keep more horses than are absolutely necessary, the superfluous being clearly pleasure horses.

The operation of excision of the larynx, partial or complete, does not gain in favor as the results become better known. It is reported from Berlin that Dr. Hahn has lost his last two cases, and that none of the twelve patients operated upon by Professor Von Bergmann are now alive. His last case, Herr Kayser, the social democrat, died immediately after the operation, and in the only case recently reported in England, the patient, a man aged 57, died on the third day after the operation from pneumonia. It is said that other fatal cases have occurred recently in this country, but no confirmation of the rumors have yet been published. However this may be, it seems pretty clear that the Emperor Frederick was fully justified in declining to submit to so fearfully dangerous an operation, even supposing that the diagnosis of cancer is correct. As to this, there appears to be as yet no absolute certainty, and Sir Morell Mackenzie is understood to still adhere to his Scotch verdict, "not proven."

It is curious to hear from laryngologists that the number of cases of cancer of the larynx upon which they have been consulted during the past twelve months, has been largely in excess of that seen in any previous year. The explanation suggested is, the great amount of discussion of the Crown Prince's case has directed the attention both of patients and doctors to the symptoms of the malady, which are admittedly very obscure. It should be remembered that cancer in the larynx runs a much longer course than when it attacks any other organ. This is a fact which, in the opinion of many in this country, has been somewhat overlooked alike by the English and German advisers of the Emperor Frederick.

There is to be a three days' discussion at the Pathological

Society at London early in the next winter session on the effects of alcoholic beverages. There is reason to hope that the subject will be discussed in a more temperate tone and upon more scientific principles than are generally adopted by the foes of alcohol.

As Sir James Paget recently observed, we are very much in need of definite information as to the effects upon the organism of bodies other than alcohol present in spirits, wines, and beers. For instance, gout is supposed to be associated in some way with habits of alcoholic indulgence, yet patients who have died of cirrhosis of the liver, a disease distinctly traceable to spirit drinking, very seldom present any evidence of gout. Beer-drinking, too, is said to be a great cause of gout, yet gout is extremely infrequent among the working classes in England, who, especially in the agricultural districts, drink very large quantities of beer, and very bad beer, too. If it is said that the *richer wines* are to be made responsible, then there is the fact, or the alleged fact, that gout is unknown to Burgundy. Again, is it true that gin is more liable to produce cirrhosis of the liver than whiskey? Would it be possible to ascertain even approximately the death rate from cirrhosis in the whiskey-drinking towns of the United States?

PARIS LETTER.

(Our Regular Correspondent.)

At the clinique d'accouchements of the Faculty of Medicine, Professor M. P. Budin recently made some interesting remarks on hemorrhoids during pregnancy, during delivery and afterwards. The following is a brief summary of the professor's observation: A young woman lately entered hospital, where she accomplished her fourth delivery. Her previous accouchements had been good and she had never had varicose veins or hemorrhoids. On the present occasion, during labor, a large hemorrhoidal *bouffole* showed itself around the anus, and soon attained to the size of the fist. On the following day the patient suffered such severe pain that sleep had become

impossible. A close examination of the mass showed it to consist of a number of tumours forming a continuous ring around the anus. A purgative was prescribed and fecula poultices, rendered antiseptic by addition of boric acid, were applied and also unctions with a salve containing one gramme of cocaine and twenty grammes of vaseline. No amelioration was produced, and the tumours presenting a strangulated appearance, and in some places a tendency to gangrene, it was decided to effect the reduction of the hemorrhoids. The patient was not put to sleep, but sufficient chloroform was administered to produce analgesia and the reduction was performed, the patient retaining entire consciousness, but feeling no pain whatever. Dr. Budin does not think that such cases as the above are frequent; altogether he has met with only eighteen cases of hemorrhoids during pregnancy in upwards of 300 deliveries.

The symptoms accompanying hemorrhoids are the same during pregnancy as at other times. The number and volume of these tumours may vary considerably, from a small isolated hemorrhoid not larger than a filbert, to half a circle of tumours round the anus or a complete chaplet as in the case above related. These hemorrhoids may sometimes give rise to considerable hemorrhage during pregnancy, and lead to serious errors of diagnosis and prognosis, particularly when the tumours are internal; it is therefore very important to determine if they are present or not. These hemorrhoids of the last moments of labor usually disappear in a few hours or a few days. Sometimes the affection may not appear until from three to eight days after delivery—it is then the result of constipation, and must be treated accordingly. This affection may sometimes be confounded with anal fissure; a minute examination will, however, show the mistake, particularly if the sphincter is made to protrude from the anus by means of pressure exercised downwards by the bent finger introduced into the vagina. This is easily performed and does not call for analgesia. When the tumour has been rec-

ognized, if it is very painful, a suppository with cocaine may be applied and a subcutaneous injection of morphine given to the patient. As for prophylactic measures, the best is to keep the bowels open during pregnancy. It is a vulgar prejudice not to purge pregnant women. They should be recommended moderate exercise, baths and enemas, and if there is obstinate constipation recourse must be had to laxatives.

According to M. Duret, intoxication by iodine is manifested in three distinct forms: The eruptive; the cerebral, or delirious; the syncopal, or hypothermic. The eruptive form is the most frequent. It is characterized by a rubebolic eruption appearing on the different parts of the body, and far removed from the point of application. The poisonous and iodised principles are absorbed by the body, and this eruption is probably caused by the eliminating process carried on through the glands of the skin.

The second form is characterized by epileptic symptoms, or by fits of sleeplessness accompanied with delirium.

The third form is more serious. The absorption of the iodine is followed by an exaggerated increase or decrease of the temperature, sometimes falling as low as 34.6° c. These symptoms cease as soon as the iodine is no longer given. Thus if the use of iodine is valuable on account of its antiseptic properties, still it must be employed with discretion; in various cases it has all the inconveniences of sluggish medicines, and provokes lymphangitis and phlegmon. M. Duret has twice observed inflammation produced by its use in wounds on the hands and fingers. The inflammation ceased when the use of iodine was discontinued.

Idiopathic epilepsy. Of all remedies employed, Dr. Renaud considers bromide of potassium to be the most effectual, when it is absolutely FREE OF IODINE. This is an essential condition. Administered in this state, the bromide of potassium considerably modifies the disease—at all events it diminishes the shocks, the nervous state, the irritability and the epileptic impulses. The effects of

this medication begin to be sensible after doses of 4, 5, and 6 grammes, which may be progressively increased, if necessary, according to circumstances, up to nine and ten grammes per diem.

It is of the utmost importance that the bromide of potassium be quite free of iodine and chlorine.

As a general rule there are required: Perseverance on the part of the patient, prudence from the medical man, and perfect purity of the bromine agent employed.

Dr. Doyen has always found, both in benign and grave cases of puerperal fever, a streptococcus similar to the streptococcus of Rosenbach and the streptococcus of Fehleisen, the streptococcus pyogenes and the streptococcus aureus. The cultivations of this microbe are similar to those of the streptococcus of erysipelas, the streptococcus pyogenes and the streptococcus aureus. M. Doyen effected some inoculations in order to determine the affinity of these streptococci. The streptococcus of puerperal fever caused erysipelas, and the streptococcus of erysipelas developed puerperal fever.

A number of clinical facts also demonstrate the analogy between these affections, and prove that the streptococcus pyogenes sometimes causes puerperal fever, and the streptococcus of puerperal fever may cause erysipelas. Dr. Doyen believes that the microbe of puerperal fever is the same as that of erysipelas.

Dr. Adolphe Mercier (of Besançon) has utilized the antiseptic properties of chloral in the treatment of diphtheria in children, with excellent results. He proceeds as follows: If the tongue is thick, coated and swollen, the child is given an emetic of ipecacuanha, without tartrate of antimony which causes prostration. When vomiting has ceased, syrup of chloral, prepared according to the French code (at 5 per cent.), is given every half hour in doses of two, three or five grammes, according to age of patient. It is preferable to begin by giving the child rather large doses in order to keep him in a state of somnolence, medicine is then more easily administered. The submaxillary

and anterior regions of the neck are covered with a thick layer of belladonna ointment, and wrapped up in wadding. In order to keep the throat impregnated, and prevent chloral causing pains in the stomach, the patient is given something to drink every time before, and not after taking the remedy. And so long as he keeps taking chloral, to which M. Mercier adds syrup of cinchona, regularly, the patient may eat and drink whatever he may fancy: from milk, wine, lemonade, to any solid food. This treatment must be rigorously observed during forty-eight hours. No change ever takes place before twenty-four hours. This is the absolute *statu quo*. In forty hours the false membranes begin to come away, and have completely disappeared by the forty-eighth hour. In the case of patients with fair hair and white skin, they may only come away on the third day. After the coming away of the false membranes the syrup of chloral causes smarting in the throat, and is consequently stopped. In rare cases the loosening of the false membranes leaves the tonsils red or swollen. An astringent gargle will do away with any swelling of this kind. A thick coating of vaseline applied to the neck will clean and heal any pustular eruption caused by the belladonna ointment. The patient is now given strengthening nourishment, good wines and cinchona. If during the course of the illness any spasm or dyspnoea occur, the throat is painted with a 1-50 solution of hydrochlorate of cocaine. Prescribed in the last stages of the disease, when the voice is gone, and laryngeal diphtheria has set in, the chloral treatment would be more injurious than otherwise.

Professor Jaccoud, in a recent clinical lecture at the Hôpital de la Pitié, made some interesting remarks on a case of dry diaphragmatic pleurisy, and on the possible connection of such cases with tubercular phthisis. The case observed was extremely violent at the outset and the patient breathed with great difficulty and suffered much pain. Diagnosis showed that the affection was located in the postero-lateral part of the left side of the chest in communication with the diaphragm. The severe symptoms soon gave

way to local treatment, and the recovery was rapid, and at the end of eight days the only traces left of the pleural inflammation consisted of a slight fibrinous effusion, indicated by sub-dullness, harshness of respiration, and retraction of the two intercostal spaces at the moment of inspiration, in the lower posterior part of the chest. Dr. Jaccoud attaches particular importance to the persistence of this exudation after the apparent cure of the disease, as it may lead to pleural adhesions, and on account of the close connection between pleurisy and pulmonary phthisis. It is generally supposed that pleurisies of the apex can alone lead to tubercles in the lungs. This is a mistake altogether; any pleurisy, no matter where located, may precede and pave the way for tubercles. Moreover, as Dr. Jaccoud already stated in 1882, the essential character of *phthisiogenic* pleurisy is to occupy the lower region of the pleura in its antero-lateral part, and generally on the right side. In case of a pleurisy of this description, the patient recovers rapidly with perhaps some loss of strength; this is the first stage. But after some weeks or perhaps some months, he again falls ill; after a rapid or slow onset an area of pneumonia is discovered at the seat of the pleural adhesions, and the patient is obliged to take to his bed. The area soon breaks down, and leads to what is known as caseous pneumonia; this is the second stage. Lastly, should the patient survive for a few months, there may be a third stage, represented by pulmonary granulosities more or less generalized. Dr. Jaccoud thinks that the connection between these pleurisies ending in adhesions and the formation of a pneumonic focus, which is, after all, tuberculous, may be explained by the fact that the portion of lung attached by the adhesions to the costal wall has lost its faculty of expansion and participates but little or not at all in respiration; on the other hand the blood circulates imperfectly in this region of the pulmonary parenchyma, the vessels are compressed by the pleuro-costal adhesions, stagnation becomes frequent, consequently there is a diminution of the nutritive action extremely favorable

to the swarming of bacilli, which already take up their abode in this part of the lungs, while direct examination of the apices show that they are still quite free of them. The professor draws the following practical conclusions from the above facts:

A pleurisy can as readily lead to pulmonary phthisis when it occupies the lower parts of the pleural cavity as when it is seated at the apex. This is particularly the case with regard to dry pleurisies ending in adhesions situated in antero-lateral parts on the left side, which pleurisies are oftener phthisiogenic than any other. In the presence of such symptoms active action must be taken notwithstanding their apparent benignity and the rapid recovery of the patient. Every effort must be made to hinder the formation of adhesions, particularly by the application to the side of the thorax of an enormous blister. This will often succeed. Aerotherapeutics or inhaling of compressed air is also very useful provided it is continued during several weeks.

M. Peter has recently treated, at the Hôpital Necker, a curious case of hysteria, presenting the phenomena of sensibility of the integuments to gold and of the influence at a distance of medical substances. The patient was a man who entered the hospital to be treated for a contraction of the entire right side, principally in the leg. By a strange coincidence this man is a well-known hysterical subject, having previously served as starting point to the theory of telepathy, broached not long ago by two surgeons of Rochefort.

It was noticed that his skin was extremely sensitive to the contact of certain metals; but Dr. Peter, who is very wary of admitting such facts without proof, and having observed that the patient was an inveterate and mischievous liar, took every precaution to ensure absolute accuracy in the experiments he undertook.

First Experiment.—The doctor, as if by accident, touched the back of the man's hand with a golden ring he had on one of fingers. The patient complained of a sen-

sation of pain, and the next morning there was a small blister of a burn of second degree on the spot touched by the ring. The same day, the head nurse, while helping the patient, accidentally touched one of his fingers with her gold chain and the same result was produced. To ensure that there was no trickery and that the man had not purposely burnt himself with a match, Dr. Peter's assistant, Dr. Caron, percussed the man's back, particularly where his hand could not reach, even with a lighted match, and wherever Dr. Caron's gold ring had touched the skin there was a blister as in the first case. Other metals similarly applied did not give the same result.

Following up these experiments with regard to the influence of medicamenta at a distance, the following curious effect was observed. Second experiment: Without the patient being aware of it, a small tube enveloped in paper, and the contents of which were unknown to Dr. Peter and his assistants, was held within about four inches from the back of the patient's neck; in less than ten minutes his face was covered with profuse perspiration, he was seized with nausea and soon vomited some liquid. On tearing off the paper cover from the tube, it was seen to contain ipecacuanha! Similar experiments with alcohol and opium gave no results whatever.

Dr. Ludovic Hirschfeld has studied the question of hypodermic injection of ferruginous compounds; his experience at the Cochin Hospital, Paris, has led him to conclude that the method of administering iron preparations by means of hypodermic injections is excessively painful to the patient and inefficient in its results. In defending the system of administering iron compounds internally, M. Hirschfeld quotes the opinion of Prof. Hayem, who has hardly ever met with a patient who could not take iron salts.

According to MM. Richet and Hanriot's investigations the production of carbonic acid gas is independent of the frequency of the respiratory movements, and in artificial sleep the decrease in quantities produced is enormous and can only be attributed to a state of semi-suffocation.

PROCEEDINGS OF SOCIETIES.

TENTH ANNUAL SESSION OF THE LOUISIANA STATE MEDICAL SOCIETY.

MONROE, LA.

FIRST DAY—MORNING SESSION.

The Society was called to order at 12 m., April 25, by the President, Dr. Joseph Jones, of New Orleans. Dr. P. B. McCutchon, the recording secretary, was in his chair.

Prayer was offered by the Rev. Wm. Hart.

Mr. Franklin Garrett welcomed the Society to the ancient city of Monroe.

A vote of thanks was tendered for the interesting address.

REPORTS OF COMMITTEES AND OFFICERS.

Report of the Committee of Arrangements.—Dr. T. O. Brewer, chairman, presented the programme as his report. Adopted.

Report of the Committee on Scientific Essays, etc.—Dr. Newton, chairman, said that during his absence from the State Dr. Bruns had acted as chairman, consequently he was not familiar with the work that had been done, but he presented the list of papers on the programme as the report. Adopted.

Report of Committee on Necrology.—Dr. Parham, chairman, presented his report, announcing the death of Dr. Moritz Schuppert, of New Orleans, with a brief history of his life and works. Adopted.

Report of the Committee on Publication.—Dr. P. B. McCutchon, chairman, presented his report, showing that the transactions of 1887 had been published. Adopted.

Report of the Committee on Organization. Dr. Joseph Jones, chairman, presented his report, which was adopted.

Report of the Committee on State Medical Library.—The chairman, Dr. Joseph Jones, read his report in which

he said the Board of Administrators of the Charity Hospital had consented to be the custodians of our library. Adopted.

Report of Committee on State Medicine and Legislation.

Dr. J. W. Duprée, the chairman, presented his report, which he said was incomplete inasmuch as the chairman, Dr. A. B. Miles, of the Sub-Committee on Public Hygiene, and Dr. C. D. Owens, chairman of Sub-Committee on Medical Jurisprudence, both failed to send reports.

Dr. Logan, chairman of the Sub-Committee on Medical Education, and Dr. Davidson chairman of sub-Committee on Public Institutions for the Sick and Infirm, presented reports, which he submitted and said it is to regretted that no mention is made of the Insane Asylum at Jackson, and the Penitentiary in Dr. Davidson's report. Adopted.

Report of Recording Secretary.—Dr. P. B. McCutcheon presented his report, which was adopted.

The Treasurer, Dr. F. W. Parham, being absent, this report was read by the Recording Secretary and referred to an Auditing and Finance Committee.

The President appointed the following Auditing and Finance Committee: Dr. I. J. Newton, Jr., Chairman; Drs. D. R. Fox, R. H. Day and T. O. Brewer.

The following names were proposed for membership, and were referred to the Judiciary Committee who reported favorably upon them, and they were elected members by acclamation: Dr. D. H. Key, Monroe; Dr. J. M. Barrier, Illawara; Dr. R. W. Faulk, Logtown; Dr. J. C. Brown, Arcadia; Dr. A. S. Helmick, De Siard; Dr. C. K. Wilcon, Gansville; Dr. E. Laplace, New Orleans; Dr. T. O. Brewer, Monroe; Dr. D. R. Sartor, Alto; Dr. John Calderwood, Monroe.

Under a suspension of the rules, the following gentlemen were elected honorary members; Mr. W. H. Goodale, Baton Rouge; Mr. A. A. Gunby, Monroe; Mr. Franklin Garrett, Monroe.

Dr. J. W. Duprée said that he was authorized by the administrators of the University of Louisiana and Agricultural and Mechanical College at Baton Rouge, to offer the

use of one of their buildings for our meetings, and also as a depository for our books for the term of ninety-nine years, and he thought the offer ought to be accepted. Dr. Hammond said we should act very cautiously about selecting a permanent place of meeting and for the deposit of our library, and therefore he offered the following resolution:

Resolved, That the question of locating the State Medical Library be referred to a committee of three who shall report at this session.

Dr. Newton moved, as an amendment, that the number be increased to seven.

Adopted as amended.

The President announced the following as the committee: Dr. J. D. Hammonds, chairman; Drs. J. W. Duprée, I. J. Newton, Jr., W. D. White, J. W. Allen, C. J. Ducotè, Y. R. Lemonnier.

Dr. R. H. Day read a paper entitled "Some Remarks on the Nature and Treatment of Yellow Fever."

Dr. Newton moved that this paper and all others read before the Society, unless otherwise disposed of, be referred to the Publication Committee. Adopted.

Dr. Jones, of New Orleans, read a paper entitled, "Quarantine vs. Commerce During the Past Eight Years," in which he established by the official statistics of the United States Customhouse and of the Board of Health:

1. During four years—1880 to 1883—during which Dr. Jones was President of the Board of Health, exports \$360,767,514; imports, \$44,087,128. 2. During the last four years—1884 to 1887—exports, \$326,452,428; imports, \$38,255,340. 3. Falling off of the value of the exports and imports of New Orleans during the past four years—1884 to 1887—\$44,087,128. The press have led the people to believe that the commerce of New Orleans was expanding on account of the quarantine system of the past four years. We now learn by reliable statistics that on the contrary the foreign commerce of New Orleans is decreasing. 4. The records of the Board of Health give during four years—

1880 to 1883—mortality of whites, 15,898; of colored, 9,576; total, 25,474. Mortality 1884 to 1887, whites, 16,730; colored, 9,459; total 26,189. Excess of mortality during the past four years in New Orleans, 715; while the commerce has been decreasing, the mortality has been increasing.

Dr. Lemonnier offered the following resolutions:

Resolved—by the Louisiana Medical Society in its tenth annual session, April 1888, that our Legislature be requested to make such appropriations to the Louisiana Insane Asylum to enable it to keep its doors open continuously.

Adopted and referred to the Committee on State Medicine and Legislation.

The Society adjourned to 4:30 P. M.

AFTERNOON SESSION.

Dr. I. J. Newton, Jr., vice-president, in the absence of the president, called the Society to order at 4:45 P. M.

Mr. W. H. Goodale read a letter on Temperance.

Dr. Lemonnier said we should regard alcoholism in the same way as we do syphilis. We cannot prevent prostitution, but we should do all we can to prevent syphilis by looking after the health of the prostitutes. He thought prohibition was the wrong way to try and prevent alcoholism; that as we cannot prevent men from drinking, we should endeavor to have them supplied with pure wines and whiskies. We must raise our voices against the abuse of alcohol, and have laws enacted that will severely punish those who use it to excess.

Dr. Day said that the letter deserves very grave consideration and offered the following resolution:

Resolved, That it is the sense of this Society that the practice of certain physicians living in local option districts, of prescribing alcoholic liquors when not actually necessary as medicinal agents, is not only detrimental to the moral and physical laws, but is a gross violation of medical ethics and should be condemned as such. Adopted.

A letter was read from Mrs. Mary Read Goodale, ask-

ing the endorsement and coöperation of the Louisiana State Medical Society of the "Petition for Scientific Temperance Instruction in Public Schools." Received and endorsed.

PROPOSALS FOR MEMBERSHIP.

The following names proposed for membership were referred to the Judiciary Committee, who reported favorably upon them, and they were elected members by acclamation: Dr. W. S. Kendall, Bell, La.; Dr. L. Liddell, Rayville, La.; Dr. T. J. Bridgers, Oakridge, La.

Society adjourned to 8 P. M.

EVENING SESSION.

Dr. I. J. Newton, Jr., called the Society to order at 8:30 P. M., and introduced to the audience Dr. Joseph Jones, the President, who delivered his address, "The Philosophical Principles of Education and their Application to the Development and Perfection of the Science of Medicine," after which the President presented Hon. A. A. Gunby, the Orator, who took for his theme, "Death."

A vote of thanks was offered the president and orator for their addresses.

Adjourned to meet at 10 A. M., April 26.

SECOND DAY—MORNING SESSION.

The Society was called to order at 10:30 A. M. The reading of the minutes of the first day's session was dispensed with.

A telegram was read from Dr. R. W. Seay, regretting his absence.

The following names were proposed for membership and, after being reported on favorably by the Judiciary Committee, were elected by acclamation: Dr. W. Y. Cosper, DeSiard, La.; Dr. O. M. Patterson, Arcadia, La.

Dr. W. T. Smith said that the Lincoln Parish Medical Society had adopted the constitution recommended by the State Medical Society, and he now made application for its affiliation.

Upon motion, duly seconded, the Lincoln Parish Medical Society was affiliated.

The writers being absent, Dr. Powell's paper, "Abscess of the Liver; Rupture—Death;" and Dr. Bruns' paper, "Malarial Retinal Hemorrhage," were read by the secretary.

Dr. Jones said that he once had a patient suffering with Bright's disease, who suddenly had a hemorrhage into the eye, which disappeared soon, and the patient ultimately died of Bright's disease. The subject of hemorrhage into the retina is very important and deserves a great deal of attention.

Dr. Duprée's paper, entitled "Gunshot Wounds of the Abdomen, with Remarks," was read by Mr. Goodale.

Dr. Day said: Mr. President, I rise with a great deal of pleasure to express my warm and cordial appreciation of the very excellent and carefully prepared paper which my friend and colleague has just read.

I sincerely thank him for his able paper, and for the high compliment which he has been pleased to pay me, and I esteem it no small favor indeed, to possess the friendship and good opinion of such a worthy and well qualified colleague; but I must caution my confrères to accept my friend's high compliment to me *cum grano salis*, for in all sincerity, I am too conscious of my imperfections to believe that I really merit the compliment which he has paid me.

But to the subject matter of the paper read. I premise that it is a very difficult thing to discuss profitably, the important questions suggested in Dr. Duprée's able paper, in the absence of a large personal experience, absolutely necessary to make us familiar with these very serious injuries in all their various forms and environments. It could profit us but little; nor can it enable us to arrive at any satisfactory and authoritative conclusion, since it is well known that even the great masters in surgery, who have had the most ample experience and opportunities, are not in accord, but hold opposite and conflicting opinions,

as Dr. Duprée in his careful and elaborate collation of authorities has fully demonstrated.

In the discussion of this subject, to render it as practical as possible, and make it of interest to us and to the profession, I think we should look to our own individual experiences, observations and reflections, and not rely solely upon what is done and written by our metropolitan surgeons, since our responsibilities and our fields of labor are so entirely different, as well as the conditions and surroundings affecting our cases.

Judging, then, from the standpoint of my own experience and observations, I must say that I cannot agree with the postulate of Dr. Morton, that "an *operation* is clearly indicated in *every case* where perforation of the abdominal cavity is proven," for it has been my fortune to have seen several cases of indubitable perforation of the abdominal ("cavity") walls that recovered perfectly, and without trouble, without any surgical operation. And the case of Mr. Bryant, now reported by Dr. Duprée, is an indubitable instance of very recent occurrence.

When, however, the perforation involves the abdominal viscera, then I think an operation becomes justifiable; but not then always absolutely demanded, as the case of Mr. Oscar Foreman fully proves, who passed fæces through the wound of exit for several weeks, the wound then healing, the continuity of the bowel then becoming restored, and he making a most perfect recovery, and still living in the enjoyment of robust health. It is begging the question to argue, that he would have made equally as good a recovery under an operation, and thereby have avoided the risk and danger of fæcal extravasation. We admit there is some force in this view of the question; but, whether the dangers of laparotomy are less than a problematical fæcal extravasation in such cases, must remain a mooted question; for, however simple a laparotomy in itself may be regarded in these days of surgical exploits, we do know that the operation is attended with more or less risk to life, and that some die in spite of all the care and skill employed

in the operation. Where, therefore, the wound in the bowel corresponds with the opening in the abdominal wall, and the fæces escape through this opening with no symptoms of fæcal extravasation into the cavity of the abdomen, it would seem reasonable to wait and depend on the aid of a wise conservative surgery and the vital resources of nature, and not precipitately add another element of danger by a hasty operation.

A recent writer, Dr. Murphy, of Chicago, who strongly favors laparotomy, in *all cases* of perforating gun-shot wounds of the abdomen, rests his convictions upon two propositions: First. Upon the very small number of such cases reported that recovered without an operation. And second. That in Dr. Sparkes' experiments upon dogs, out of thirty-eight shot through the abdomen, only two escaped injury of the stomach and bowels. Admitting these valuable facts obtained by Dr. Sparkes to be applicable and pertinent to human beings, it would clearly show that at least 2.5 per cent. of all perforating gun-shot wounds of the abdomen should *not be operated* on, since that proportion of cases is demonstrated by these experiments not to have sustained any injury of the viscera, and, therefore, in their nature harmless. The difficulty here presenting itself is to diagnose with absolute certainty whether the wound perforating the abdominal walls has involved the viscera or not; and this, as a matter of course, depends upon the tactile skill and keen perception of the surgeon, upon whose judgment must rest the grave responsibilities involved in the case.

As regards the first proposition laid down by Dr. Murphy I am constrained to say, it is manifestly defective, and without force, inasmuch as it is predicated upon reports of cases that are known to be incomplete. If all the perforating gun-shot wounds of the abdomen that have recovered without an operation, could be collected and reported, the list of recoveries would be considerably increased, and would make a very different showing from that now exhibited by those who favor laparotomy in every gun-shot wound of the abdomen.

In my own limited experience, I know of at least two *unquestionable* cases of perforating gun-shot wounds of the abdomen, besides those seen with Dr. Duprée that have never been reported, and that made perfect recoveries without an operation. It is presumable, nay, it is certain, that many such cases remain unreported; and if collected and tabulated, would make no feeble plea in behalf of conservative surgery in such wounds.

Where, however, the evidence of hemorrhage or extravasation into the abdominal cavity is evident, then surgical interference is a demanded duty, and it would be criminal not to operate.

The correct solution and settlement of the questions, when to operate? and when not to operate? in perforating gun-shot wounds of the abdomen, it seems to me would be much simplified and beget a more general consensus of surgical opinion, by stamping upon our minds two important clinical facts, (1st.) that it is not the simple perforation of the abdominal walls, or of the intestines, that constitutes the *essential* element of danger, but rather the extravasation and presence of foreign matter in contact with the serous membrane of the abdominal cavity. And (2d), that wounds inflicted by lead missiles heal almost as readily as incised wounds. These are facts that are recognized by the profession, and will hardly be questioned by any well posted and experienced gentleman.

Then it appears to me to be an obvious and well defined principle that only when hemorrhage or extravasation is evident, or is a clearly impending result, does laparotomy really become a justifiable and demanded operation after gun-shot, or other wounds invading the abdominal cavity, and this seems to be in accord with the views of the ablest authorities as quoted by Dr. Duprée, and constitutes, in my opinion, a common sense, rational conclusion, where surgical opinion and practice can fully and without difficulty harmonize.

In reference to Mr. Bryant's case, and the incidental subject of retro-stalsis, brought up in my colleague's

paper, I would state that, while I am not prepared to assert that fluids thrown into the rectum cannot pass up through the intestines into the stomach, still, I can say, in all truth, that during an experience of fifty-six years, in which time I have frequently and repeatedly taken and given enemas in large quantities, sometimes as much or more than two quarts at once, I have never observed anything approaching such an occurrence. And the very few instances in which such a thing is said to have happened, are too apocryphal in character, too unsupported by substantial evidence, to command the credence of intelligent, matter-of-fact physicians.

The case of Mr. Bryant, referred to in Dr. Duprée's paper, can hardly be so interpreted; and having seen the patient during his suffering from the effects of the enemas, I am constrained to say that I thought at the time, which opinion was confirmed by the speedy cessation of his alarming symptoms, that his extreme suffering resulted solely from over-distension of his bowels, and not from peritonitis; and that his perverted taste was evidently a transferred or transmitted nervous sensation or reflex nervous action.

Dr. Newton said that Dr. Hammonds could relate an interesting case of a boy who was wounded in the abdomen by a fence rail—and he hoped Dr. Hammonds would report the case.

Dr. Hammonds said that a white boy about 17 years old was riding on a wagon, the horses became frightened, ran off and threw the boy against the ends of some fence rails, which cut through the abdominal wall from the median line to the crest of the ilium; he was dragged a long distance, and when picked up the intestines had escaped from the cavity and were covered with mud and leaves—they were lacerated in several places, but were not cut through. After washing away as much of the mud and foreign substances as possible, some of the mud and leaves had formed a kind of cement and could not be removed, the walls of the abdomen were stitched together with silk thread, the

patient was given opium and kept absolutely quiet; there was no evacuation from the bowels for ten days; and there was complete recovery in three weeks.

Dr. Newton said that Dr. Brodnax, who had charge of the patient, told him that there was no elevation of temperature and that the wound healed by first intention.

Dr. Lemonnier said that in treating gun-shot wounds there was always more or less uncertainty about the course of the ball, and, therefore, the first thing to do was to make cut as definitely as possible what organs had been wounded. In treating such wounds he placed his patient in an immovable position and gave large doses of morphine, allowed no talking and no visitors. When peritonitis has developed is the time to perform laparotomy. He related the following cases:

Case 1.—Penetrating wound of chest. The patient was placed immediately upon morphine, the wound healed, but in thirteen days the patient died of softening of the brain.

Case 2.—A man was shot in the liver and the kidney was wounded, as shown by the bloody urine; he was given morphine for three or four days, and fifteen days after receiving the wound the patient had entirely recovered.

Case 3.—A ball entered the liver and passed upwards into the chest cavity, wounding the heart, the patient was carried to the hospital, was given morphine and in a few days he left the hospital, but soon returned when pus was found in the cavity.

Case 4.—In this case a ball wounded the stomach and passing downwards, cut a large vein, causing death from hemorrhage. In all gun-shot wounds there is more or less collapse; we should try, with a great deal of caution, to find what organs are wounded and place the parts at absolute and complete rest for three or four days. In Louisiana wounds heal quickly.

Case 1.—Dr. T. O. Brewer said that he had treated a negro boy suffering with a gun-shot wound; the ball entered near the median line and passed out between the eighth and ninth ribs; there was escape of fecal mat-

ter for a few days, when it stopped and the patient made a good recovery.

Case 2.—A man was wounded in the præcordial region and apparently recovered. About three years afterwards he complained of his chest, pneumonia developed, and death followed. The autopsy showed that the descending aorta and heart had been wounded.

Dr. W. T. Smith said that in none of the cases reported were there wounds of the small intestines; that laparotomy should be performed whenever the small intestines are wounded.

Dr. J. C. Brown said that, in order to sustain the point made by Dr. J. W. Duprée, about the recuperative powers of patients with gun-shot wounds he would relate the following case: A man was shot near the intestines, peritonitis set in and for several weeks he was momentarily expected to die. On the eighteenth day he had a hemorrhage from the bowels—with a recurrence for several days—when he finally recovered.

Dr. Joseph Jones stated that a man was wounded with a cane, which penetrated the stomach—the contents were vomited. He gave opium and in a few days recovery took place.

The case of President Garfield illustrated very clearly the uncertainty attending gun-shot wounds.

A paper entitled “A Case of Fibroid Polypus of the Uterus,” by Dr. Thornhill, was read by the secretary.

Dr. Hammonds said that about two years ago he had a patient, a multipara, suffering with uterine hemorrhage; as she was pregnant he thought abortion was about to take place; the vagina had been plugged; on his arrival he found a polypus attached to the uterus with a long pedicle, and by making traction and lateral pressure with his fingers he succeeded in removing the polypus when the hemorrhage ceased at once.

Dr. Lemonnier showed an instrument, devised by Dr. W. D. White, which he used as a curette and also for removing the secundines in cases of abortion. It consists of a silver

tube (catheter) about six inches long, to one end of which a watch spring is attached and is then brought through the tube, thus making a loop.

Dr. Thornhill read a paper on "A Case of Lumbar or Psoas Abscess."

Dr. Lemonnier said he thought the case was one of tuberculosis. He then stated that he had treated a child who was suffering with hip-joint disease; he aspirated the joint and recovery followed. Both parents had died of consumption. Dr. Day said that Gross claimed that all cases similar to Dr. Thornhill's recovered.

Dr. Fox read a paper on "Observations Upon Diphtheria as it has Occurred in my Practice and Its Probable Causes Near Jesuits' Bend."

Report of Special Committee on Locating Library.

The committee recommend the acceptance of the offer of the Louisiana State University and Agricultural and Mechanical College. Adopted.

Dr. Joseph Jones suggested that this committee be added to the Standing Committee on State Medical Library and that it be empowered to solicit contributions of money and books, and that Dr. J. M. Duprée be made chairman of the combined committee. Adopted.

The following resolutions were offered by Dr. Duprée and adopted.

Resolved, That we as members of the Louisiana State Medical Society hail with great satisfaction the action of the section on public health and international hygiene of the Ninth International Medical Congress at its last session held in Washington City, in adopting the following resolutions and that the Secretary of this Society be instructed to furnish a copy of the same to the authorities therein indicated:

1. That it is the sense of the Ninth International Medical Congress that every Medical College should place the chair of hygiene in its curriculum, and on an equal footing with the other regular branches of instruction.

2. That in all universities, colleges and high schools

hygiene should form a compulsory part of the course of study and should be taught not simply through text-books but by educated physicians.

3. That in all public schools the teaching of hygiene should form a prominent and essential feature.

4. That every State Legislature should establish a museum and laboratory of hygiene.

Dr. Helmick related the case of a man who was thrown from a buggy, picked up paralyzed from the neck down, remained in this condition for fifteen hours and died suddenly whilst speaking.

Dr. W. T. Smith read a paper on "Hemorrhagic Malarial Fever."

Dr. Newton said that there was a difference between hemorrhagic malarial fever and malarial hematuria—that cases of intermittent hematuria get well if let alone. Dr. Joseph Jones coincided with Dr. Newton in the above view.

Dr. Jones read a paper on "The Vacuum Pneumatic Spirometer and the Vital Capacity of the Heart and Lungs in Health and Disease."

Dr. Jones also gave an interesting account and showed photographs of a "Four-Legged Female Child." The case reported was examined by Drs. Paul J. Eve and Joseph Jones in Nashville, Tenn., on the 16th of June, 1868. The infant, J. Myrtle Cortran, presented four distinct legs and two well-formed female organs of generation, with two external openings of the urethra and two distinct openings of the double rectum. This appears to be the same being recently brought to the notice of the Medical Society of Alabama at its meeting in Montgomery, Ala. The dates and names correspond. The infant has grown to womanhood, and is married, and has become pregnant.

The following resolution presented by Dr. W. T. Smith was passed by the Lincoln Parish Medical Society and referred to the State Medical Society.

Resolved, That our representatives in the State Legisla-

ture be instructed to favor the passage of such laws as will establish an examining board under the control of the Board of Health of Louisiana, and that the State Medical Society be requested to frame the bill.

Referred to the Committee on State Medicine and Legislation.

On motion of Dr. Newton a resolution was adopted instructing the secretary to urge upon the representatives of Louisiana in Congress the importance of having the Medical and Surgical History of the War of the Rebellion republished.

Adjourned to 5 P. M.

AFTERNOON SESSION.

The Society was called to order at 5:15 P. M., Dr. Fox read an article entitled "An Unusual Case in Obstetrics."

Dr. A. G. Friedrichs read an article on "The Molars of the Sixth Year."

Dr. J. W. Allen read a paper prepared by Dr. T. J. Allen, entitled "Impregnation Following Operation for Vesico-Vaginal Fistula; Cervix Turned into Bladder."

The Auditing and Finance Committee presented their report, which was accepted and bills ordered paid.

The Nominating Committee, composed of one member from each parish represented at the meeting, made the following nominations: For President, Dr. I. J. Newton, Jr., Bastrop; for Vice-President, First Congressional District, Dr. D. R. Fox, Jesuits Bend; for Vice-President, Second Congressional District, Dr. A. G. Friedrichs, New Orleans; for Vice-President, Third Congressional District, Dr. W. D. White, Abbeville; for Vice-President, Fourth Congressional District, Dr. J. W. Allen, Shreveport; for Vice-President, Fifth Congressional District, Dr. T. O. Brewer, Monroe; for Vice-President, Sixth Congressional District, Dr. C. J. Ducoté, Cottonport; Corresponding Secretary, Dr. A. A. Lyon, Shreveport; Orator, Charles A. Boatner, Shreveport; place of meeting, New Orleans; time of meeting, second Tuesday

in April, 1889. We recommend that the sum of one hundred and fifty dollars, as an honorarium, be given the Recording Secretary. And we also recommend that the President appoint the delegates to the American Medical Association. Upon motion the report was adopted as a whole.

Dr. Duprée moved that the consideration of the proposed new constitution be postponed until the next meeting. Carried.

Dr. Day offered the following resolution:

Resolved, That for the current year instead of the work being entrusted to the Committee on Scientific Essays, Reports, Etc., the work of the Society be divided into six sections, namely: First, General Medicine; second, Surgery; third, Obstetrics and Gynæcology; fourth, Ophthalmology and Otology; fifth, Materia Medica and Therapeutics; sixth, Oral and Dental Surgery, and that the President appoint to each section a chairman, whose duty it shall be to solicit essays, papers, reports, and to see that all the advances in the science and art of medicine appertaining to his section shall be fully brought before the Society at its annual meeting. Adopted.

Dr. Newton, the newly elected President, was introduced to the Society and in a few well chosen words returned his thanks for the high honor conferred upon him.

Dr. Brewer asked for the views of the members about doing contract (or society) practice. Dr. Lemonnier said he was opposed to this kind of practice, but he did not think we could do anything as a Society. Dr. Duprée said that during a discussion on this subject before the American Medical Association, Dr. Flint had said that this practice was in violation of the code of ethics.

Dr. McCutcheon said that this practice could not be broken up by the Society, but the physicians in a given locality or city could do so by refusing to take it.

Dr. Lemonnier offered the following resolution:

Resolved, That we regret that physicians do contract practice, but the Society cannot do anything to prevent it. Adopted.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

The president appointed the following delegates to the American Medical Association: Drs. Duprée, Lemonnier, Newton, Fox, Brewer, Thornhill, Bickham, Logan, Chaillé, Day, White, T. J. Allen, Joseph Jones.

The resignation of Dr. S.-S. Herrick was read and accepted.

Dr. Lemonnier offered the following resolutions, which were unanimously adopted:

Resolved, That the Louisiana State Medical Society, at its tenth annual session, held at Monroe, April, 1888, tenders its grateful acknowledgments to the Committee on Arrangements, to our Orator and to the ladies and citizens of Monroe for their kind hospitality shown us during our session, and to our officers for the able manner in which they have presided over our meetings.

Resolved further, That the press of Monroe be requested to publish the above resolutions.

There being no further business, on motion, the Society adjourned until the second Tuesday in April, 1889, at New Orleans.

P. B. McCUTCHON,, M. D.

Recording Secretary.

LEADING ARTICLES.

THE BOARD OF HEALTH.

The terms of most of the members of the Board of Health having expired, it became necessary to reorganize that body. Dr. Holt, the retiring president, absolutely refused reappointment, though strong pressure was brought to bear to persuade him to retain his position. Messrs. Shakspeare and Barr, Council members of the old board, were reappointed by the governor. The Council elected Messrs. H. D. Coleman and Wm. Graner, and Dr. W. H. Watkins, this latter gentleman being the former chief sani

tary inspector. The Board, therefore, consists of the members just named and Drs. C. P. Wilkinson, C. E. Kells, L. H. Von Gohren and Mr. Kohn. Dr. Wilkinson was elected president and Dr. L. F. Salomon, secretary. Dr. H. W. Blanc was elected chief sanitary inspector.

The new Board enters upon its duties under the best of auspices, and should be able at all times to look to the best interest of the city. It should have no difficulty in securing the same public sympathy which was extended the old Board, and it will not have to waste any time or energy in developing a policy or establishing new plans of quarantine. Its policy must continue to be that of frankness and candor; to go back to the barbarian custom of falsification and concealment would but destroy the confidence and respect of home and foreign communities and in the end lead to its own death. As to the present system of quarantine and disinfection in vogue at the station, we hardly think the Board will, for the time being, make any changes. But we warn them to watch it carefully. We have always said, and we repeat it, that the system practiced at the Quarantine Station on the Mississippi is in theory, certainly the most scientific, and in practice perhaps the most effectual ever used. Still we must remember that it has yet to be thoroughly tested by a general onslaught by our great enemy—yellow fever. There is a popular saying that epidemics of Yellow Jack come at intervals of ten and eleven years. We do not profess to assert any such regular periodicity in the visits of the scourge; the facts simply show that we have years of immunity intervening between epidemics, and during these years quarantine is an expensive luxury, but when the fatal influences, or meteorological phenomena, or whatever it is that makes the poison so deadly, so virulent, so infectious, do come, will the system prove itself to be what we hope and believe it is now—an insuperable barrier?

And in saying this we do not mean to appear as critics, but simply to indicate the interest which we, as citizens in common with all others in the community, take in the work

of the Board, and as journalists the desire and determination to watch carefully everything that affects the good of the city.

It will be our pleasure to lend all the aid and encouragement in our power to the Board, but this does not presuppose the absence of honest criticism in matters where a difference of opinion may exist between the Board and ourselves, but such criticism will always be made with the best of intentions and in the friendliest manner.

CARMONA AND FREIRE ONCE AGAIN.

In the *Daily Picayune* for April 24, Dr. C. H. Tebault publishes an extract, by permission, from a letter to a gentleman of this city from Dr. Geo. M. Sternberg. The readers of the JOURNAL will recollect the vigorous opposition we made to the sending by the United States government of a costly commission to investigate the claims of Carmona, of Mexico, and Freire, of Brazil, to the discovery of the "germ" of yellow fever and of a method of preventing the disease by inoculation. The ground we took was that an examination of the works of Carmona and Freire gave so slight reason to hope that they had discovered or invented anything of value, as to make the sending of a large commission an unjustifiable expenditure of the public funds, and that the dispatch upon this errand of a single competent expert from the army or navy officers already in the government employ was all that the information in our possession warranted. These views finally commanded the approval of Congress and Dr. Geo. M. Sternberg was given the commission. There can be no doubt of Dr. Sternberg's entire fitness for the task, and his dictum must settle the question until more and stronger evidence is presented by the claimants. In the first paragraph of the extract from the letter referred to above, Dr. Sternberg says: "We have no exact knowledge of the yellow fever germ, and my recent researches have, unfortunately, only shown that the claims of the physicians in Brazil and in Mexico, who claimed to have discovered it, are without foundation."

No one can regret more sincerely than we that no trustworthy mode of prophylaxis against this plague has yet been found, but we do not pretend to disguise a sense of pleasure that the stand we took upon this question has been justified by the facts. Our motives were bitterly impugned at the time and yet the case was perfectly clear; anyone conversant with the methods of bacteriological research could read the pamphlets of Carmona and Freire and see that they failed to make out a *prima facie* case. Under these circumstances only the wildest enthusiasm could have insisted upon any other course than the one advocated by us.

We await the publication of Dr. Sternberg's full report to the government with intense interest.*

THE TOURO INFIRMARY.

Situated in an accessible locality, the centre of a rapidly-growing district, the Touro Infirmary, with its neat and imposing buildings covering an entire square of ground, is bidding fair to become the up-town hospital of New Orleans. This institution, supported and maintained by the Jews, has for more than thirteen years treated and cared for many hundreds of patients within its walls, in a quiet and unostentatious manner; but its action during the past two years, in the appointment of regularly examined resident students, and the formation of a free clinic for the poor, is deserving of more than a passing notice. The position of Resident Student is open to any student of medicine who wishes to apply, and it is evident that the two annual vacancies are sufficiently sought for when we consider that there were fourteen applicants last year at the regular examination, in the middle of March, and an even greater number this year.

We know from personal observation that the routine daily work, the frequent surgical operations, and the outdoor clinic, are amply sufficient to occupy and instruct the

* Since this was written Dr. Sternberg has read before the College of Physicians of Philadelphia an abstract of his report to the government, which is published in the *Medical News*. In this abstract he entirely upsets all the claims of Freire and Carmona.

medical internes, and can safely say that this institution compares favorably with the best hospitals in the South, now used by medical colleges for the purposes of instruction. The Touro is not *free* to any but the Jews, though its rooms and wards are occupied by persons of all creeds, who are equally well cared for; and indeed its list of visiting and consulting physicians shows the Jews to be in the minority, illustrating the broad and liberal policy of the Association that controls it.

The clinic for the out-door poor, inaugurated more than a year ago, has been carefully nursed, and has grown to important proportions, general diseases being treated there daily, with a special service for diseases of the skin one day in the week. We are informed by the resident physician, who likewise supervises the out-door department, that the average daily attendance at the clinic amounts to from fifteen to twenty patients. The applicants for treatment are residents of the neighborhood and up-town districts, and any one pleading poverty is treated without further questioning. Naturally, some of these cases are at times very urgent, and in need of immediate and constant care, which means admission into the institution in order that these latter shall later be properly supplied. So after all, the letter of the law is sometimes violated in favor of science and humanity.

Compared with our great Charity Hospital with its fifty-two wards and immense out-door service, its large resident staff and variety of departments, the Touro Infirmary suffers somewhat by the contrast; but we believe that, considered as a school for study, it will amply repay with experience and knowledge the medical student who is fortunate enough to pass the examination; and with something more besides, if he be deserving, for to one of the outgoing students, who had faithfully and with ability discharged his duties during the past year, was presented a handsome gold medal as a recognition of his services. What we have said has been said with the idea of calling the attention of our medical brethren outside of the city—

not to the Infirmary, for it needs no advertisement from this place, but to the fact that we have a progressive institution in our city which offers unusual facilities to *two* medical students annually, thereby increasing to sixteen the number of hospital vacancies in New Orleans to be filled every March by medical aspirants.

NEW ORLEANS AS A MEDICAL CENTRE.

To one who will stop for a moment to consider the subject, New Orleans must appear as especially favored in its facilities as a medical educational centre for students and physicians.

In the first place, there is the great Charity Hospital with its 700 beds and its grand total of upwards of 18,000 cases annually. Its pathological laboratory is complete in every particular, and is in charge of that eminent pathologist, Dr. H. D. Schmidt. The work in this department is of the finest order, and the sections and specimens annually laid away are rapidly growing into a museum which will be invaluable. The ambulance service is now famous for its perfection and efficiency, abundant evidence of the energy and zeal of the present Board of Administrators and their faithful house officers, and their determination to make the hospital worthy of the great section it serves. The wards of the hospital are opened more freely to *bona fide* seekers after knowledge than those of any similar institution anywhere. Physicians and students can personally examine patients, listen to pulmonary and cardiac sounds, examine and dress wounds, and in every other way acquire the information they seek.

There are also several smaller hospitals, of which the most important is Touro Infirmary, with its large and rapidly growing service. Its importance may be seen in the remarks concerning it on another page of this number.

Then there is the Medical Department of Tulane University of Louisiana (formerly Medical Department, University of Louisiana), whose age, 54 years, would in itself bear witness to the success with which it has fulfilled its

mission. But the steady growth in the size of the class, 303 in 1887-8, and the rapid addition of lecturers on special subjects are still stronger evidences of the progress made by this institution and the position and fame which it enjoys.

To complete the list and, as it were, to round off the system of medical education and make available at all times the vast resources of this city, comes the recently established New Orleans Polyclinic. This school is now in its first session and reports the success which the needs of such an institution rendered a foregone conclusion.

But in this connection mention should also be made of the Orleans Parish Medical Society and the Louisiana Medical Library Association. The former is now the leading society here; its proceedings are of especial value and interest, and are open to any students or visiting physicians who may desire to attend. The Library Association have a room in the Academical Department, and, in addition to standard works which they are acquiring by donation and purchase, are also subscribers to the leading journals, home and foreign. Their rooms are open to non-resident students and physicians. It must exert a healthy influence upon medical circles here, as well as become of inestimable value to both members and guests.

We are led to make these remarks, first, because certain circumstances have of late so strongly impressed their truth upon us, and second, because we think that those who imagine that nothing good can come out of our Nazareth, but everything must come out of New York, should be at least told, if not convinced, of their error.

POLYMORPHUS NOMENCLATURE.

A physician, who wishes his name to be suppressed, has submitted the following to us for consideration:

Proper names for things are at all times desirable—particularly things medical or pertaining thereto. I therefore suggest to the readers of your JOURNAL the names and

definitions here subscribed, apropos of the new school of medicine started in New Orleans:

Polyclinic.—A school where a number of the special branches of medicine are taught.

Polyclinician.—One who teaches in the Polyclinic.

Polyclinicist.—One who is taught in the Polyclinic; a matriculant.

Polyclinical.—Pertaining to the Polyclinic; bedside instruction in an organized school; something thoroughly practical in the way of medical teaching.

Polyclinican.—An adjective with a meaning similar to that of the foregoing, but referring more particularly to the New Orleans Polyclinic, and to be used after this fashion: "A method which is purely polyclinican in its nature;" or, "The teaching you refer to, viewed from a high polyclinican standpoint, is utterly unworthy, and does not repay one for time or money." (The doctor has applied for a copyright on this word.)

Our ingenious friend furthermore informs us that his supply of titles is by no means exhausted, for their relative value may be easily expressed with diminutives. For instance, the word *polyclinicistulus* may be utilized, in an emergency, to differentiate the graduate from the undergraduate—the titled from the untitled polyclinician.

Finally, after a learned disquisition upon Greek prefixes and suffixes, he congratulates the Polyclinic upon its holding on to its Y, in spite of the *New York Record* and the German "town-clinics."

If the polyclinicians wish to spell it with a *why*, then Y not?

THE INDEX MEDICUS IN JEOPARDY.

The *Index Medicus*, the number of subscriptions to which in a community we consider a fair sign of its progressiveness, is in danger of passing into "innocuous desuetude," from lack of encouragement by the profession. With a total of four hundred and sixty-three subscribers, only two hundred and forty are in the United States. Copies are received by only twenty-three States. Among Southern States which make pretensions to being

medical centres, we note Kentucky, Tennessee, Alabama, and South Carolina, as States which *do not take a single copy*.

Louisiana's subscription (only two) is small enough, but we are pleased to hear that the enterprise of the new Louisiana Medical Library Association will add one more to the list. Mr. George L. Davis, of Detroit, has certainly wrought a great benefit to the profession, and we sincerely hope that Louisiana will not be behindhand in encouraging a publication which is indispensable to all literary men of the profession.

FEVER IN FLORIDA.

Under the above caption we said in our November, 1887, issue that the most unfortunate feature about the matter was that the localities afflicted with the fever last fall were said to be below the frost line and it was therefore possible that yellow fever might gain a permanent footing on the mainland.

It appears that we were absolutely and literally correct in our suppositions and fears. We can hardly believe anything else than that yellow fever has gained a strong, if not permanent, footing in Florida after the sudden and astounding disclosures through the M. H. S. during the last few days. Plant City, 22 miles east of Tampa, has had, since October, 1887, 120 cases of yellow fever with 9 deaths, the last death occurring on the 11th of March, 1888, and the last cases being attacked April 24th. But this is not all, there is no manner of doubt but that the disease is well domiciled throughout that whole region and only awaits the opening up of the warm weather to speak its presence loudly. What the exact localities are in which the disease or its fomites exist it was impossible for the agent of the M. H. S., Dr. R. D. Murray, to say, because of the reticence and concealment of the authorities, including some of the physicians, but he saw enough to say: "It is evident to me, painful as the idea is, that the lines of railroad from Tampa to Jacksonville are at various points

infected by fomites, which will at the proper time give all the trouble prophesied by Dr. Caldwell.”

And why does this state of affairs exist? Simply and solely, as we said last November, because Florida has no State Board of Health with supreme power to act. All authority is vested in a few county boards, whose jealousies and narrow-minded policies are only calculated to induce and intensify such a condition of things as is present in the State.

We think the time has come to put a stop to such criminal practices as the M. H. S. reports disclose, and circumstances show that this can only be done by outside parties taking a hand in the matter. We think that every medical journal in the country should urge its subscribers, the physicians, to warn their invalid and all other clients against going to Florida until that State shall have established a reputable State Board of Health with *full* authority to take any and all steps necessary in any and every case towards preventing disease or stamping it out when it does, notwithstanding preventive measures, occur; and moreover, a board which will not endanger the lives of innocent, unsuspecting people by concealing the presence of infectious or contagious diseases in localities which they frequent or are about to visit. People can have yellow fever in the winter as the Florida affair proves, and people can convey the poison to other places in the winter as is proved by the case of Mr. Calhoun, who was taken with the disease the last of February, in Box Springs, Ga., after having been a month in Plant City.

We therefore beg our brethren of the medical press for the sake of the whole country in general and the visitors to Florida in particular, to call attention to the shortcomings of that State and in this way force its people to establish measures for their own and our protection. And let it be understood, too, that no such provision should be adopted as was proposed in a bill offered in the Legislature last year, viz.: That the (proposed) board shall have power to act *only when called on by the county boards*. It must be

supreme in all matters affecting or likely to affect the whole State or the whole country.

We hope, indeed we know, our local Board will carefully watch affairs in Florida, and will be prepared to act at a moment's notice. Should reports from the infected regions not bear upon their face that candor and truth which they should, then a special agent should be sent to Tampa, Plant City and other infected towns to see for himself and report the true state of things.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

DYSPHONIA PARALYSIS OF THE RIGHT HALF OF THE VELUM PALATI AND TONGUE, AND GENERAL PARESIS OF THE VOLUNTARY MUSCLES, FOLLOWING DIPHTHERIA, TREATED BY HYPNOTIC SUGGESTION. By Dr. Francisco Xavier Vilato. (From the *Gaceta Médica Catalana*.)

On the 24th of last July, upon the recommendation of Dr. Anfruns, a girl of seven years was brought to my private clinic. This child was of a pronounced lymphatic temperament, well-shaped, but of a feeble constitution; her body was much bent, and her head inclined forwards; her countenance was very sad, even when she smiled, and her skin and mucous membranes were pallid.

Her father told me that about three years ago she had "la rosa" (probably measles), leaving behind it a diarrhœa which lasted three months, and which returned upon the slightest indiscretion in diet. She continued thus for about six months, when she caught the whooping-cough, and when she was getting well of this (in about six weeks), she was attacked with diphtheria. This lasted for eight days; and three or four days after she began to sit up, it was observed that her voice was low and had a nasal twang; she could drink only with great difficulty, and the liquids frequently escaped through the nasal fossæ. This last phenomenon ceased in three or four days; but the disturbances of the voice and speech, the general prostration and the bending of the body have persisted, without any appreciable amelioration, notwithstanding the various remedies which have been employed.

An examination of the mouth showed that the tip of the

tongue deviated markedly to the right when forcibly protruded; the veil of the palate on the right side was flaccid and motionless; and the uvula, in contracting, leaned to the left. No appreciable paralysis was seen in the face. When she tried to squeeze my hands, the pressure could hardly be felt; the inferior extremities offered little resistance; she did limp in her walk, but she barely raised her feet from the ground; she could walk for a considerable time at a gentle gait, but she complained greatly of fatigue. The bending of the body was so marked that one of the physicians who had seen her, advised the application of a mechanical corset. Sensibility was normal. She complained of a pain in the right side, under the nipple, of a rheumatic character; she had a slight cough, the remains of the whooping-cough; respiration was normal, and an inspection of the chest did not reveal any evidence of thoracic disease. Her appetite and digestion were normal.

In view of the above symptoms, I did not hesitate to diagnose the existence of *paralysis of the velum palati*, causing the nasal voice; *paralysis* more or less incomplete of the right half of the tongue; *paralysis of the laryngeal muscles*, probably of the right side only, because, if it had been general, there would have been aphonia; *general paresis*, not only of the muscles of the extremities, but also of those of the trunk and neck, causing the bending forward of the body; and finally, that all of these paralysees were necessarily *sequelæ of the diphtheritic infection*, since they appeared at the time at which such phenomena usually appear.

In presence of this case, I reasoned that if suggestive therapeutics should give good results in any disease, it should by preference do so in those cases in which there were more or less marked disturbances of the nervous functions without any appreciable anatomical lesion or any diathesis. On the other hand, I knew by experience the evil effects which are sometimes produced in tetanic patients, and its uselessness almost always in those paralysees consecutive to infective states; I also knew how slow was the action of hydrotherapy and electricity, and I decided to try hypnotic suggestion.

I subjected the little patient to the proceeding of convergence of the eye-balls (Braid's method), and I suggested to her the idea of sleep; in seven minutes she was asleep. As soon as the child began to be impressed, she commenced

to weep; and even when I undertook to tranquilize her, she wept in her sleep, and continued to weep and dry her tears throughout the whole sitting. I commanded her to pronounce different words, and to pronounce them better and in a loud and clear voice; and a remarkable result was obtained. Then I suggested greater strength in her limbs, at the same time compressing the corresponding muscles, and further suggested that she raise her head and body; she clasped her hand with greater force. The sitting lasted about seven minutes. I awoke her with great ease, and upon waking she ceased to weep; she smiled and said she felt very well. When she went away, she had greater strength in her voice and in her movements. Internally, I prescribed a decoction of quinia, sweetened with simple syrup.

On the following day (25th), the father told me that the child had been very lively and playful, without wishing to sit down; he was at first alarmed at such a sudden change, but soon calmed down when he saw that nothing unpleasant happened. Her countenance became more cheerful, and retained the effects of the preceding day's treatment. The hypnotization was repeated; she was sleeping, without suggestive catalepsy (first complete degree of hypnotization, Bernheim); her countenance was smiling. Suggestion that she speak in a louder and clearer voice, that she have greater strength in her limbs, and that she straighten her head and body, was followed by satisfactory results. She preserved this improvement after waking up, and she could run a little.

27th. After a day of rest, the hypnotization was repeated, with new suggestions. Satisfactory result; the tip of the tongue and the uvula scarcely deviated. The hypnotization was repeated on the 28th; rest on the 29th. On the 30th, the improvement continued, but it was hard to climb the stairs. Suggestions: voice almost normal. The father, who had been absent for five days, wondered at the results, as he found her in the same condition as before contracting diphtheria. On the 31st, another hypnotization and suggestion, to confirm the improvement. The last hypnotization was performed on August 2.

When she went away, her father asked me if the child would preserve her improvement after returning to their own village; he thought that I had invoked the aid of some mysterious, occult power, and that she would get sick again as soon as she was no longer under my influence. I reassured him, and requested him to write to me in fifteen days.

He did so, and reiterated his thanks for the radical cure of his daughter, who presented no unfavorable change in her condition.

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THERAPEUTIC NOTES.

Dr. Witherle, in the *Medical Record*, highly recommends sulphide of calcium in phthisis. He begins with one-half grain doses, every two hours, and increases until disagreeable symptoms are produced. He thus gives as much as one grain every two hours.

Prof. A. C. Wood knows nothing better for the early stages of bronchitis than the following:

℞. Potass. citratis.....ʒj.
 Suc. limonisʒiiss.
 Syr. ipecacʒiv.
 Tinct. opii. camphʒiij.
 Syrupi q. s. ad.....ʒiij.

M. S. Dessertspoonful every two hours.

As a valuable agent in acute bronchitis, when secretion has been established, in some cases promoting secretion, he also uses muriate of ammonium, either in capsules, 30 to 60 grains daily, or in the following mixture:

℞. Ammonii chloridi
 Ext. glycyrrhizæ, aa.....ʒiiss.
 Glycerine.....ʒss.
 Mucil. Acaciæʒij.
 Syrupi
 Aquæ aa q. s. ad.....ʒiij.

M. S. Dessertspoonful every two hours.

—*Therapeutic Gazette.*

Dr. G. Hayem, in the *Revue de Thérap.*, again calls attention to the usefulness of lactic acid in the diarrhœas of children, but in larger doses than formerly recommended. His formula is:

℞. Lactic acid (pure)ʒss.
 Syrup.....ʒi.
 Waterʒiii.

This represents about one minim to the teaspoonful, or a little less than a two per cent. solution. Dr. H. has given a two per cent. solution up to twenty teaspoonfuls in the twenty-four hours. M. Sevestre has given a teaspoonful of a two per cent. solution every five minutes in the worst cases up to the same dose every hour, varying with the condition present.—*Amer. Jour. Med. Sc.*

BIERMER'S PERNICIOUS ANÆMIA CURED BY EXPELLING BOTHRIOCEPHALUS LATUS.

The article of Schapiro supports the statement of Runeberg that the rather common pernicious anæmia in Finland is caused by the presence of bothriocephalus latus in the intestinal canal, and is cured by the expulsion of the parasite. Of nineteen cases of pernicious anæmia, which have been treated in the clinic of Helsingfors since 1883, twelve were caused by tape-worm.

From 1878 to 1883, when Runeberg began the anthelmintic treatment, nine patients died of pernicious anæmia; but since 1883 only one patient died, and he was admitted while in an extremely reduced condition. Reyher has adopted a similar treatment in the Baltic provinces of Russia. Heller thought that in countries in which tape-worm is common, it would not be difficult to find pernicious anæmia and bothriocephalus latus co-existing merely as a coincidence. In medical literature also, the statement that the bothriocephalus latus can cause pernicious anæmia has been combated; but it has been claimed on various sides that this anæmia is essentially different from Biermer's pernicious anæmia. It was stated that both the characteristic blood-change and the fever were lacking in the anæmia resulting from helminthiasis, but Runeberg proved their complete symptomatological identity, and Hoffmann's observations in Dorpat confirm the views of Runeberg. The question is one of great interest in the western part of Russia, where bothriocephalus latus is very common, and according to Hirsch fifteen per cent. of the population of St. Petersburg is affected with it.

Schapiro's own case was a boy, aged 13 years, employed as a clerk. He was compelled to keep to his bed for three weeks on account of faintness and vertigo in the erect posture, and dyspnœa after the slightest exertion. He had several times had disorders of digestion, especially pains in the abdomen and vomiting. In the evenings he had fever followed by sweating. On several occasions he had passed segments of a tape-worm. Extreme anæmia, slight lateral increase of the area of heart's dullness, and strong, blowing murmur over all of the valves, especially the pulmonary, where the second sound was increased. The carotids pulsated visibly, and gave forth a strong *bruit de diable*. The spleen was enlarged, the liver not so; slight œdema around the ankles, small petechiæ upon the breast and abdomen.

The blood was abnormally thin, and contained 1,275,000 red corpuscles per cubic millimeter; the proportion between red and white was 500 to 1; the color of the corpuscles was pale (according to Melassez's hæmatometer, 4 per cent. hæmoglobin); they did not form rouleaux, were polymorphous, and both very large and very small forms were found.

In the feces, a large number of tape-worm eggs were found, which were recognized as coming from a bothriocephalus.

Before instituting a treatment for the tape-worm, the patient was given a good diet, iron and nux vomica; but he grew worse. The temperature was subfebrile. There were only 1,062,500 red corpuscles in a cubic millimeter of blood; hæmoglobin, $3\frac{1}{2}$ per cent. Bleeding took place from the nose and gums, and the bodily weight diminished somewhat, while the œdemas became more pronounced. The quantity of urine was very small; there was slight albuminuria, but no formed elements. Patient was given an electuary of ethereal extract of male fern, kamala and honey. He vomited once, but notwithstanding he passed large quantities of bothriocephalus, measuring over 23 meters. Fever and dullness came on afterwards, but lasted only a few days. Decided improvement soon set in, so that in a few weeks the patient was discharged and resumed his business. At the last examination of the blood there were 4,870,000 red corpuscles per c. m.; hæmoglobin, $13\frac{1}{2}$ per cent.—*Hospitals-Tidende*. [Dr. H. Schapiro, of St. Petersburg, in the *Zeitsch. Fuer Klin. Med.*]

CAFFEINE IN HEART TROUBLES.

Dr. Jas. Stewart, in the *Canada Medical and Surgical Journal*, thus sums up some remarks on caffeine in cardiac therapeutics: It is of marked value in the same class of cases as digitalis. It differs, however, from this drug in the following particulars. It is less powerful as a cardiac tonic, but is a more prompt and powerful diuretic, and for this reason it gives relief quicker from all troublesome subjective symptoms of cardiac failure. By combining the power of digitalis with the rapidity of action of caffeine, we may obtain the advantages of both drugs, with little of the disadvantages of either.

Dr. S. recommends the natro-salicylate of caffeine,

which is a salt consisting of equal parts of the two ingredients caffeine and sodium salicylate, and he also advises it in much larger doses than usually given, 10 to 15 grains in the place of 2 to 3 grains.

PROGNOSIS IN VALVULAR DISEASES OF THE HEART.

Dr. Jos. M. Patton, in an article on this subject published in the *Journal of the American Medical Association*, arrives at the following conclusions:

The prognosis, when compensation is obtained, is better in aortic stenosis and in mitral regurgitation than in aortic regurgitation or mitral stenosis. A person with either of the former lesions, moderately severe and fully compensated for, may live twenty or thirty years and suffer no inconvenience therefrom.

In aortic stenosis intercurrent disease of the lungs is not so dangerous as in mitral regurgitation, hence the prognosis in the former is somewhat better.

In aortic regurgitation and in mitral stenosis the prognosis is not so good, because the eccentric hypertrophy in the former and the dilatation of the left auricle in the latter render perfect compensation difficult.

The more pronounced the lesion the more grave the prognosis, in direct proportion to the increase in intra-cardiac pressure.

Double lesions at one valve, or two distinct lesions at different valves which have begun at the same time, render the prognosis grave in direct proportion to the increased liability to dilatation of the different cavities.

GYNÆCOLOGY, PÆDIATRICS, ETC.

ELECTRICITY AND LACTATION.

The first cases known, which showed the influence of electricity upon the lacteal secretion, are those of Becquerel. The first relates to a young woman of 25 years, in whom the secretion of milk had been suppressed by an intense emotion; and the second, another young mother who, seven months after parturition, found her milk obstinately suppressed. In both cases three sittings of twenty minutes of faradization restored in eight days the interrupted work of secretion. This effect was so striking that Pierron believes that by means of faradization it would

be possible to provoke lacteal secretion even in virgins; but this has yet to be decided by actual experiment.

The case recently reported by Dr. Aubert is of the same nature as those of Becquerel. The patient, eleven months after parturition, had to suspend for two days giving her milk to her child, who was suffering with pneumonia; and on giving the child the breast again, she found that her breasts had completely dried up, resisting for fifteen days all measures intended to relieve her. Dr. Aubert tried local faradization, placing the moistened poles on either side of the breast, and sending a current through, weak at first, in order not to provoke pains in the glands nor contractions of the pectoral muscles, and gradually increasing the tension up to the point of toleration. At the close of the first sitting the right breast had notably increased in size; after the second day a few drops of milk already appeared, and after the third the milk flowed in abundance.—*Bulletin International de l'Electricité. Gaceta Médica Catalana.*

GALVANISM IN DYSMENORRHEA.

* * Have experienced many beneficial results from the use of galvanism in the cure of dysmenorrhœa. The greater number of cases, as found in ordinary practice, can be very much relieved by electricity, and many of them permanently cured. Whatever the condition of the endometrium, which fails to allow the free flow of blood into the cavity of the uterus, thus causing distention and pressure with pain of greater or less severity, the free and steady flow of the galvanic current through the uterine organs is most efficacious in relieving this congestion and preventing pain.—(Ed. in *Medical Index.*)

GYNÆCOLOGICAL NOTES.

In from two to three weeks after labor examine the cervix. If there is a laceration apply, after drying the surface, a solution of argentum nitricum, one drachm to the ounce. From three to six applications have healed thoroughly quite extensive lacerations.

It is settled beyond doubt that a lacerated cervix is a starting-point, and may be a cause of malignant disease. Radical cure of epithelioma of cervix by early amputation is no question at this date. The importance of an early diagnosis and operation cannot be over-estimated. Where this is done the majority of cases never recur.

Some of the established uses of hot water in gynæcology may be of interest. After laparotomies it is used in washing out the abdominal cavity. As a hæmostatic it stops the oozing of blood from small vessels. It lessens shock after abdominal section, at 105 to 115° F. It is valuable after curetting the endometrium, stops bleeding and contracts vessels. In plastic operations about the vagina and perineum, done under a small stream of hot water, Dr. Phillips found it to remove the blood more rapidly and perfectly than could be done by the most skillful assistant.

Glycerine is absolutely needed for the purpose of depletion in conditions requiring it.

In the second stage of labor, the application of cloths wrung out of hot water aids materially in the relaxation of the perineum. For the same purpose, an application of lobelia, using about one ounce of the fluid extract to one quart of water, is recommended.

Dr. Foster recommends the following douche in case of an abortion where there are approaching symptoms of septicæmia:

Good whiskey, one part; water, three parts.

In many cases the power that this douche has over temperature is truly magical. It is not only a food and a stimulant, but also prevents decomposition, and is not a poison.—(*Archives of Gynæcology.*)

JEFFRIES ON STERILIZATION OF FOOD FOR INFANTS.

The *American Journal of the Medical Sciences* for May, has an excellent article by Dr. Jeffries on the necessity for the sterilization of infant food.

He shows that immense numbers of bacteria developed from inoculating cultures with sweet milk, condensed milk and other foods, and gives the following simple rule for sterilizing milk without impairing it as a food by boiling. He finds that steaming the milk for fifteen minutes is sufficient. We quote from him as follows:

“Any cooking steamer with a perforated false bottom and a snug cover will do, or the lower part of a Chamberlin’s steamer. The heat must be sufficient to keep the water in active ebullition.”

The vessel should be of good size, at least eight inches across the bottom, better a foot, and sixteen inches high. Inside, four inches from the bottom, there should be a pro-

jecting rim on which should rest a metal plate perforated with numerous holes a half inch in diameter. The cover should be tight so as to hold in the steam and prevent the ingress of air. For use, two or three inches of water should be placed in the bottom and brought to a fast boil, when the flasks should be set as near the center of the diaphragm as possible, the cover replaced and the whole allowed to steam for fifteen minutes. The flasks should then be taken out and stood in the cold, of course to be brought up to the body temperature before feeding.

The chief source of failure lies in an insufficient supply of steam to keep the upper chamber full; the heat must be ample, that of a range or Bunsen burner. Where the additional expense can be borne it is better to cover the outside of the steamer with a thick jacket of felt extending to within two inches of the bottom.

The milk should be steamed when first received, preferably in the flasks from which it is fed to the infants. This requires a few more bottles, as many as the infant is fed times during the day, but it will well repay the trouble. If the milk is allowed to stand before steaming the advantages of the method are done away with in great part. The milk may be sweet, but has already been acted upon by bacteria, and is certainly unhealthy. In case a sufficient number of flasks cannot be afforded, the milk should be steamed in a few larger ones, kept stoppered with cotton-wool and drawn from as needed. This is the best method to employ in hospitals where the contents of a large flask will be used up in a short time.

The secret of the success of this method lies in the well-known fact that the vegetative forms of bacteria succumb to a moist temperature of 100° C. (212° F.); that spores develop slowly, and lastly, but not least, that in milk, being an excellent medium for growth, spores rarely form, spore-formation among bacteria, like seeding among higher plants, being a phenomenon of impaired growth. The dearth of spores in ordinary milk can be demonstrated by the use of the microscope and patience.

Fifteen minutes steaming is advised rather than five or ten, as some of the earlier experiments reported show the longer period to be more effective. The entire mass of fluid used must be heated up to the boiling point; for this, time is requisite; it is not without significance that the fifteen minutes' steaming is that employed by bacteriologists to sterilize their media.

The preservation of some of the milk steamed but once is explained by the absence of any enduring spores from the start."

[The adoption of this method would save many lives during the coming summer.—Eds.]

DERMATOLOGY.

ANTISEPSIS IN DERMATOLOGY.

A writer on the "Importance of Antisepsis in the Treatment of Diseases of the Skin" (*Conc. Méd.*, Feb. 4th, 1888), urges the necessity for antisepsis of the integument in persons of the arthritic, herpetic and strumous diatheses, who have a predisposition naturally to cutaneous affection.

(a) This may be practised daily with the following boric acid solution:

Distilled water, 1 pint;
Boric acid, 1 ounce.

(b) The parasite of *pityriasis versicolor* (the micro-*sporon furfur*) is endowed with very feeble vitality, a fact which explains its easy and rapid disappearance under antiseptic applications. Besnier recommends for this disease the following lotion:

Bichloride of mercury, 5 grains;
Distilled water, 4 ounces. Mix.

Use as a wash after having rubbed the skin with a rough soap.

In the intervals between the lotions, Hardy applies this pomade:

Sublimated sulphur, 2 drachms and 18 grains;
Lard, 3 ounces. Mix.

(c) *Impetigo* is epidemic and contagious, according to recent researches; it is even to some extent inoculable, and children may, by scratching, inoculate themselves with the pustules of impetigo on different parts of the surface. Dr. Gaucher, a visiting physician of the hospitals, employs the following treatment against the impetigo of children: First remove the crusts by means of cold Irish potato cataplasms soaked in boric acid water; then, paint the denuded red and exuding surface with this topical application: Glycerole of starch, 1 ounce; boric acid, 45 grains.

(d) *Ecthyma* is certainly of microbial nature also, for Vidal demonstrated in 1872 that its pustules are auto-inoculable. The best treatment to employ consists, after

removal of the crusts, in bathing the region affected with a solution of boric acid or corrosive sublimate, then permanently cover each pustule with a disc of the mercurial plaster of Vigo, or a plaster according to the formula of Vidal: Diachylon plaster, 1 ounce; minium, 40 grains; cinnabar, 25 grains.

(e) *Sweating of the feet* should be combated by proper precautions, by frequent bathing in solution of boric acid, thymol or hot water, by the application of a mixture of equal parts of salicylate of bismuth and benzoic acid, or even by a tannin powder.

In the German army, the following powder is used: Salicylic acid, 45 grains; starch, 5 drachms; powdered talc, 3 ounces.

REMOVAL OF POWDER GRAINS FROM THE FACE.

Dr. S. J. Mixer, of Boston, has a new device for the removal of powder grains from the face. It consists of small steel tubes of different sizes. These are similar to trocar tubes and are partially sharpened. One of proper size is selected and placed on the skin over the site of the powder grain, and then it is pressed down so that on removal the skin, together with powder grain, is elevated above the surrounding skin. It can then be snipped off with a pair of fine curved scissors, and a suture of fine black silk allows the wound to heal by first intention without leaving any scar.—*Four. Amer. Med. Association.*

[This method is very ingenious, but seems to us to be applicable to every part of the body *but the face*, where work must be of the most delicate character. We cannot see how a piece of skin, however small, if snipped off and the wound is united with a suture, will fail to leave something of a scar. If the powder marks be at all extensive we should prefer the electric needle.—Eds.]

ICHTHYOL FOR ERYSIPELAS.

The *Peoria Medical Monthly* gives the following formula for facial erysipelas: Ichthyol, 2 drachms; olei olivæ, 1 drachm; aquæ rosæ, 1 drachm; lanolini, 4 drachms. m. Applied freely three times a day, first washing the parts carefully. In a case cited, the first application relieved the pain and burning; after the second, the redness and much of the induration of the skin was gone, and after the fourth, the skin was practically well. The patient,

an old lady, had the same disease one year before, when it lasted six weeks, and she said the onset this last time was more violent than before.

Dr. Edward Martin, quoted in the same number from the *Phila. Med. Times*, mentions a case of erysipelas of the scalp, upon which he applied a thick layer of ammonium ichthyolate and vaseline, equal parts, while iron was given internally. "The pain was relieved almost immediately; the patient slept comfortably; his temperature the following morning was 98 degrees, and he was well and remained so."

DEATHS.

DR. WILLIAM GLOVER, late of Cedar Creek, Bastrop County, Texas, died of congestion of the lungs at Lovelady, Texas, on the 20th of March ult.

DR. AMERICUS COCKERILLE, of Alexandria, La., died at his home in that town April 12, 1888. Dr. Cockeville was born in Fairfax County, Va., in 1825, and graduated in medicine from the Jefferson Medical College, of Philadelphia. He had been a prominent practitioner in Rapides Parish for the past thirty-five years.

At 2 A. M., Sunday, May 6, 1888, DR. J. F. BORDE, the well-known, respected and beloved family physician, died at his home, No. 252 Canal street, in this city. A native of St. John the Baptist, Louisiana, Dr. Borde was born in 1830. He came to the city when quite young and entered a private school. Later on he was sent to Europe, where he remained until 1855, when he graduated as a physician from the celebrated University of Paris. He returned home to New Orleans in 1858 and entered upon the practice of his profession, which he successfully continued until his death.

WE regret to chronicle the death of DR. LUIS CARRERAS-SOLA, associate editor of our valued contemporary, the *Revista de Ciencias Médicas*, of Barcelona, Spain, and son of the eminent Catalonian ophthalmologist and editor of the *Revista*, Dr. Carreras-Arago. Though only 24 years of age at the time of his death, Dr. Carreras-Sola had already won distinction in his native city by his great scientific activity and remarkable aptitude for original and advanced researches. A favorite pupil of Klebs and

Cornil, he excelled in bacteriology and histological investigation, for which he had been especially trained. His sad and untimely end will undoubtedly prove a serious loss to the rising and promising generation of Spanish medical men.

MARRIAGES.

At Franklin, during the week ending March 31, 1888, DR. T. W. TARLETON to MISS LOUISE N. WILSON.

DR. J. D. HANSON and MISS MALVINA THIBAUT were married at Donaldsonville, La., April 25, 1888. Dr. Hanson has the sincere congratulations and good wishes of our staff.

MEDICAL NEWS AND MISCELLANY.

WE return thanks to the *Athénée Louisianais* for an invitation to the *Séance Publique, Litteraire et Musicale*, held on April 15, 1888.

WE are indebted to the Lone Star Medical Association of Texas for an invitation to attend the third annual session to be held at Austin, May 14 to 19, 1888.

SECRETARY FAIRCHILD has approved the removal of the Quarantine Station from Ship Island to North Chandeleur Island.

THE New Orleans Polyclinic is a success, and will be a permanent institution in this city. It literally and truthfully filled "a long-felt want."

OF course everybody will remember that the American Medical Association meets in Cincinnati the second week in May, 1888.

A WOODEN case containing surgical instruments, many of which are similar to those of to-day, has been found at Pompeii.

BOTH the Association of American Physicians and the Association of American Surgeons meet in Washington, D. C., September 18, 19, 20, 1888.

SELTZER water allowed to flow slowly but constantly from a siphon bottle upon a burn is said instantly to relieve pain and to hasten final cure.

THE College of Physicians and Surgeons, of New York, had 809 students last session, the largest number of medical students, says the *Doctor*, ever known in any medical college in the United States.

DR. LEDETSCH has had excellent results in gonorrhœa from an injection consisting of bisulphate of quinine one per cent., glycerine twenty-five, and water seventy-five. Only a light burning sensation is produced, and chronic cases are cured in a few days.

DR. H. T. BAHNSON was awarded an honorary diploma by the Louisville Medical College. We don't know that we approve of the custom, but if it must be followed, certainly no worthier recipient could be found for almost any honor than Dr. Bahnsen.

SMALL-POX is certainly widely spread throughout the country, and though it is as yet apparently mild, still it is a miserable disease at best. We therefore think that physicians should do more vaccination than they are now practicing.

DR. A. A. LYON, who removed from Shreveport to Texas a year or two ago, has returned to Shreveport again. We hope he will take his old time interest in Louisiana affairs and, more especially, the Louisiana State Medical Society.

FROM the *South African Medical Journal*, one of our most recent exchanges, we clip the following: "A qualified Zulu medical man, Dr. John Nembula, has returned to Natal, after seven years study in the United States. We wish the new departure every success."

THE *Virginia Medical Monthly* says the capacity of the human stomach to bear abuse is evidenced by the fact that one insane patient, who died at Prestwich Asylum, had in his abdominal cavity 1841 foreign substances, including nails, tacks, glass, pebbles, hair, etc. The weight of the mass was eleven pounds four ounces.

DR. SANGREGORIO says of small-pox in pregnancy, out

of a total of 72 cases there were 31 miscarriages and 26 deaths. Among the 72 cases were 7 of varioloid, with 1 miscarriage and no deaths; 40 discrete variola with 10 miscarriages and 3 deaths; 22 confluent small-pox with 17 miscarriages (77 per cent.) and 4 deaths; 3 hemorrhagic variola, with 3 miscarriages and 3 deaths.

IN answer to question Dr. Richards (of Children's Hospital, Birkenhead) says: It is believed that the infection of whooping cough lasts six or eight weeks after first manifestation of disease, and that recurrence of cough after this period is unattended by risk of infection. This view is acted upon in the hospital. — *British Medical Journal*.

IN England the law is that fees due to medical men for attendance during illness, whether the last or not, rank as simple contract debts. If the estate is unable to pay in full they are entitled to no priority. There may be cases in which such fees have been paid without objection, but no court would give a medical man preference over other creditors in respect of such fees.

AN error placed the graduates in medicine from Tulane University at 75. The number should have been 73, and the graduates in pharmacy 10. The graduates from the Southern Medical College, Atlanta, were 32; Vanderbilt, 82; University of Tennessee, 76; Memphis Hospital Medical College, 54; University Medical College, N. Y., 163; Long Island College Hospital, 36; Bellevue Hospital Medical College, 144.

THE following lines, headed "The Prayer of the Texas Doctor," were found upon a slip of paper fastened to the bulletin board of the New York Polyclinic, March 12th:

"Land of the Sunny South; land of the blithesome lizzard.
Send us one of breath of Spring to warm our gizzard;
Thaw our anatomy from A to Izzard,
And melt this double-damned Dakota blizzard."

—*Doctor*.

THE Attakapas Medical Society met in New Iberia, La., May 1, and held an interesting meeting, continuing late into the night. Several valuable papers were read and discussions engaged in. A committee of three was appointed in each parish within the jurisdiction of the society,

to work in connection with the coroners in endeavoring to induce the police juries to establish bureaus of statistics. Another committee of three was appointed to examine the sanitary condition of Bayou Teche, especially during the sugar-making season. The officers for the ensuing term are Dr. C. M. Smith, of Franklin, president; Drs. T. J. Woolf, of New Iberia, and Frances, of Lafayette, vice-presidents; Dr. Thomas Hebert, of New Iberia, secretary and treasurer.

A COMMITTEE of the Linnæan Society, of New York, composed of L. S. Foster, C. S. Allen, M. D., Jonathan Dwight, Jr., is soliciting funds to erect a monument over the grave of Jno. James Audubon, in Trinity Cemetery, New York City. It should never be forgotten that the greatest of American naturalists was a Louisianian, and it is to be hoped, therefore, that our people will contribute what they can to this laudable undertaking. Contributions may be sent to any of the committee, care of the Linnæan Society of New York, 11 West 29th street, New York City.

WE are in receipt of a note from a physician, who after expressing his readiness to pay up his year's subscription to the JOURNAL adds: "You may discontinue it, as I don't consider it worth a d—n anyway." The phrase is one of such delicacy and elegance that we cannot believe it to have originated with a member of the profession. It probably lingered in the doctor's memory from the last occasion when he was dismissed by a grateful patient, who having reaped the benefit of our friend's most faithful services, characterized them as "not worth a d—n anyway."

DR. J. R. BRIGGS, late associate editor of the *Texas Courier-Record of Medicine*, will edit the *Texas Health Journal*, the only publication of the kind in the State, and indeed in the South. The new journal will be published by the Health Journal Publishing Company of Dallas, Texas, at two dollars (\$2) a year in advance, and Richard Flood will be the business editor. The first number of the new journal will be issued next July, the edition for the first quarter being 5000 copies monthly. We shall be happy to place the *Journal* on our exchange list, and we bespeak for it a hearty support, not only by the profession of Texas and Louisiana, but of the whole South.

THIS number of the JOURNAL has been delayed beyond all precedent, awaiting news from the recent meeting of the State Medical Society. The late date of the meeting, April 25, and the "un-get-at-able-ness" of Monroe made all tidings unusually long in reaching us. Besides, for the first time in years, not a member of our staff was able to attend, all being detained in the city by their duties in the new Polyclinic. Finally, our readers should remember that New Orleans passed through a remarkable political revolution during the week beginning with April 17th, and nearly every one of our editors was "out with the boys" on that ever memorable occasion. Such a cumulation of pleas is enough to excuse anything, and we shall not add another word, feeling sure that our friends will all "grant us grace."

A VERY pretty story charging the needless damaging of costly wearing apparel at the Mississippi Quarantine Station and rude conduct to a woman by the officials has been telegraphed from Washington where the woman in question seems to have gone. She says that she managed to endure the "steaming process," but after her trunks had been repacked an official stepped up and "turned a hose full of yellow Mississippi water in among the silks and laces," and when she protested he merely laughed insolently. She goes on further to say that it was openly intimated to her that a few tips would save her wardrobe, but she was too angry to listen to them. The President of the Board of Health as well as Dr. Aby, the Quarantine Physician, both deny the truth of the charge, but this is hardly necessary, for it is too plainly false to need it. The woman was in the city a whole day, but failed to make any complaint to or demand of the Board because of the loss of "several thousand dollars" of her clothing; and to stamp the whole thing more clearly still as an afterthought and a fabrication, it comes out that she got angry at having to unpack and then repack her trunk, and used some plain talk in the premises. After it was all over, however, she apologized to the female attendant for having lost her temper. The lady should not be allowed to travel alone any more, or she will continue to get into trouble, for she is evidently lacking in many of the qualities which one naturally associates with "wealth and refinement."

PUBLICATIONS RECEIVED.

Clinical Notes on Pruritus. By L. Duncan Bulkley, A. M., M. D., Attending Physician to the N. Y. Skin and Cancer Hospital, etc. Reprinted from *Journal of Cutaneous and Genito-Urinary Diseases*, Vol. V, December, 1887.

Infant Feeding, Especially with Reference to Subjects with Infantile Eczema. By L. Duncan Bulkley, A. M., M. D. Read in the Section on Diseases of Children, at the Thirty-Eighth Annual Meeting of the American Medical Association, June, 1887. Reprinted from the *Journal of the A. M. A.*, October 15, 1887.

The Woman's Magazine. One dollar a year; ten cents a copy. Frank E. Housh & Co., Brattleboro, Vermont.

Pneumonia: Its Mortality and Treatment. A Statistical and Rational Inquiry. By Henry Hartshorne, M. D. Reprinted from the *Transactions of the College of Physicians of Philadelphia*, February 1, 1888.

What is the Legitimate Scope of Gynecology? By Walter Coles, M. D. Reprinted from the *St Louis Courier of Medicine*, January, 1888.

The Novelist: A Weekly Magazine of American Fiction. Vol. IV, No. 42. A Pessimist. By Robt. Timsol. Jno. B. Alden, publisher, New York, 373 Pearl street. One dollar per annum.

An Aseptic Atmosphere. Club Foot. A Rectal Obturator. Palatoplasty. The Extraction of Cataract as Influenced by Mycological Development. The Pulley Method of Advancing the Rectus, with Indications for its Employment. By A. E. Prince, M. D., Jacksonville, Ill.

One Hundred and Ten Laparotomies for the Removal of the Uterine Appendages. Sixty-One Consecutive Operations Without a Death. By Prof. W. Gill Wylie, M. D., New York. Reprint from the *Annals of Gynecology*, December, 1887.

Excerpt from the Biennial Report of the Board of Health to the General Assembly of Louisiana, 1886, 1887. Jos. Holt, M. D., President.

The Mediterranean of the United States as a Resort for Invalids. By Chas. E. D. Le Roux, M. D., of Pass Christian, Miss. Reprinted from the *Transactions of the American Climatological Association*, May 31, 1887.

Modern Methods of Antiseptic Wound Treatment. Published by Johnson & Johnson, New York, N. Y.

New York Cancer Hospital. Second and Third Reports—1886, 1887.

The Legal Aspect of Suicide. Annual Address Before the Medical Jurisprudence Society of Philadelphia, January 10, 1888. By Hon. Wm. N. Ashman, President of the Society.

Furuncular Inflammation of External Auditory Canal. S. Latimer Phillips, M. D., Savannah, Ga.

The Pathology of Hay Fever. By S. S. Bishop, M. D., of Chicago. Read in the Section on Psychological Medicine and Nervous Diseases. Ninth International Medical Congress. Reprinted from the *Journal of the American Medical Association*.

MORTUARY REPORT OF NEW ORLEANS

FOR MARCH, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	3	3	4	2	3	3	6
“ Congestive.....	1	1	.....	2	1	1	2
“ Remittent.....	1	.....	1	.....	1	.....	1
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	.....	.....	.....	.....	.....	.....	.....
“ Puerperal.....	.....	.....	.....	.....	.....	.....	.....
“ Typho-malarial.....	2	.....	2	.....	2	.....	2
“ Enteric.....	.....	.....	.....	.....	.....	.....	.....
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	13	3	6	10	.....	16	16
Whooping cough.....	2	2	.....	4	.....	4	4
Meningitis.....	3	1	2	2	.....	4	4
Pneumonia.....	22	20	29	13	27	15	42
Bronchitis.....	12	4	12	4	7	9	16
Consumption.....	47	31	39	39	76	2	78
Congestion of brain.....	2	2	3	1	.....	4	4
Diarrhœa.....	5	4	7	2	9	.....	9
Cholera infantum.....	.....	.....	.....	.....	.....	.....	.....
Dysentery.....	2	2	1	3	4	.....	4
Debility, general.....	1	1	.....	2	2	.....	2
“ senile.....	19	8	12	15	27	.....	27
“ infantile.....	3	1	3	1	.....	4	4
All other causes.....	161	91	140	112	175	77	252
Total.....	299	174	261	212	334	139	473

Stillborn children—White, 25; colored, 16; total, 41.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 19.93; colored, 30.70, total, 22.88.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—MARCH.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hundredths.	GENERAL ITEMS.	
		Mean	Max	Min		Mean barometer, 30.053.	High est barometer, 30.44, 12th.
1	30.18	63.3	73.8	53.0	....	Lowest barometer, 29.66, 20th.	Monthly range of barometer, 0.78.
2	30.17	66.0	77.8	56.5	....	Mean temperature, 60.3.	Highest temperature, 78, 26th.
3	30.10	66.3	76.0	57.8	.01	Lowest temperature, 40.7, 12th.	Monthly range of temperature, 37.3.
4	29.89	69.0	77.0	60.3	.20	Greatest daily range of temp., 24, 11th.	Least daily range of temp., 9, 10th.
5	29.88	57.0	68.4	53.3	.98	Mean daily range of temperature, 16.6.	Mean daily dew-point, 50.1.
6	29.94	53.0	59.2	46.8	....	Mean daily relative humidity, 72.2.	Prevailing direction of wind, SE.
7	30.11	49.0	57.0	41.0	....	Highest velocity of wind and direction, 33 miles, south, on 5th.	Total movement of wind, 7260 miles.
8	30.22	50.3	59.4	41.4	....	Total precipitation, 6.45 inches.	Number of days on which .01 inch or more of precipitation fell, 13.
9	30.13	60.3	70.5	49.3	....	No. of clear days, 7. No. of fair days, 17. No. of cloudy days, 7.	MEAN TEMPERATURE FOR THIS MONTH IN
10	29.89	70.3	77.8	61.3	.03	1874... 66.3 | 1879... 64.5 | 1884... 64.8	1875... 55.8 | 1870... 65.5 | 1885... 58.4
11	30.23	49.3	70.0	46.0	.02	1876... 59.5 | 1881... 59.6 | 1886... 58.6	1877... 60.7 | 1882... 67.9 | 1887... 62.1
12	30.21	52.3	63.8	44.5	....	1878... 66.4 | 1883... 61.7 | 1888... 60.3	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN
13	30.17	55.0	64.2	46.0	....	1874... 5.55 | 1879... 1.36 | 1884... 8.24	1875... 13.85 | 1870... 6.66 | 1885... 6.99
14	30.28	54.7	61.2	50.5	....	1876... 11.32 | 1881... 2.75 | 1886... 8.41	1877... 4.94 | 1882... .92 | 1887... 3.37
15	30.18	57.0	68.0	45.0	....	1878... 4.63 | 1883... 5.01 | 1888... 6.45	Dates of frosts: { Light, 8th, 13th 14th. { Killing, none.
16	29.99	63.7	75.0	54.0	....	Thunder storms on 25 and 26.	Solar halo on 23.
17	29.93	64.7	75.0	56.8	....	
18	29.76	64.7	70.3	61.3	1.84		
19	29.73	68.0	77.2	61.5	.10		
20	30.06	53.7	62.0	44.2	....	
21	30.37	50.3	59.0	46.3	....	
22	30.30	53.0	61.7	43.7	....	
23	30.00	61.3	67.3	51.4	.32		
24	29.79	70.3	75.0	63.0	.35		
25	29.82	69.0	78.0	64.8	2.02		
26	29.77	72.7	76.8	67.1	.39		
27	29.80	67.7	76.5	58.2	.15		
28	30.06	60.3	68.0	52.6	.04		
29	30.17	63.3	72.3	55.7	....	
30	30.14	66.7	74.0	59.2	....	
31							
Sums	.....	.....	.....	.....	6.45		
Means	30.053	60.3	69.3	52.7	....	

R. E. KERKAM, Signal Corps Director.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JUNE, 1888.

ORIGINAL LECTURES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if *a written* order for the same accompanies the paper.

**Address Before the Louisiana State Medical Society at
Monroe, La., April 25, 1888.**

By Hon. A. A. GUNBY, Monroe.

Mr. Chairman and Gentlemen of the Society: When I was notified by your secretary that the State Medical Society, at its last annual meeting, had appointed me to deliver an address on this occasion, I was forcibly struck with the wide distance which separates the two systems of knowledge that constitute the capital stock of the medical and legal professions. The difference between a good doctor and a good lawyer is simply prodigious. Their lines and modes of thought, their methods of analysis, their diagnosis and cognition, their theories, habits, manners, pursuits and objects, all vary widely. Both have a "habit of looking wise, both charge fees 'win or lose,' 'kill or cure,'" and both are soundly berated by the general public for making money not "by the sweat of the brow." On these points the two professions touch much nearer than in medical jurisprudence, which has always served to exhibit in a most vivid and sometimes facetious manner the doctors' ignorance of law and the lawyers' ignorance of medicine. Perhaps, this contrast between the professions might be

instructively carried further, but I will drop it with the single remark that nothing so clearly shows the difference between the science of medicine and the science of law, to the great advantage and glory of the former, than the preference which the fair sex give to the doctors over the lawyers in the sacred precincts of their trusting hearts. The ladies always think their lawyers are rascals and their doctors saints. And obedient to their unerring intuitions, the ladies show a decided preference for medicine in adopting professions suited to their talents, tastes and ambitions, there being more than 2,500 female doctors in the United States, while only seventy-five have condescended to encourage the plodding lawyers by their association. Even the late Chief Justice of the United States Supreme Court had a lady physician, but I cannot say whether he intended, by his choice, to compliment the fair sex or satirize the medical fraternity.

Being but an humble disciple of Themis, I know and feel my inability to entertain the Sons of Hippocrates on subjects that relate to their erudite and recondite profession. I have, therefore, chosen for my address a subject which concerns lawyers and doctors alike; a subject which interests all classes, all ages and indeed every living thing—the subject OF DEATH.

I do not approach the discussion of this subject with any feelings akin to awe or solemnity. In every age, mystery has been the prolific mother of creeds and crimes, and the mystery which surrounds death has filled the ordinary imagination with terror, and made it a subject of the gloomiest forebodings and the direst dread. In accordance with these notions, its representations have usually been dark and horrible, and the descriptions of its unknown tortures are always doleful and harrowing. These irrational practices account for the general repulsiveness of the subject, but death has not always been so regarded. The ancient Etrurians painted the genius of death as a perfect cherub, and the soldiers of Mahomet always died with a smile. The fear of death is not inherent in our

natures. The inertia of life, that material principle which makes all bodies resist a change of position, or re-arrangement of atoms, makes us, in common with every living organism, struggle for existence and shrink from physical injury and pain. But that anticipatory fear of death is a creature of fancy is conclusively shown by examples where the fancy has been trained to welcome death with every manifestation of mental and physical enjoyment.

“In the kingdom of Narsingua to this day,” says Montaigne, “the wives of their priests are buried alive with the bodies of their husbands; all other wives are burnt at their husbands’ funerals, and they so cheerfully present themselves to the fire that they seem to take it for a singular honor, to accompany their husbands in death.”

In another country where it is the custom to bury a man’s best loved wife with him, it is said that there is always a contest to be chosen favorite, in order to enjoy that honor. This shows a wonderful training of the fancy, for though the wives of our country are devoted to their husbands, it would be hard to find one who would immolate herself at his funeral, rather than be a widow.

Shakespeare’s Cæsar said :

“Of all the wonders that I yet have heard,
It seems to me most strange that men should fear”—

death. This, too, is the verdict of philosophy. It is the teaching of common sense. Yet how many men can say that they are free from the fear of death? How many moments of every life are rendered miserable by this needless fear? We know that death is as natural as birth. It is a part of the economy of nature. It is not only inevitable under the present conditions of our life, but seems to be necessary and indispensable to the proper management of the universe. We know that death is not as painful as many of the excruciating and insupportable ills of life. In fact, it is doubtful if there is any pain at all in the last struggle. “It is not painful, Pætus,” exclaimed the heroic Arria, as her life-blood ebbed away. The sensations of dissolution are soft and delicious. The captive elements

are manumitted. Ill-combined atoms are joyfully released. The hot blood becomes cool. Our wild hearts grow peaceful, calm and still; and we lie down to our long rest like a tired child! From the standpoint of physics, as well as philosophy, the fear of death is born of the fancy. That which is born of the fancy must be fancy. I do not say that death should be treated with contempt as a trifling matter, but the melancholy fear of it is a disease which should be cured.

An instructive essay might be written on the Literature of Death. No subject has more universally commanded the attention of the poet and sage. Ever since Orpheus sang in Hades, every bard, at some time or other, in every language, age and country, has attuned his lyre to the grueful notes of requiem, elegy and dirge. With the nimble feet of his inimitable wit, Burns danced a jig with Death, and familiarly discussed with him the doings of Dr. Hornbook, that bold knight of the ferula, who was at the same time apothecary, surgeon and physician.

Shakespeare, the most comprehensive and profoundest of philosophical poets, has put many striking reflections on death, in the mouths of his wisest characters. In the dark cells of the Tower, "false, fleeting, perjured Clarence" is made to shudder and shriek at the "bitter sentence of death," and the weak, shallow-hearted Claudio is permitted to say:

"The weariest and most loathed worldly life,
That age, ache, penury and imprisonment
Can lay on nature, is a paradise
To what we fear of death."

But Hamlet, the melancholy and thoughtful Dane, quietly pulls down the curtain on the stage of life with this short but impressive dying declaration: "The rest is silence." The marvelously learned Prospero tells us that

"Our little life
Is surrounded with a sleep."

The "lean and hungry" but highly intellectual Cassius declares in the presence of death, that

“ He that cuts off twenty years of life,
Cuts off so many years of fearing death,”

and on the plains of Philippi he utters that burst of tender pathos,

“ Forever, and forever, farewell, Brutus!”

Macbeth, who, though he “supped full with horrors,” combined a wonderful strength of mind and a strange depth of philosophy with his fatal superstition and blind submission to malign influence and who could say of his first victim,

“ After life’s fitful fever, he sleeps well!”

was commissioned by the great bard to make this sad summing up of a sinful and ambitious career :

“ Life’s but a walking shadow, a poor player,
That struts and frets his hour upon the stage,
And then is heard no more ; it is a tale
Told by an idiot, full of sound and fury,
Signifying nothing.”

These citations might be infinitely extended in prose and poetry ; but it is not my purpose to confine myself to the literature of my subject.

A more instructive essay, and one more germane to the present occasion, might be written on the question, “What is death?”

I have never seen a truly scientific definition of death. The most distinguished anatomists and physiologists have signally failed to agree as to what death actually is. Some say that it is the extinction, the negation, the opposite of life. Such a definition means nothing. Others call it a cessation of chemical action in a living body, and others a cessation of reparation. All these definitions either run in a circle or merely define the symptoms, the insignia, the appearance of death, not the thing itself. It is equally difficult to find out from the books what life is and where it resides in the being. It cannot be located in the heart, for children without hearts have been born and lived. It cannot be placed in the head, for acephalous beings have existed. It cannot be placed in the blood, or the nerves, or the heat of the body, for animals who have neither blood,

nor nerves, nor warmth, have the most active and tenacious vitality. We may say that life is the harmonious arrangement of organized cells and that death is the displacement of that organization, but this leaves us as far as ever from the question, "What is the difference, expressed in scientific terms, between the body the moment before and the moment after death?" The most advanced pathologists teach that there can be no change of structure and Prof. Huxley has said that every sensation, thought and volition is a material expenditure, and has its atomic equivalent. If this be so, why may not anatomists detect and appreciate the structural and material phenomena of death? Why should they not discover what element, what ingredient leaves the body when life ceases, or if anything leaves the body at all? In my opinion, the secret of existence lies within the scope of organic chemistry, and a knowledge of "the tree of life" may yet be attained through the researches of medical science.

I know that it is a popular idea that something leaves the body at the moment of death; by those who regard death as the passage to another life, it is considered as simply a separation of the soul and body. They regard the body as a tenement house, a casket for the real being, the essence, the identity which they call the soul, or spirit, or "breath of life," and when this leaves the body for some other residence, death supervenes. The Greeks called this mysterious identity *Psyche*, which means butterfly. The Romans called it *spiritus* from *spiro*, to breathe. From those ancient times till now, more has been said and written about the soul than on any other subject. Every poet has sung, every preacher has preached, every philosopher has speculated, every novelist has dilated about the soul. And it is astonishing how much they all know about it, its features, its laws, its heights and depths and expansive shadows, its lineage and its destiny. But what says medical science? Has the microscope, scalpel, probe or forceps found in the human body any trace of a separate or separable identity? In ligament nerve or muscle,

in brain cell or blood corpuscle, what have you found that justified the infallible assumption that ought existed there which does not exist in all living forms throughout animated nature?

It is very easy to think as others do. With what a serene sense of security, and sometimes pompous self-gratulation, we accept what is commonly accepted. It requires courage to forego the luxury of such mental ease. But it must be said that the wisest men of all times have bowed most meekly in the presence of the unknown and unknowable while mountebanks and dervishes have ever been ready to dive into the future and to unravel the supernatural. What I contend for is that whether the soul escapes from the body at death is an anatomical question, a medical question, and it is for those sapient delvers in man's body to answer and relieve the suspense of the ages. What I contend for is that the secret of life is locked up in man's body, like Ariel in the twisted fibres of the cloven pine, and it is the task, the mighty and magical task of the devout and skilled physician to let that prisoned secret out. The sublimest problems of the future are entrusted, not to the metaphysician, visionary dreamer, nor prestidigitator, but to the students of exact science, and woe be to him who would smother facts.

It is not my purpose to question or deny the immortality of "our intellectual being." The belief in our immortality is the prime instinct of the human race and I take my full share in that deep-seated hope and intuition. The soul of the flower is its perfume; the soul of the bird is its song. Why may not the soul of man be that divine virtue, truth and justice, which breathes alone in noble breasts? But after all, no matter how often science may require the surrender of some delightful notion and the re-habilitation of our crude ideas, the most enviable reward of right living will remain as expressed by Tacitus in concluding his beautiful tribute to Agricola:

"All of Agricola," says the greatest of biographers, "that gained our love, and raised our admiration, still subsists, and will ever subsist, pre-

served in the minds of men, the register of ages, and the records of fame. Others who figured on the stage of life, and were the worthies of a former day, will sink, for want of a faithful historian, into the common lot of oblivion, inglorious, and unremembered; whereas Agricola, delineated with truth and fairly consigned to posterity, will survive himself, and triumph over the injuries of time."

The foregoing general considerations on the subject of death are of far less interest and value than the consideration of the practical question whether or not death can be successfully combatted by the medical profession. St. Paul has said: "The last enemy is death." It is the enemy with which medical science is engaged in deadly battle. Is there any chance to win the victory? It is not the fear of death, nor "the dread of something after death" that makes us want to live. The tender ties of affection bind us to earth and the love of usefulness, the love of knowledge, and the love of honor and fame, "that last infirmity of noble minds," make us desire and enjoy longevity. It is, therefore, a question of deep interest to us all whether science has in her quiver a dart which can break the scythe of the reaper whose name is death.

There are those who believe that death is a fixed term, governed by special providence, which can neither be evaded nor postponed. "There is an appointed time for man upon earth," "His time has come," "As certain as death," are expressions which are proverbial with this class of persons, but I notice they send for the doctor whenever it looks like their own foreordained time has come.

There is another class who believe that death is governed by biogenic law, by heredity, by germs of decay that inhere in every living thing, from the tiny insect that grows old in a day to the deep-rooted oak whose branches have been swept by the storms of a thousand winters. While the advocates of this theory believe that human life may be prolonged by care and special causes, they fix an inexorable limit to its durability. This limit has been fixed by M. Flourens at five times the period in which the body attains its full growth. This period, in the human race,

is generally fixed at 21 years, at which time the average body is grown, and multiplying this by five gives 105 years as the average life of man, barring accidents, ignorance and willful neglect or disobedience of the laws of self-preservation.

It has been proved that all animals live five times the period of their growth and hence the system of M. Flourens has been widely approved and accepted. According to this system every person who dies under 80 dies prematurely. If this be true, and it cannot be doubted, what a terrible waste of human life is witnessed by every graveyard where the tiny short mounds outnumber those of full length! These abbreviated lives, which no consolation can relieve, attest with deep and ominous emphasis the long distance which humanity has yet to travel before it reaches a rational stage of existence.

But even the system of M. Flourens, while it opens an inviting and illimitable field for prosperous exertions, in behalf of longevity, denies the possibility of indefinite prolongation of human existence. While it grants to the physician the power to control life and extend it to a certain limit, beyond that limit it says: "Thus far shalt thou go and no further." In this particular, I beg leave to challenge that system as inconsistent, unphilosophical and unscientific. If medicine can prolong life at all, it can prolong it indefinitely. Either death is as inevitable as gravitation, which no human agency can avert or suspend, or the conditions, whose modifications shorten or lengthen life, may be still further modified so as to make a "deathless man."

Dr. Wm. A. Hammond, whose erudition all are bound to respect, has recently said: "I do not see that there is any physiological reason why even at the present day man should die."

Dr. John Gardner, in a note to his extremely interesting work on Longevity, says: "It is more difficult, on *scientific* grounds, to explain why men die at all than to believe in the duration of life for one thousand years.

All accounts of early history ascribe an amazing longevity to our race. We all know that Methuselah lived nine hundred and sixty years and never complained of feeling old. Helen of Troy was considered a young lady of irresistible attractions at 120 years of age. But still more astonishing are the facts presented in the literature of India.

"We find it recorded," says Buckle, "that in ancient times the duration of the life of common men was 80,000 years and that holy men lived to be upwards of 100,000. Some died a little sooner, others a little later; but, in the most flourishing period of antiquity, if we take all classes together, 100,000 years was the average. Of one king, whose name was Yudhishthir, it is casually mentioned that he reigned 22,000 years, while another, called Alarka, reigned 66,000. They were cut off in their prime, since there are several instances of the early poets living to be about half a million. But the most remarkable case is that of a very shining character in Indian history, who united in his single person the functions of a king and a saint. This eminent man lived in a pure and virtuous age, and his days were, indeed, long in the land; since when he was made king he was two million years old; he then reigned 6,300,000 years; having done which, he resigned his empire, and lingered on for 100,000 years more."

These marvellous accounts, which were written and have been credited by very learned men, show, at least, that from a historical standpoint, there is nothing absurd in the conception of a "deathless man."

We know, however, that at a period about 3,500 years ago the duration of man's life had sadly declined. At about that date, Moses, who is conceded by all commentators to have been the author of the 90th Psalm, sang, "in mournful numbers," "The days of one's years are three score years and ten." From that time longevity continued to decrease. Among the Romans it was fearfully low, and in the Middle Ages we have good reason to believe that a man sixty years old was a rarity. Among savage tribes there is no such thing as old age, and they increase and decrease spasmodically, as the population did in Europe a few centuries ago. Plagues swept whole cities away, disease was unchecked, and death had no opponent until divine medicine put on its modern armor.

Since then the population of the earth has increased with amazing rapidity. Life has not only become better and happier, but it has been constantly growing longer. Vital

statistics in this country are very unsatisfactory and incomplete and will so continue until you doctors see that laws are enacted and enforced for the registration of every death and its cause and the preservation and classification of such records, as is done in the Registrar General's office in England, a subject, I may be permitted to say, of the greatest importance for the consideration of this Association. But with such mortuary statistics as the world has been able to gather, through insurance companies and otherwise, we know enough to be able to say with absolute certainty that the average of human life has been constantly increasing and that this average has been extended at least six years during the past half century. If this be so, and it cannot be doubted, nor can it be doubted that it is the result of medical science and practice, then why should not this average continue to enlarge? There is nothing in the laws of nature or the facts of science which insuperably precludes such a consummation.

Who dares to set limits to human achievement? Who will assume to lay down laws for the alembics of Pasteur or the batteries of Edison? By the spectrum we analyze the composition of the fixed stars, and shall we not be able to discover the ingredients of life? By a zealous cultivation of chemistry, the most fertile plot in all the fields of science, you have found out how to create organic acids; why may you not make blood, "the life of all flesh?" Hygiene and preventive medicine are in their infancy. Public and private sanitation has scarcely begun. New secrets are coming to the surface. New remedies are being applied. Hypnotism, faith-cure, electricity, "where-with we are darkly bound," are opening up unfathomed seas of progress and discovery. Amid all this, who will say that you, who have extended life six years in so short a time; you, who have vanquished death on many a hard-fought field, cannot extend life indefinitely and come off conquerors at last?

In many a land and age, some fond and daring spirit, some enthusiast has dreamed and yearned for some

wondrous occult method of perpetuating human life. The *elixir vitæ*, the philosopher's stone, the fountain of perpetual youth and prime, and the "drink of immortality," are but the various forms of those beautiful dreams. Who shall gainsay them? It has been said that we shall sometime realize all that we desire and aspire to, and that every conception shall become a fact. Then these adventurous but lovely dreams, these electric kisses of science and song, delicate and sensuous as the distilled pearls which Cleopatra drank, are the prophecies and prefigurations of a coming time when it can no longer be said that our hearts

"Like muffled drums are beating
Funeral marches to the grave."

But how will that benefit us, it may be asked?

It was Auguste Comte who deified humanity and made it the arbiter of the ultimate destiny of the human soul. It was Carlyle who said that there are no individuals, no isolated beings. Each lives in all and all live in each. Then we who occupy such a brief span in this imperfect transitory era, we who die helplessly while the excessive waves of abundant life are surging around us, we, too, may yet have a part in that higher and nobler and longer life which our race is to live on this earth. Sweeter than all the honey that dript from the brow of Mount Hymettus, more refreshing than all the dews of Hermon, is this thought to the spirit of the humble seeker after truth and knowledge: We who are about to die salute the generations that are to be!

Gentlemen, I hope that whatever opinion you may have of the manner in which I have discharged the task which your flattering invitation imposed on me, you will not consider my remarks as inappropriate or simply as "medicine for the imagination." The aspirations of the alchemists are no longer ridiculed, and I hope it is pardonable in one of the laity to transcend the exact and cautious rules of professional thought on an occasion like this.

I have not thought it proper to indulge in mere eulogy or hyperbole. I have simply desired to sketch the won-

derful achievements of your profession in the past, and to outline the still more wonderful work of its future. But I have not been unmindful of the honor of addressing what every true heart feels to be the most useful, benevolent and unselfish of human professions.

I know that medicine has been called the most skeptical, prosaic, morose and hard-hearted profession in the world. There never was a greater fallacy. The soldier will die for his flag, and the pastor will die for his flock. This is *esprit du corps*, or at best, the performance of a professional duty. But the true heroes of humanity are those who die in the interests of science. Tell me not of Leonidas at Thermopylæ, or Bruce at Bannockburn. I knew of a young doctor who stood on the highest pinnacle of promise and opportunity. His surroundings were bright with affection and hope; his education was complete; his faculties were of that high order requisite for the perfect grasp and fond appreciation of the problems of medical science. His opening success was the pride of his friends, and all his aspirations were aglow with the light of a high purpose and warmed by the sunshine of intellectual grandeur. He had the true poetic temperament which seldom exists in conjunction with ability in medical practice. His life was gentle, and even in his vigorous young manhood he exhibited all the simplicity of a true son of science. He exulted in the exercise of his noble calling, and bent his beaming face toward the beckoning caresses of a future filled with loveliness and honor. But the demon of the yellow plague shook his dusky pinions over a distant city and converted it to Erebus, and this young doctor, like many another, rushed unbidden to the rescue. The tale is briefly told. He lost his life, his rich, young life, in efforts to alleviate the sufferings of his fellow-beings. Let others call this man a cynic or a skeptic, I call him a hero.

“He seen his duty a dead sure thing,
And he went for it thar and then,
And Christ aint a goin to be hard
On a man that dies for men!”

The Treatment of Bubo.

By G. FRANK LYDSTON, M.D., Lecturer on Genito-Urinary and Venereal Diseases in the College of Physicians and Surgeons, Chicago, Ill.

Gentlemen—The treatment of bubo resolves itself into several practical considerations: 1. We have the question of prophylaxis; 2. the prevention of suppuration; 3. the management of suppurating bubo; 4. the management of sinuses and exposed lymphatic glands; 5. the management of gangrenous and phagedenic bubo; 6. the management of chronic or indolent bubo.

With the exception of the prevention of suppuration and the consideration of the treatment of gangrenous and phagedenic bubo, these headings apply equally as well to both the simple and virulent forms of the disease. The formation of pus cannot be prevented when a bubo is of a virulent nature, and a simple bubo is not very liable to either gangrene or phagedæna, although either may occur under certain conditions.

The prophylaxis of bubo comprises but few points, but they are all important. The liability to the occurrence of bubo is of course greatly enhanced by any virulent property that may exist in the chancroid, if such be the source of irritation, and is of necessity, therefore, much greater in chancroid than in gonorrhœa, balanitis, or any of the simpler forms of local irritation, which so frequently give rise to adenitis.

Prophylaxis is consequently much less likely to prove effective in chancroid, and especially in its virulent form. Whatever the source of irritation, the chief prophylactic is, of course, perfect quiet, but in most cases of gonorrhœa or balanitic affections, and indeed, in chancroid, unless large and destructive, this is not practicable. We should, however, approximate it as nearly as possible. The patient may, at least, be impressed with the importance of avoiding all strains and violent efforts as far as possible. When a patient is compelled to go about during the progress of his venereal disorder, and especially if his occupation entails a certain amount of muscular effort, or prolonged standing at the desk or counter, an excellent plan is

to apply a double spica bandage, with a compress in each groin, to prevent the injurious effects of strains by supporting the part. This should always be done on the first indication of inguinal irritation, unless the patient can rest for a time. All irritating and cumbersome applications and dressing of the genital sores should be avoided as far as possible, and in case gonorrhœa exists, irritating injections should not be used.

An important prophylactic indication is to maintain the free action of the bowels, as otherwise the straining during stool will produce inguinal irritation. I find that patients with bubo very generally complain of pain in the groins during a difficult stool. There is nothing more of importance to be said with reference to prophylaxis, and this brings us to a consideration of the prevention of suppuration, or the attempt to abort a threatening bubo. This is perhaps the most important element of our present subject in some respects. In the event that, in spite of prophylaxis, a bubo sets in, we should make the most strenuous endeavors to prevent the formation of pus, as the healing of a bubo after incision or rupture is usually a matter of considerable time, and often is exceedingly slow, even in the best hands, aside from its liability to serious inflammatory or hæmorrhagic complications. In addition to these disagreeable features, there is the usual result of a very unsightly discolored cicatrix, a by no means unimportant consideration, especially in women. The anti-suppurative treatment of bubo comprises several measures.

We have first that which is most frequently used—counter-irritation, either with or without pressure.

The counter-irritant most frequently used is the ordinary tincture of iodine; or, better the compound tincture with an extra amount of iodine added. If combined with pressure, a shot bag of (say) five pounds weight, is an excellent method for its application.

A better plan for the use of pressure, however, is to apply a spica bandage, over compressed sponge, which is laid upon the bubo, the sponges being subsequently kept

wet with cold water. As the sponge swells, we have a very firm and equable pressure exerted upon the tumor, in addition to the antiphlogistic effects of cold.

The benefits derived from this form of treatment are explained by the local anæmia thus produced, and the prevention of further exudation. A very good method of applying pressure is by the free application of collodion. The bubo is first thoroughly painted with the tincture of belladonna, and as soon as this is dry, the collodion should be applied. This should be repeated daily. I have seen this plan act very well. A combination of the use of belladonna plaster and pressure is also recommended. Blisters are sometimes used in this stage of bubo, but are not effective in producing anything but discomfort. The application of leeches for the purpose of averting suppuration by causing local depletion, is, I think, to be deprecated, as the leech bites form lesions capable of becoming infected by auto-inoculation in case the bubo should prove to be a virulent one, and the fewer lesions, the better.

The injection of carbolic acid into the substance of the inflamed gland is strongly recommended by Dr. M. K. Taylor, U. S. A., as a method of aborting bubo, but it does not seem to be as successful in other hands as it would appear to have been in those of its originator. My own experience with it is quite limited, but the few cases in which I have given it a trial have not afforded me any encouragement. It could have no effect in virulent bubo in any event, and its anti-suppurative power in even simple inflammation is, to say the least, doubtful. The mode of procedure is to make a number of injections into the substance of the inflamed gland of 1-15 solution of acid carbolic. Busch, of Bonn, recommends Kern's cataplasm, which is composed of black soap and mustard, one-fourth or fifth. I have had no experience with it, but the rationale of its action is such that I am inclined to deem it worthy of trial. Mercurial inunctions are sometimes resorted to, but in acute bubo should never be used, as, in common with all other appli-

cations requiring friction, they are injurious. In other phases of bubo we will hereafter consider their use. The iodide of lead ointment, in combination with the extract of belladonna, is oftentimes successful in aborting a bubo, if simple, and in diminishing the surrounding inflammation, if virulent, although it does not in the latter case prevent suppuration. I prefer this plan to the application of the acetate of lead as recommended by Ziessl and Patzelt. Ziessl's method is to soak a number of compresses in a solution of the acetate of lead, and bind them upon the bubo, keeping them thoroughly wet. The ordinary lead and opium wash, with an increased proportion of both ingredients, is probably much better than a simple solution of the acetate. This was a favorite application with some of my hospital associates. Punctate cauterization is recommended by Vidal, but I do not think much of its usefulness in the acute form of bubo. A modification of it I am decidedly in favor of in the chronic forms, and I will mention it in that connection. We now come to what, in my opinion, is the most powerful anti-suppurative measure at our command, the much-used and little understood poultice. It is not long since such a claim for this remedy would have been greatly ridiculed, and it is even now held to be absurd by many practitioners. There is little said by those who advocate the use of poultices and hot fomentations, in explanation of their action, save that they have an emollient or sedative effect, and favor free circulation, and it will perhaps not be out of place to attempt to explain, in some measure, the diametrically opposed effects of these applications. In the first place, it will be necessary to give a short description of those pathological changes in the tissues, which constitute an abscess, whether from bubo or other causes. As a result of inflammation, we have a localized accumulation of leucocytes in the inflamed tissues; these leucocytes, according to our best pathologists, having several sources for their production, viz.: (1) migration of

white blood cells from the blood vessels, notably the veins, into the tissues; (2) the leucocytes subsequently multiply by division, thus further increasing the amount of the purulent formation; (3) localized proliferation of the cellular elements of the connective tissue.

As a result of the accumulation of cells we have tension of the tissues, varying in degree with the amount of the corpuscular elements. There is also a certain amount of fluid transudation, constituting the liquor puris. There is in all inflammations profound circulatory disturbance, and at the period of purulent formation this chiefly consists in obstruction and stasis, which is still further increased by the circumscribed collection of cells, to a degree proportionate to the tension present. As a result of the pressure, there is lymphatic obstruction, and consequent abeyance of the function of the absorbents. The vitality of the tissue elements is impaired to an extent greatly modified by the amount of pressure and circulatory disturbance, this impairment of nutrition being greatest in those tissues immediately contiguous to the accumulation of pus, and shading off into the surrounding tissue area. As a result mainly of the pressure of the purulent formation, a layer of partially organized lymph forms upon the tissues surrounding the abscess cavity, and this in chronic abscess forms a pseudo-membrane, which has erroneously been termed the "pyogenic membrane."

In acute abscess, however, it simply shades off into the surrounding tissues, which are, in a measure, matted together by the inflammatory exudate. The thickness and degree of organization of the layer of lymph, and the extent to which the vitality of the surrounding tissues are impaired, which, as I have said, depends mainly upon the amount of inflammatory exudate, and the consequent disturbance of the circulation, determines the facility with which resolution of a circumscribed inflammation on the one hand, and the formation of pus on the other, takes place. It has been very generally claimed that pus, when once formed in a circumscribed collection, cannot be ab-

sorbed, but this is erroneous. It is well known that the first factor in the production of the phenomena of inflammation, is the existence of irritation, and that this results in the various changes I have described. This irritation is augmented still further by the accumulation of inflammatory products. Now, when we apply a hot poultice to an inflamed part, we first relieve the irritation and pain, which has an immediate effect in preventing or lessening further exudation, and probably produces a certain amount of vascular contraction, with consequent anæmia, through the medium of the vaso-motor nerves. By lessening the amount of exudate we lessen the amount of circulatory obstruction, and thus relieve stasis and diminish the impairment of nutrition resulting both from pressure and stasis. Relief of the circulation by lessening pressure is also attended by relief of obstruction and the restoration of function in the absorbents, which changes are necessary for resolution.

If the inflammation has been very severe and the exudation great, the nutrition of a certain number of the tissue elements has been so impaired that they cannot be resolved, and re-absorption, which readily occurs when the vitality of the tissues is only moderately impaired, cannot then occur. In any instance of this kind, the application of moist heat will fail to prevent suppuration, but will limit the amount of exudate and prevent further tissue change. There is a certain area of hard indurated tissue about an abscess, which area represents the changes I have described. According to the view I have presented, the cells in the outer portion of this area may have sufficient vitality to become resolved, while those in immediate relation with the abscess cavity have gone too far for such a change to occur. It is an observation that anyone may verify, that the less the amount of induration surrounding an abscess, and the sooner it resolves or breaks down into pus, the sooner will the abscess heal after it is incised. There is much truth in the popular idea that an abscess must be "ripe" before it is opened. Healthy granulations cannot

spring up from tissues whose vitality is impaired by the pressure of a large amount of inflammatory exudate. The distinctness of fluctuation, which is so evidently increased by poulticing, depends upon the amount of surrounding exudate, and at the same time that the tissue over an abscess is becoming thinned by the pressure of the pus, the inflammatory exudate in its meshes is being removed by the action of the poultices. We may formulate the action of moist heat then, by saying, 1, that it will prevent the formation of pus if the vitality of the tissue elements has not become too greatly impaired. 2. That it will hasten maturation, and limit the purulent formation, if the impairment of nutrition has gone too far to permit of resolution. 3. That it will diminish the indurated area about an abscess after incision or spontaneous rupture, and favor healthy granulation.

It may be accepted, therefore, that poultices, or the application of moist heat in some form, are beneficial at any stage of inflammation and abscess. Such applications, it is true, may be continued too long, with the effect of relaxing the tissues to such an extent, that they become boggy and infiltrated, but practical experience alone will teach us how to avoid such a contingency. When we speak of the beneficial effects of poultices in the treatment of inflammation, whether of a lymphatic gland or any other tissue, we assume that such measures are properly applied, and not in the slipshod way which seems to be the rule. They are not, as a rule, properly made to begin with, and if hot at the outset, are quite likely to be allowed to become cold before they are applied to the part. Once applied, they are usually allowed to remain upon the part until they become cold, thus neutralizing any beneficial effects which may have been attained by the heat. If indeed, the inflammation has not been augmented by the clumsy manipulation, as well as the rapid changes of temperature to which the part has been subjected.

The next anti-suppurative measure worthy of attention is the internal administration of the *calx sulphurata*, or, as

it has been erroneously termed, the “sulphide of calcium.” The pure sulphide of calcium is not found in the drug market, nor has it ever been used therapeutically. Calx sulphurata, or the sulphurated lime, as described by the new pharmacopœia, is a mixture of the sulphate and sulphide of calcium in varying proportions, and containing not less than 36 per cent. of the latter in pure form. This drug has been highly lauded as an anti-suppurative, and has been especially recommended in the treatment of bubo. Otis, in particular, has praised its action in this affection. The dose of the drug should vary with the state of the inflammation. Where it is desired to prevent suppuration, the dose should be from one-twelfth to one-tenth grain every hour. When, however, the inflammation has so far advanced that suppuration is inevitable, the dose should be increased to about one-fourth to one-half grain every three hours. In chronic and indolent bubo, and in cases in which unhealthy secreting surfaces or sinuses are left after incision or rupture of the abscess, the last mentioned doses will often bring a healthy action, the surrounding induration rapidly disappearing, and the character of the pus changing from sanious or ichorous to a free laudable secretion, after which granulation is quite rapid. The great variance of opinion as to the effect of the calx sulphurata in inflammation is only explicable by the ignorance that prevails in respect to its proper use. Like moist heat, this drug, in proper doses, will produce beneficial effects at any stage, or in any variety of bubo. As much as has been said of the anti-suppurative treatment of bubo, we are compelled to acknowledge that it is only effective in simple bubo, and that the virulent form must inevitably suppurate, but as our anti-suppurative measures may, under certain circumstances, also promote maturation, and will always limit the surrounding inflammation, they are always indicated. Again, it is not always possible to affirm that a bubo is virulent prior to suppuration. If, however, the primary lesion be an auto-inoculable chancroid, and the resulting bubo runs a very acute course, we are warranted in assuming that it is virulent.

After the bubo is opened, the diagnosis is, of course, quite easy.

The importance of constitutional measures in the management of bubo can scarcely be overrated, and may properly be alluded to in connection with the anti-suppurative treatment of the disease. As soon as bubo threatens, the derivative effect of free cathartics should be obtained, and throughout the course of the affection mild cathartics should be given, for reasons stated in connection with the subject of prophylaxis. If the patient be at all debilitated tonics should be given freely, and if struma be evident, cod liver oil and the syr. ferri iod. should be administered. As a rule, too much dependence is placed upon local measures, and too little attention given to the constitutional condition. How often do we see a chronic, indurated, open bubo heal in a short time under proper measures of constitutional treatment! There is one point with reference to the prevention of suppuration in bubo, which it may be well to mention. We will find a great many patients who object to any measures which are calculated to "scatter" the bubo, on the ground that such a plan "drives the poison into the blood," and we will also find that if we succeed in aborting the bubo, all subsequent eruption of the skin, and perhaps other troubles, will be laid at our doors. Their objections are mainly to such measures as they can understand to be anti-suppurative, such as the application of counter-irritation and pressure. There might be some foundation for this popular notion, if it were possible to discuss a virulent bubo. When we find a patient of this kind, however, we should do our utmost to promote suppuration, hoping that the resulting scar will be sufficiently large and unsightly to give satisfaction.

The treatment of suppurating bubo is the next topic for consideration, and has been indicated to some extent in the discussion of the action of moist heat and calx sulphurata. When we find that suppuration is inevitable, which is always the case in virulent bubo, we should at once endeavor to promote the formation of pus by every

means in our power. If poultices have not already been employed, we should at once apply them in conjunction with hot fomentations. If calx sulphurata has already been used, we should now increase the dose to its maximum, which should ordinarily be about one-fourth to one-half grain every three hours. Larger doses may, however, be given. As soon as fluctuation is distinct, and the surrounding induration has in some measure disappeared; in short, as soon as the abscess is "ripe," it should be opened. An early opening is essential in virulent bubo, and we are very apt to have burrowing in this form. We have already seen that when a simple bubo is opened too early, the process of repair is apt to be very slow. There are exceptional instances in which other measures than incision are best in the treatment of suppurating bubo, but these are cases of the subacute or chronic form, which we will consider later on.

The management of sinuses and exposed glands requires but little attention, or a few words, at least, will suffice for the consideration of the most valuable measures for their treatment. If a bubo be properly opened, and the undermined and degenerated tissue at its edges thoroughly removed, sinuses are not apt to form, but we will often meet with cases that have been improperly handled, in which sinuses of greater or less number and extent have resulted. When practicable, such sinuses should be thoroughly laid open, and the hard and indurated track cut away. They may sometimes be induced to heal by applications of the solid stick of the nitrate of silver, but they are quite liable to reopen, especially if the patient is cachectic, or moves about a great deal, as the tissue about them is of a very low grade of vitality. When too deep to be freely laid open, or when they are in dangerous proximity to important structures, they may often be induced to granulate from the bottom by keeping them freely open with sponge tents and stimulation with caustics. An excellent plan for deep sinuses is that often used for sinuses and fistulæ in other situations, viz. : incision of the external

opening, and the insertion of a wedge-shaped piece of wax, the base of which is gradually shaved off as the bottom of the cavity granulates. Injections of very hot water, frequently repeated, have also proved quite useful in my own practice. I usually combine them with the use of pencils or tents of iodoform, and it is this plan which has afforded me the most favorable results. The tent is to be dipped in vaseline and then inserted into the sinus, care being taken that its bottom is reached. It is then cut off level with the surface, and powdered iodoform and a compress applied over all. I have also used a mixture of iodoform and glycerine, ℥ii to the ounce, as an injection for sinuses and fistulæ in various situations, and have had excellent results.

The employment of sponge-grafting would seem to offer promising results, reasoning from the success reported by those who have used this method for the treatment of ulcers and sinuses of various kinds not dependent upon bubo. The sponge is to be washed in a solution of dilute muriatic acid, and then carbolized with a solution of carbolic acid, 1-20. It should be packed tightly in the sinus, and covered with a compress saturated in carbolic acid. The subsequent discharge, which is usually quite free, is kept from accumulating by the free use of a carbolized solution similar to that used for saturating the sponge. In a short time, it is claimed, granulation will spring up, and the sinus rapidly heal. This method of sponge-grafting is also applicable to the treatment of open bubo without sinuses, which may become sluggish and indolent. Sinuses will often take on a healthy action, and heal, under full doses of calx sulphurata.

The management of exposed and hyperplastic glands ought to be sufficiently simple. When free glands are found on opening a bubo, they should at once be removed, for, if left, they will, as is known, act as foreign bodies and prolong the healing process indefinitely. In many cases the fingers will suffice for their removal, but if not, Volkmann's spoon or Piffard's curette may be used, or

they may be ligated with silver wire and allowed to separate spontaneously. A plan sometimes used, and which I have myself practiced, is to destroy the glands by repeatedly boring them, so to speak, with a sharp point of pure nitrate of silver, but I will take the present opportunity of deprecating this practice, which is very tedious and painful. In some cases the glands are not found to be free when the abscess is first opened, and in such instances they should be allowed to remain a few days until they become somewhat enlarged and distinctly outlined, at which time they are easily removed.

A very important point in the treatment of bubo is the question of constitutional syphilis. If a genital sore be of the mixed variety, the resulting bubo is quite likely to heal very slowly, if at all, unless a course of mercury is administered, and where the patient has had syphilis a certain length of time prior to the occurrence of the bubo, he will also require a full mercurial course. If the attack of syphilis be somewhat remote, or if the patient be greatly debilitated, and suffering from the syphilitic cachexia, an antisyphilitic course of mixed treatment on the one hand, or of small tonic doses of mercury on the other, will be required. The necessity for antisyphilitic remedies in those rare instances of suppuration following purely syphilitic adenopathies, is too obvious to require more than a mere allusion. In the cases of syphilitic cachexia that I have mentioned, the administration of small tonic doses of the bichloride of mercury will often operate in a remarkable manner, a bubo which has run a very prolonged course, healing quite rapidly, and the general health of the patient improving in a marked degree. This tonic action of mercury is hardly appreciated by the majority of even those who employ mercury quite extensively, in spite of the conclusive experiments of Keyes and his remarkable results with the hæmatometer.

The treatment of bubo, complicated by gangrene or phagedena, does not differ from that of chancroid attended by the same complications. Much may be done to prevent

these disagreeable and serious complications of bubo by proper attention to the constitutional condition of the patient. If cachectic or debilitated, he should be put upon tonics and a highly nourishing diet at the outset. There is nothing better as a tonic under such circumstances than the potassio-tartrate of iron, a remedy highly extolled by Ricord in the treatment of phagedena. We occasionally meet with cases in which phagedena occurs without any evident cause, and in which we are compelled to recognize an innate predisposition to the affection.

When phagedena or gangrene attacks a bubo, the first indication is the thorough destruction of the diseased surfaces by cauterization. This should not be done in a feeble, half-way manner, or it will be ineffectual, and will require repetition. An anæsthetic should always be given, if the diseased surface is at all extensive, or the work is not apt to be thoroughly done. The caustic used is greatly a matter of choice, providing one be used which is sufficiently powerful to destroy the tissues for the required extent. The Paquelin thermo-cautery, pure bromine, or Ricord's paste, may be used, but I think the bromine will prove the most satisfactory. After the operation, an antiseptic poultice should be applied, and morphia freely given to alleviate the pain, which is sometimes considerable. When the carbo-sulphuric paste is used, the patient should be kept well under the influence of opium during its application. Opium has been said to have in itself a somewhat specific action in checking phagedena, aside from its mere narcotic effect.

When it is not practicable to cauterize the surfaces, iodoform, carbolic acid, the peroxide of hydrogen, and the potassio-tartrate of iron in a solution of gr. xi ad ʒs, have each their advocates as local applications. My own preference is for the peroxide of hydrogen, followed by close packing of the cavity with pure iodoform or boracic acid.

Some cases of phagedena, notably the serpiginous form, will progress with greater or less rapidity, in spite of the

very best treatment, and others, after the phagedena has been checked and the sore is very nearly healed, will suddenly take on phagedenic action. Simple bubo may do the same thing, in rare instances.

Vidal claims to have used the pyrogallic acid in the treatment of phagedena with considerable success. It is claimed to destroy the auto-inoculability of the sore, and to bring about a healthy action in a remarkable manner. It may be used either as an ointment composed of one part of the acid to two of vaseline, to be applied by the surgeon, or as a powder composed of one part of the acid to four of starch, which the patient may apply himself. The pyrogallic acid gives a blackish color to the part, which is of no special signification. I have not yet had the opportunity of trying this treatment in phagedenic bubo, but have used it in several cases of simple and phagedenic chancroid with good effect.

The chief measures of treatment in chronic and indolent bubo, occurring in scrofulous or cachectic subjects, consist in the administration of such remedies as the iodide of iron, cod liver oil, arsenic, iodoform, or, in short, any of the remedies of known antistrumous power, as well as such ordinary tonics as quinia, or the mineral acids. A liberal diet, of which milk and cream should form the principal ingredients, and improved hygiene, are usually called for.

Chronic bubo may remain hard and indolent for a long time before pus forms, and various local measures are sometimes useful in bringing about resolutions without suppuration. The different methods of counter-irritation and pressure already described have numerous advocates.

I have mentioned the method of punctuate cauterization in connection with acute bubo as applicable to the treatment of the form at present under consideration. The modification of this method which appears to me most effectual, consists in drawing a series of intersecting lines over the surface of the tumor with the Paquelin cautery in the manner often used in inflamed joints. Although not very painful, this method is usually objected to by the patient

Erichsen has found the discutient method of Malplaquet to be very serviceable in chronic and indolent bubo. This consists in the application of a blister of the size of a half crown to the surface of the enlarged gland, and subsequently dressing the raw surface with lint soaked in a saturated solution of the bichloride of mercury. At the end of two or three hours a white eschar will have formed, and the lint is then to be removed, and cold dressings applied. Simple blisters are useful also in chronic bubo. They should be repeated sufficiently often to keep the surface raw, and a dressing of the oleate of mercury or blue ointment kept constantly applied. An ointment of equal parts of the oleate of mercury and compound iodine ointment is often effectual in producing resolution without the previous application of a blister.

Injections of arsenic have been found useful in strumous and other glandular enlargements in other situations, and would consequently be worthy of trial in chronic bubo.

There is one form of chronic bubo which merits special attention. This is the variety which accompanies the form of chronic chancroid termed "lupus of the vulva," or in the male, chronic phagedena. This form of bubo is identical in its general characters with the lesion of the genitals, and presents an elevated, hyperplastic mass of tissue of greater or less extent, with an unhealthy pultaceous or worm-eaten appearance of its surface, which secretes an unhealthy, ichorous fluid. The disease extends very slowly, if at all, after having attained a certain size, the ulceration having meanwhile become continuous in many cases with the genital ulcer. There are apt to be several of the buboes, either distinct, or connected by ulceration. Such cases are very apt to be of a hemorrhagic nature when they occur in pregnant females. Cases of this severe form of chronic bubo are probably never seen in private practice, but are found only in broken-down hospital cases. They will often defy the best measures of treatment, and finally wear the patient out.

When this form of bubo refuses to yield to the ordinary

local treatment and the usual routine system of tonics and dietetics, the occasional application of the actual cautery will sometimes excite a healthy action, with active granulation and repair. As a dressing, iodoform is probably the best substance. An infusion of cinchona may also be of service, a piece of lint being saturated with it and laid upon the part, to be subsequently wet sufficiently often to keep it moist. Bumstead recommends the pure persulphate of iron in these cases. Judging from my own experience, the management of the affection is anything but satisfactory.

ORIGINAL ARTICLES.

REPORT OF TEN CASES OF ASPIRATION OF THE CHEST FOR PLEURITIC EFFUSION—FOURTH SERIES—WITH A CASE OF INJECTION OF CARBOLIZED IODINE INTO A LUNG CAVITY.

By F. PEYRE PORCHER, M. D., Professor in Medical College of State of South Carolina, one of the Physicians to City Hospital, Charleston.

This series extends the record to fifty-four cases. It may be significant that it should fall to the lot of one physician to encounter so many cases; but if this be only a fatality, it is very curious, for they occurred, for the most part, in an annual service of only four months, and in only one division of a hospital of no great capacity. They are published to illustrate a problem, and incite to reflection; for if it be not a fatality, and the same proportion fell to all those occupying a like position, as well as to others throughout the length and breadth of the land, then our estimate of the frequency of such cases must be enormously increased, and they must almost rival the sands of the seashore in multitude. If they do exist in such numbers, but unhappily are not recognized; and if paracentesis is frequently essential to the relief of the dyspnœa, pain and compression of the lungs, or is resorted to merely to prolong life, what must be the sufferings of the people without it? Some lines by a Latin poet are recalled, which, if the above surmises can by any possibility be correct, we suggest as a

suitable inscription to be placed over the portals of hospitals:

*Ubique luctus, ubique crudelis pavor,
Et plurima mortis imago!*

The hospital cases are for the most part derived from the records furnished by the house physicians—Drs. Buchanan, Howe, Hill and Carn—but very much curtailed and condensed in their recital here. Of these, Dr. Carn reported seven.

Case I.—Jno. McCoy, colored, æt. 26, admitted October 2d, 1887. Paracentesis of the right cavity was made “a little anterior to the anterior fold of the axilla.” In this case there was chronic pleuritis with thickening of the lung tissue, friction fremitus, spitting of blood, diarrhœa and emaciation. The right infra-clavicular region was dull and sunken. The collection of fluid was isolated, of limited amount and collected in pockets, and which was removed on two separate occasions—after some difficulty in finding the exact location of the fluid.

The relief was partial. At the autopsy the right lung was carnified, with adherent pleuræ; and death, which was inevitable, occurred from perforation of the intestines from extensive tubercular disease.

Case II.—Geo. Jenkins, colored, æt. 25, had been in the hospital for some months for a lacerated wound of the thigh which had healed. He did not seem to gain strength and had what was thought to be hectic fever.

Being transferred to the medical wards, it was ascertained that the left cavity of the chest was filled with fluid. The dyspnœa becoming excessive, on December 10th, a pint of serum was aspirated “with the happiest results,” the dyspnœa being relieved. The patient was subsequently transferred.

Case III.—L. Clinton, colored, æt. 65, admitted August 11th, an insane patient employed as a laborer, but admitted to medical wards as he suffered from dropsy, commencing in the lower extremities and extending up-

wards. He was addicted to taking caustic potash slightly diluted, which he persisted in up to the time the swelling appeared, which was ascribed to the effects of the caustic upon the kidneys. Large quantities of serum were drained from the scrotum by repeated puncture with needles.

The right chest was aspirated by Dr. Porcher, and about 80 ounces of serum removed. This was repeated September 17th with the withdrawal of 64 ounces.

The effects of calomel, squills, jaborandi and supertartrate of potash were tested.

Death occurred September 25th. The autopsy revealed the existence of general anasarca, hydrothorax, an enormously hypertrophied heart with the aorta dilated, and concretions upon its valves. The kidneys were contracted, filled with cicatrices and covered with numerous small cysts "supposed to be due to the long and continued use of concentrated lye," which, by the report of the house physician, had been kept up for years.

Case IV.—Jas. Pleasant, colored, *æt.* 21, admitted July 19th, with a diagnosis of tuberculosis and pleuritic effusion. Dr. Porcher aspirated a small amount of serum from the right pleural cavity and the patient seemed to improve after taking cod liver oil, etc. He left the hospital without permission, and was lost sight of.

Case V.—S. Fisher, colored, *æt.* 18, admitted July 25. Diagnosis: tuberculosis and pleuritic effusion in both cavities! This was an example very rare, we may be allowed to say, of complete failure in diagnosis; but it is recorded to show how this may occur. No fluid was found upon two aspirations, but the use of the needle was followed by no ill effects. The error was owing to the fact that the lungs were in a state of cancerous degeneration, due to tuberculosis; there was complete dulness and every sign of the existence of fluid. So conclusive did they appear that it was the first case that a preliminary use was not made of the hypodermic needle to test for the presence of fluid.

Case VI.—S. Cash, colored, æt. 27, admitted July 8th. Right pleural cavity filled with serum. A small quantity was removed July 19th by the hypodermic needle with the view of promoting absorption and by the conjoined use of iodide of potash. His condition as reported by the house physician (Dr. Carn) was very favorable—when he escaped from the hospital to avoid a return to the prison from which he had been removed.

Case VII.—E. Gardner, colored, female, æt. 19, admitted July 4th, with a diagnosis of continued fever; but a careful examination revealed a broncho-pneumonia with pleuritic effusion on left side. A small quantity was removed with the hypodermic syringe, and she was given quinine in small doses.

“Four days after operating,” as reported by the house physician, Dr. Carn, “the portion of lung which had been discovered to be dull, became perfectly resonant, the patient recovered from febrile symptoms and was discharged some days later in perfect health.”

This supports the experience of myself and others, that in fair cases the removal of small quantities of fluid is often highly beneficial in promoting absorption.

Case VIII.—W. M. Bradford, white, æt. 40, admitted Nov. 8th, on a permit of chronic hepatitis. His lower extremities were swollen and there was great dyspnœa, so that he could not sleep in the recumbent posture, but there was no albumen in the urine. A variable murmur was heard in the mitral region, though the pulse was characteristic of aortic regurgitation. “Dr. Porcher, after careful examination, decided that there was enlargement of the liver, with pleuritic effusion.” Two pints of straw-colored fluid were drawn from the right pleural cavity, which gave great relief, the patient afterwards passing from the care of the house physician who reported the case.

Case IX.—M. Gargat, Frenchman, æt. 49, re-admitted May 29th, 1887, had been for many months previously in the hospital, suffering from excessive dyspnœa, “with a diagnosis of mitral obstruction and aortic regurgitation.” For

months he could not lie in bed, but was always propped in a chair, and he presented an extraordinary example of prolonged pain and suffering.

Dr. Porcher examined the patient, but the heart sounds were so masked, tumultuous and irregular, with persistent weakness of pulse, but with very little albumen in the urine, that it was impossible to verify the above diagnosis. He decided, however, from the bulging of the intercostal spaces, the extensive dulness, etc., that pleuritic effusion also existed. A portion of the irregularity and weakness of the heart murmurs was ascribed to the inhibitory influence of the extensive effusions, "and for the first time (July 5th) the operation of paracentesis thoracis, with Fitch's dome trocar, was performed on the left side below the angle of the scapula, and 24 ounces of fluid were removed, with so much benefit that he was discharged." He could walk about freely and lie down with comfort.

He was re-admitted October 6th, with a bilious attack—the old troubles having also returned; there was loss of appetite, excessive dyspnoea, inability to lie down, great pain over the heart, and swelling of the lower extremities. In this distressing condition, and after exhausting all the usual resources, it became necessary to resort again to the aspiration. Three pints of fluid were taken from the right cavity, which gave relief for some weeks, when death became inevitable. The tinctures of digitalis and strophanthine, and nitrite of amyl were used concurrently at intervals.

Autopsy.—At the autopsy, which was performed with great care, pericardial adhesions existed, and both pleural cavities were found still to contain a large amount of fluid; both lungs were consolidated by the pressure of the fluid—with very little in the pericardial sac. The right heart was greatly dilated, and there was apparent insufficiency of the tricuspid consequent thereto. Hypertrophy slight. The mitral valves were diseased and vegetations encrusted the aortic valves, which were hard and almost calcified. It was

interesting to observe the excessive dilatation of the pulmonary artery, which resembled the aorta in size. Its valves were perfect.

Case X.—J. M. White, aged 22. This case of excessive empyema of the thorax I was invited to see with a friend, whom I assisted in aspirating the chest, with partial success. The purulent accumulation was so excessive that it forced a passage through the intercostal spaces, infiltrating the chest walls, and the patient may almost be said to have been deluged with pus. Under supportive and other measures he survived for some weeks.

Case XI.—This occurred in a white youth, *æt.* 16, under my care in this city. The right cavity was found to be almost filled with fluid. A small quantity being aspirated, by the irritability set up, aided by iodide of potash, muriate of ammonia and diuretics, absorption was slowly produced.

Case XII.—*Injection into a lung cavity:* This case was interesting as it at least demonstrated that very slight disturbance, either local or general, may result from such a procedure. M. White, colored, *æt.* 35, admitted July 10th, suffered from a phthisical abscess in the left lung, with cough, purulent expectoration, night sweat, and other symptoms of well marked pulmonary disease.

The cavity was single and so extensive and well defined as to render it extremely suitable for this form of treatment.

Dr. White's formula:

R_y. Atropia.....gr. $\frac{1}{3}$.
 Morphia sulph.....gr. iv.
 Tinct. iodine..... $\bar{3}$ iii.
 Acid. carbolic. (pure).....gtt. xx.
 Glycerine..... $\bar{3}$ ss.
 Dil. alcohol, 20 to 30 per cent..... $\bar{3}$ ss.
 M. Sig.—15 to 30 minims.

The formula recommended by Dr. Blake White of New York was employed—using also his needle attached to a hypodermic syringe filled with the fluid. This was injected into the left lung about two inches below the clavicle, and the same distance from the left border of the

sternum. When the point of the needle passed in and touched the posterior wall of the cavity the resistance was easily felt, and we could be certain of the success of the operation.

With the exception of some cough, there was so little irritation, pain or uneasiness produced, that the patient was not deterred from going almost immediately to a meal. Nearly every disagreeable symptom was relieved and the cough greatly diminished. The operation was repeated after six weeks, but did not arrest the final advance of the disease, though the patient survived several months.

A similar case is reported with a previous series.

HOSPITAL REPORTS AND CLINICAL NOTES.

ABSCESS OF THE LIVER; RUPTURE—DEATH.*

By WILL. B. POWELL, M. D., Natchitoches, La.

Of course, you, gentlemen, are familiar with the trouble, but it is the first case that I ever saw of direct rupture with extensive hemorrhage.

I have often treated the malady, patients generally succumbing without rupture, which was revealed at the post-mortem examination. Some few years ago I attended the autopsy of a citizen of this place (Natchitoches). The abscess was an extensive one, complicated with an ulcer in the transverse colon (which accounted for frequent hemorrhages from the bowels), there being no rupture of the abscess until after death, and only then when it had been punctured (by accident) by one of the operators. This abscess was of a *yellow* tinge and of a chronic nature, and, I judge, somewhat cancerous. No microscopic examination was made, so as to ascertain the fact.

Now to my case. About one year ago Mr. H. requested me to visit his wife; he thought that she was pregnant.

I made a casual examination, as I could not find any signs of pregnancy. I noticed that she was greatly jaundiced, and that her abdomen was somewhat swollen; her

* Read before La. State Med. Society, April 25, 1888.

bowels were locked-up, and she had not seen her menses for several months. She had caught a severe cold seven months previous to my visit.

During this monthly epoch I was undecided as to her state. I put her on an appropriate treatment, and told Mr. H. to let us wait a month or two, and see if nature would change the state of affairs. Two months and a half passed since my visit, when the menstrual discharge made its reappearance, and continued regularly, without any trouble. Her health seemed good during the remainder of the year, and apparently remained so until the 24th of January of the present year (1888), when I was called to see her.

The history is as follows: The patient arose as usual in the morning, ate a hearty breakfast, and to all appearance was perfectly well. About half past 11 o'clock A. M. she was in the kitchen attending to her duties; she lifted a heavy tub—in so doing she felt a sharp pain in her right side and abdomen, which was immediately followed by hæmatemesis. I found her semi-collapsed; pulse, 49° , intermittent. Stimulants were administered. Ergot, sugar of lead and morphine were given by the mouth; cold water was allowed, as she complained of great thirst. I left the patient an hour and a half afterwards somewhat relieved. Two physicians were called in consultation at 4 P. M., as there was a slight hemorrhage from the stomach (the patient vomiting again); at midnight a slight hemorrhage, with some pus, very offensive; at 9:25 A. M., a very extensive discharge of pus and blood. The same remedies were used which checked the trouble, until half-past 4 P. M., when a violent hemorrhage took place, and death soon ensued. During the violent paroxysm there was a discharge of pus and blood. Immediately after her first paroxysm her skin became of an olive-green color. A strange feature in this lady's case is that during her whole illness she complained of being hungry, and just half an hour before she died asked for food, which was given her in the shape of warm soup, of which she partook with

avidity. She sank into a sweet sleep, but awoke to bleed to death.

During the whole time of this trouble her urine was normal in every respect, and there was no hemorrhage from the bowels, which in 24 hours had acted twice as in usual health. Her father died years ago of the same trouble, which leads me to believe that my diagnosis was correct, my consulting physicians endorsing the same.

Was this an abscess of a cancerous nature breaking into the stomach, or was this rupture due to some other cause than that of hepatic abscess?

I leave the case with you. I had no chance for an autopsy. My microscope was out of fix, so I could not examine the discharged matter.

A CASE OF LUMBAR OR PSOAS ABSCESS.*

F. M. THORNHILL, Arcadia.

Early in the year 1884, I was consulted by Matt F., a white man, occupation a farmer, accustomed to an outdoor, active life, with regard to a tumor that had been forming for several months in the region of the left iliac fossa. When first seen by me the tumor was several inches in length, reaching from about the crest of the ilium below to the margin of the ribs above and inclining obliquely towards the spinal column from below upwards. Fluctuation was distinctly perceptible on pressure and unattended with pain. He said the tumor or swelling had gradually increased in size ever since he first discovered it, and that he had consulted one or two physicians with regard to the case, but they did not give any definite opinion as to its character—said it was probably a tumor of some kind. He had had a mother and sister to die of consumption and several maternal uncles and aunts. He was 37 years old at the time of consulting me, and some constitutional disturbances and more or less hectic irritation had begun to show themselves. He had light fevers, night sweats, an annoying hacking cough and general emaciation. There was also some degree of spinal

*Read before the Louisiana State Medical Society.

excurvation, and the patient carried himself with his head and trunk inclined a little towards the affected side, and complained of difficulty in raising and bringing the left leg forward. I made a diagnosis of spinal caries from tubercular deposit and told the patient that the tumor was an accumulation of pus as a result of the ulceration. I explained to him the nature of the case as well as I could, and inasmuch as the prognosis in a large majority of such cases is said to be unfavorable I did not attempt to flatter the patient with hopes of a permanent cure. The patient, at the time of coming under my observation, had been taking for sometime Tilden's Elixir Bromide Calcium Compound under advice of his former physician, and I added to this cod liver oil in conjunction with the syrup of the hypophosphites of lime and soda, and directed him to continue the treatment. He reported to me from time to time and I watched the progress of the case closely. The swelling on the left side slowly but steadily increased in size and in the mean time a soft fluctuating tumor began to appear in the right iliac region.

As the swelling progressed on the left side there were unmistakable evidences that pus was pointing towards the left lumbar region, until there was a prominent puffy, fluctuating tumor immediately over the lumbar region, and I was satisfied that the tumor consisted of an accumulation of pus near the surface. In a few days thereafter I visited the patient with the view of evacuating the pus. Not having a trocar or an aspirator at hand I punctured the abscess with a surgeon's ordinary scalpel. I introduced the scalpel in an oblique direction in such a manner as to make a kind of valvular opening so as to prevent the entrance of air, as much as possible, into the cavity of the abscess. As soon as the point of the instrument entered the cavity, thick pus of a cream color began to pour out, and continued to do so until the enormous quantity of a gallon or a gallon and a half had been discharged. I have never seen such a quantity of pus come from anything before or since. There was no convenient way of catching the pus in a ves-

sel of any kind; therefore, it was allowed to run out on a piece of oil-cloth that was spread over the lounge for that purpose and I could not tell exactly how much there was of it, as it was not measured; but I think there was really two gallons of it, though for fear of exaggerating it, I have put the quantity at a gallon or a gallon and a half. It appeared to be healthy, laudable pus, and free from any odor that I could detect. The swelling on both sides disappeared right away and the patient could use his lower extremities, and in fact, his entire body, much better as soon as the abscess was emptied of its contents. There was some discharge from the wound for several weeks after the operation, but it finally ceased and the wound healed. The patient commenced to improve soon after the abscess was opened and continued so until he was apparently entirely well and has remained free from any return of the disease to this time. At the time the abscess was opened he had been reduced from a weight of 160 pounds to 130 pounds, but in less than one year thereafter he had regained his former weight and has kept it up to the present time. He now appears to be a healthy, vigorous, active man, and says that he feels as well as he ever did in his life. Was this case tuberculous in its nature? If so, it presents some points of interest in that it pursued an uninterrupted course to recovery.

ON A CASE OF QUININE AMAUROSIS REPORTED BY DR.
THOS. HEBERT, OF NEW IBERIA, LA.

BY HENRY DICKSON BRUNS, M. D., New Orleans, La.

A paper on Malarial Retinal Hemorrhage by Dr. Bruns, read before the recent meeting of the Louisiana Medical Society having recalled it to mind, our friend Dr. Thos. Hebert, of New Iberia, writes to us of a very interesting case encountered during the past year.

A stout, healthy, young man had an attack of malarial coma, and within 24 hours the attendant administered 480 grains of quinine. Suddenly after the last dose, and while he was in a cinchonized condition, the patient's vision

became reduced to light perception. Such was its degree when Dr. Hebert saw him; there was no injection of the conjunctivæ; the pupils were semi-dilated, and did not respond to light. There had been but little discomfort from the ordinary cerebral symptoms of cinchonism, and the hearing was, if anything, more acute than before his loss of vision. The patient was quite sure that his vision had been good before the malarial attack and the ingestion of quinine. Dr. Hebert made an appointment for an ophthalmoscopic examination, but the patient never returned.

Under such circumstances the diagnosis between malarial hemorrhage and quinine amaurosis may be difficult, but by fixing our attention upon three points may always be made. In quinine amaurosis, the degree of blindness is high, vision being usually reduced to light perception; the pupils are more or less dilated and are fixed, do not respond to light; the field of vision is concentrically contracted, and vision is better in the central portions. In malarial retinal hemorrhage the loss of vision is not nearly so great; the pupils are normal in size and in their response to light; the field is not contracted; if a hemorrhage has taken place at the macula, and in this case only is the impairment of vision sufficiently great to attract attention—the patient has a *central scotoma*, vision is much worse at the centre of the field. Of course an ophthalmoscopic examination is decisive. The ophthalmoscopic picture of quinine amaurosis, like the symptoms, closely resembles that of atrophy of the optic nerves, though the sudden onset after ingestion of a large quantity of quinine serves at once to distinguish the former. The papillæ are very pale—bluish-white, and the vessels remarkably small. In malarial hemorrhage the ophthalmoscope reveals a red nerve, a little swollen and hazy if there be neuro-retinitis, well distended rather tortuous vessels, and here and there on the papilla, or scattered over the fundus, some small, bright red, streaked or feathery hemorrhages; usually, if the case is one of sufficient gravity to have attract-

ed attention, there is at the macula a dark red spot with rounded outlines. Quinine amaurosis affects both eyes, malaria hemorrhages, as a rule, only one *seriously*. Cases of quinine amaurosis are very rare and deserving of study, and our country practitioners, whose opportunities of observing them are probably unequaled, should report those coming under observation. Information is especially desirable on the prognosis. The prognosis for the rapid restoration of a certain portion of the lost vision and field is good, but our experience and reading both incline us to believe that the normal acuteness of sight and extent of field are never regained. The prognosis for complete recovery in malarial hemorrhages on the other hand, is excellent.

CORRESPONDENCE.

PARIS LETTER.

[Our Regular Correspondent.]

Detachment of the Retina.—At a recent meeting of the Société Française d'Ophthalmologie, M. Poncet gave the statistics of separation of the retina for the year ending March 1, 1887. These were as follows: 1 case of single separation in 200 ophthalmic patients, and 1 of double separation in 500 patients. The proportion of double to single separations is as 1 to 9. They may occur in small children; the proportion rises rapidly from 10 to 20 years of age, then from 20 to 30. The stationary condition is between 40 and 70, with a maximum near 60. After 70 there is a sudden diminution. Males are affected in the proportion of 62 per cent., to 38 per cent. of females; however, after the 50th year there is equality between the sexes. Persons most exposed are needle-women, clerks and students. There are also many cases in the agricultural classes. The causes are: purblindness, 37 per cent.; choroiditis, 16 per cent.; traumatism, 19 per cent.; various other causes, 28 per cent. The separation of the retina terminates in atro-

phy of the bulb. The operating methods do not seem as yet to have furnished good results. Abstention seems preferable in order to avoid sympathetic ophthalmia.

As regards intervention M. Galezowski is of a different opinion. Iridectomy has given him good results in cases where the separation was progressive and likely to lead to irido-choroiditis and to cataract.

In cases of ordinary separation he applies leeches, repeated every month, cold compresses and derivatives, consisting mostly in thapsia plaster once a week on the forehead.

Treatment of Detachment of the Retina by Iridectomy and Wolf's Operation Modified.—M. Coppez, in 18 operations of iridectomy, obtained only one perfect cure, and one partial result; on five occasions the operation led to unfortunate results. With Wolf's operation modified, in 17 cases he obtained perfect reattachment twice, and nearly always a considerable amelioration that existed for several months. In two cases only the operation seemed to have aggravated the atrophic processes already existing.

As a general rule iridectomy may occasionally cure separation of the retina, but more often aggravates it. Wolf's operation modified, also seldom cures, but is almost always followed by amelioration and rarely causes complications. This operation is besides less painful than iridectomy, is safer and more sure, but the real treatment of separation of the retina has yet to be discovered. M. Poncet observes that the cases reserved by M. Galezowski for iridectomy are really the most unfavorable for the success of that operation. An eye that has separation and cataract is lost, and already presents the quadrangular form that is the forerunner of atrophy; any operation attempted will only lead to atrophy and sympathetic ophthalmia. M. Dor of Lyons, believes in the good effects of iridectomy on condition of being performed before the eye is degenerated. All other methods have failed with him. He particularly recommends Heurteloup's cupping-glasses. M. Berthemieux thinks that in some cases sclerotomy might

be a useful adjunct to iridectomy. M. Tscherming observed that the large number of cases of purblindness that these statistics attribute to the agricultural classes would tend to show that the nature of the occupation (students, clerks) had less to do than was supposed with causing that infirmity, and that *myopie scolaire* was not so grave a calamity as generally admitted. M. Gorecki protested against M. Tscherming's interpretation. If short-sightedness appeared so prevalent among the agricultural classes, it was simply because they alone formed two-thirds of the population of France.

M. Pontier, in an interesting clinical lecture at the Bicêtre Hospital, described the following rare case: Joseph M., a laborer, aged 47 years, presented himself on the 8th July, at the Bicetre Hospital. He was suffering from a large, badly-dressed burn, and complained of various symptoms which all tended to prove that he was suffering from an attack of partial tetanus. He was advised to enter the hospital, where he underwent the following treatment: Confinement in a dark room, cleansing and dressing of the burn with carbolic acid, eating none but light food, and receiving doses of six grammes of chloral.

The next day the patient's state was nearly the same, but in addition he suffered from pains in the pectoral muscles. On the 10th, trismus still existed, but his general state seemed improved. Up to the 17th the improvement continued in a marked manner. On that date Joseph M. obtained permission to ride, but, feeling tired, was obliged to lie down again, and was not so well. The doses of chloral had to be renewed. The following day he was again much better; he again rose, and continued to improve till his discharge on the 14th August, apparently cured.

These observations appear interesting upon various grounds.

First, the rarity of the case, tetanus seldom being partial; secondly, the length of time which elapsed between the occurrence of the burn and the appearance of the symptoms, from the 6th of June to the 8th of July.

Burns are known frequently to induce tetanus. This burn in particular was badly dressed, inflamed and unwholesome; but it is doubtful whether these causes are sufficient to bring about tetanus. Nevertheless, it has been impossible to discover the source of contagion. There seems to have been no sudden chill (a frequent cause of tetanus), and no contact with equine tetanus, supposing the theory of equine tetanus to be correct.

The origin of tetanus is always a most interesting study. One school combats the theory of contagion, giving great weight to the influence of chills; others again believe tetanus to be infectious, by some it is given an origin in microbes, but it is owned that unhappily the microbe is so far undiscovered. Monsieur Verneuil strongly supports the equine origin of tetanus; on the other hand, Terrier proves that no cases are known of either grooms or pupils at Alfort having ever caught the infection from horses so affected.

In Germany, Nicolaïef claims to have succeeded in isolating a true tetanus microbe. Rosenbach has not been so successful in this particular; he having always seen the tetanus bacillus associated with an ordinary bacillus. The two together form, however, a positive cause of infection when injected. It would, therefore, seem that tetanus, like many other illnesses, is caused by parasites.

The mode of treatment still remains to be considered.

The case under notice was particularly mild, but it must not be forgotten that, however mild, certain symptoms prove the presence of tetanus; and that if acute tetanus means death, partial tetanus may readily lead to the like result.

It was thus thought right to submit the patient to a severe treatment. The wound was thoroughly dressed, and the inflammation subdued. The form of iodine employed rendered signal service by allowing fewer dressings. A large quantity of cotton wool was wrapped round the forearm to equalize the temperature. The treatment was general as well as local, to prevent the partial tetanus from becoming acute. The patient was kept in absolute quiet and

obscurity, as recommended by Dupuytren and Hervieux. Moreover, chloral was administered up to 7 grammes in the twenty-four hours. It seemed doubtful at one time whether any but this vigorous treatment could have saved the patient from an attack of acute tetanus.

This form of tetanus must not be confounded with *Kopftetanus* well studied in Germany, and recently brought under the notice of the Surgical Society.

In the *France Médicale* of the 2nd April, M. Cadet de Gassicourt describes a case of generalized emphysema, consecutive to stridulous laryngitis, in a little girl. Roger first called attention to generalised emphysema of non-traumatic origin.

In the case described by M. C. de Gassicourt, the violent attacks of dyspnœa, which accompanied stridulous laryngitis, brought on emphysema; broncho-pneumonia subsequently declared itself. The patient recovered. In many cases emphysema brings about serious complications and causes suffocation. According to Roger, the prognosis depends principally upon the degree of gravity of the preceding affection of the respiratory organs.

M. Comby induced by the contradictory opinions expressed on the phosphorus treatment, recommended by Kassovitz of Vienna, has made a series of experiments in order to ascertain its value. During the last fifteen months, he treated forty rachitic children, from ten months to a year and a half old, with phosphorated cod liver oil (0.10 phosphorus to a litre of oil). The treatment only resulted in the improved condition of twenty-one cases; some were slight, others marked. Eighteen cases remained stationary and one grew worse.

M. Comby treated forty other children with salt baths, cod liver oil or phosphate of lime, and obtained two cures, thirty-four ameliorations, and four cases remained stationary; he concludes, however, that all medical treatment should be preceded by a preliminary hygienic treatment.

Dr. Debove, from a series of experiments on hydatid intoxication, believes the absorption of hydatid liquids is

capable of causing dyspnœa accompanied by coughing and perspirations, and also an infectious kind of urticaria, which has not heretofore been inquired into.

M. Vignal, in the course of his researches on the action of certain antiseptic substances on the *bacillus mesentericus vulgaris*, states that he has endeavored to find at what dose the different substances mentioned in the following table may delay, prevent or stop the development already commenced, of one of the bacteridia found by him in abundance in the mouth, and which he identified with Koch's *potato bacillus* and the *bacillus mesentericus vulgaris* of Plügge. The study of this bacillus presents interesting facts which he will make known later on.

The substances tried have all been introduced into the same medium, for the composition of the nutritive substratum causes the action of these substances to vary. Before commencing his researches, M. Vignal prepared several litres of meat extract, the only one he employed. It was composed of 1000 grammes of veal broth prepared hot, of ten grammes of peptone, of five grammes of chloride of sodium, of one gramme of tribasic phosphate of potash and of a small quantity of carbonate of soda, just sufficient to cause neutralization. It contained 2 gr. 37 of dry matter at 100° per 100 gr.; it was sterilized during twenty minutes.

In order to determine the doses that prevented and delayed the development, he proceeded as follows: After having introduced into his retorts the substance of which he wished to study the action, he cultivated them by means of one drop of cultivation fluid 24 hours old and made in neutralized and peptonized meat extract.

In order to know the dose that stopped the development, he cultivated the contents of his retorts in the same manner; eight hours afterwards he added the substances. This lapse of time was sufficient for the meat extract to become cloudy, certain sign that cultivation had commenced.

Immediately after their cultivation the balloons were placed in a stove at 36°-38° (centigrade), and were maintained there during the entire time of experiment.

When the substances were very volatile, such as alcohol, essence of mustard, bromine, a capsule of india-rubber was placed over the cotton pad that closed the balloon, in order to prevent volatilization of part of the substance.

SUBSTANCES.	Prevents the development absolutely.	Delays considerably the development and diminishes its intensity.	Stops the development after it has commenced.
Benzoic acid.....	I per 2,500	I per 3,000	I per 600
Boric acid.....	I " 200	I " 250	I " 125
Butyric acid.....	I " 500	I " 1,250	I " 400
Hydrochloric acid.....	I " 1,111	I " 1,666	I " 400
Lactic acid.....	I " 666	I " 1,000	I " 450
Phenic acid.....	I " 1,000	I " 1,111	I " 400
Picric acid.....	I " 1,111	I " 1,250	I " 1,000
Salicylic acid.....	I " 1,660	I " 2,250	I " 1,428
Succinic acid.....	I " 1,666	I " 2,000	I " 1,000
Tartaric acid.....	I " 1,666	I " 2,500	I " 1,000
Alcohol.....	I " 17	I " 20	I " 125
Borax.....	I " 333	I " 400	I " 100
Bichloride of mercury.....	I " 25,000	I " 33,333	I " 20,000
Bichloride of mercury 1, and hydrochloric acid 5.....	I " 33,333	I " 41,000	I " 30,000
Bichloride of mercury 1, and tartaric acid 5.....	I " 20,000	I " 27,000	I " 15,000
Bromine.....	I " 1,250	I " 1,700	I " 830
Carbonate of ammonia.....	I " 500	I " 700	I " 700
Carbonate of soda.....	I " 166	I " 250	I " 125
Chloride of zinc.....	I " 5,000	I " 10,000	I " 3,575
Essence of mustard.....	I " 10,000	I " 12,500	I " 8,333
Resorcine.....	I " 333	I " 416	I " 200
Sulphate of copper.....	I " 6,666	I " 4,000	I " 4,000
Thymol.....	I " 6,666	I " 10,000	I " 2,500

Dr. Jaccoud, in an interesting clinical lecture at the Hôpital de la Pitié, demonstrated the difficulty that often exists in establishing an early diagnosis between typhoid fever and tuberculosis.

A young woman, aged 28, was admitted into his ward in the Hôpital de la Pitié. She had then been ill for ten days, before which she had had an attack of acute rheumatism.

The day after her admission to the hospital she was feverish, with marked hyperthermia; her face changed; bronchial catarrh; two lenticular roseate spots on the abdomen; the urine contained an appreciable quantity of albumen; the spleen was enlarged. The only favorable symptoms were a clean tongue, and the absence of dryness and cerebral troubles. All these symptoms are common to acute tuberculosis and enteritis; the bronchial catarrh and râles in both lungs pointed to the former disease.

On auscultation symptoms were discovered which led to the following conclusions:

1. General bronchial catarrh.
2. A profound lesion on the left side; tuberculosis, characterized by moist crepitations.

It was found that the patient had been ill three years before with acute bronchitis, complicated by hæmoptysis. She was undoubtedly tuberculous, but did not expectorate, so that it was impossible to seek for the bacilli of tuberculosis.

On the fifteenth day an eruption of red spots presented, a symptom very rare in tuberculosis, but not uncommon in typhoid fever.

The seventeenth day, an intestinal hemorrhage confirmed the diagnosis of typhoid fever. From that day the patient rapidly improved; the urine is free from albumen; the diffuse bronchial catarrh diminished; the tuberculosis crepitations have persisted.

There is no doubt that the case was an example of typhoid fever in a case of tuberculosis.

M. Luc continues his clinical study of tracheal ozæna. The following are among his most interesting cases :

There exists a form of trachitis concurrent with nasal ozæna, yet, once set in, of independent evolution. It is characterized by a fetid odor. Its secretions, on being microscopically examined, reveal the presence of microorganisms similar to those remarked in the nasal scabs in ozæna. This form M. Luc terms tracheal ozæna. The scabs which continue to appear on the tracheal walls do not come from the nose, but emanate from the wind-pipe and are elaborated therein. This is proved by the fact that in spite of their elimination by expectorations, they reappear even when the naso-pharyngeal cavities are kept perfectly free from scabs by daily irrigations. Tracheal ozæna is clinically indicated, 1st. by the expectoration in the morning especially, of thick viscid, greenish matter, of a *sui generis* ozænous odor, 2d. by persistent foulness of the breath, after washing the nasal fossa, and 3d. by the fact that the air breathed through the mouth is as fetid as that which is breathed through the nose; 4, that, owing to these symptoms, no correct diagnosis can be formed before laryngoscopic examination has revealed characteristic scurf on the walls of the wind-pipe; 5, that tracheal ozæna considerably aggravates the gravity of the prognosis of nasal ozæna, by rendering the naso-pharyngeal washing powerless to purify the foulness of the breath; 6, that the scurf adherent to the tracheal walls can only be softened and detached by vapor, or pulverized liquid inhalations, and the moment these are suspended they reappear.

Subsequent study of the affection caused M. Luc to alter his former statements. The following observations were made on a patient (a young woman) who attended his consultations: She had been suffering from ozæna for the past ten years. She complained of frequent hoarseness, loss of smell, and obstruction of the nasal fossa by a fetid scurf, hard to extract, and foul breath. Inspection of the nasal fossa revealed all the objectionable symptoms of na-

sal ozæna, with this peculiarity however, that the scurf was not more offensive or abundant in the nasal than in the retro-naso-pharyngeal cavity. This latter was easily examined on account of an abnormal space existing between the roof of the palate and the posterior pharyngeal wall. On laryngoscopic examination, the vocal cords were observed to be of a roseate hue, and drawn apart by the swelling of the pre-arytenoid mucous membrane, which was coated with a scurf similar to that of the nasal fossa. The same deposits were detected on the tracheal walls. All naso-pharyngeal scurf was easily washed away by a tepid solution of boric acid, but the breath was not purified until all the laryngo-tracheal deposits had been brought away by inhalations of pulverized thymol. On a second laryngoscopic inspection, both the pre-arytenoid and tracheal mucous membranes, now freed of all scurf, had assumed a bright red tint, were soft, thick and evidently inflamed. The progress of this case was followed no further, the patient having discontinued attending the consultation.

M. Luc thinks this last rhinoscopic and laryngoscopic examination worth publishing with his former communication on the subject, since contrarily to those, it clearly establishes the possible participation of the larynx in nasal ozæna, which, he says, ought to be called naso-pharyngo-laryngo-tracheal ozæna. In his first work, stress had been laid upon the absence of constantly recurring scurf in the larynx, and attempts had been made to explain that fact by the supposition that the larynx, from its extreme mobility and contractility, would not lend itself to the settlement of any deposits. This, although the rule, is now proved liable to exceptions.

M. Luc had also expressed doubts of the possibility of curing tracheal ozæna, but these have been dispelled by further experiments on the third patient mentioned in his work. After repeated naso-pharyngeal irrigations, pulverized thymol inhalations and pulverized iodoform insufflations during a month, the mucous tracheal fetid secretions had nearly ceased; and although the man had then ab-

stained from inhalations for five days, the wind-pipe was entirely free from excrescences. M. Luc highly recommends M. Chevrier's preparation of eucalyptol for internal use, in the form of capsules, or honey, as an excellent remedy against foul breath. It gave the best results with his first patient, whose tracheal secretions were particularly tenacious and abundant.

VIENNA LETTER.

(Our Regular Correspondent.)

On the Combination of Syphilis with Carcinoma.—At a recent meeting of the Vienna College of Doctors, Prof. Lang brought forward a case in which syphilis was combined with carcinoma, the former being the predisposing cause for the development of the latter. Only Hutchinson and Langenbeck had before Prof. Lang directed attention to such combinations and to the fact that syphilis might sometimes produce suitable soil for the subsequent development of cancer. Prof. Lang had thus far observed four such cases. In the first case, which he had seen in his clinic at Innsbruck, the patient presented symptoms of syphilis of long standing, and moreover, he was affected with gummatous ulcers on the nose, cheeks and the angles of the eyes. Most of the syphilitic ulcers disappeared after an anti-syphilitic course of treatment, except one, which became transformed into a flat cancer; the character of carcinoma was also verified by histological examination.

The second patient had a syphilitic infiltration on the floor of the mouth, and also presented syphilitic symptoms on the body. The syphilitic symptoms of the body disappeared under the influence of an anti-syphilitic treatment, but the infiltration on the floor of the mouth assumed the character of carcinoma.

In the third case, there was an ulcer on the under-lip, which healed under anti-syphilitic measures. A year later, however, relapse of the ulcer and transformation into carcinoma supervened.

The fourth case was the patient who was shown by Prof. Lang to the Society. He presented the following symptoms: "Numerous scars, ulcerations and infiltrations on the forehead; loss of the nose; loss of substance of the upper-lip; perforation of the hard palate, and cicatricial retraction of the uvula." In the course of January of this year some of the ulcerations of the forehead became covered with white, tallowy masses, which reminded one of the simultaneous existence of syphilis and carcinoma. During the period of observation a vegetation appeared on the anterior end of the ulcer of the hard palate, which had the pronounced characteristics of carcinoma. Histological examination of a part of the ulcer by Prof. Weichselbaum, of Vienna, showed that it was an epithelial carcinoma.

On Two Cases of Cæsarean Section After the Method of Porro in Complete Atresia of the Vagina.—At a recent meeting of the Society of German Physicians of Prague, Dr. Weydlich gave an account of two cases of atresia of the vagina, which called for Porro's operation. The first case was that of a woman, 32 years old, married, who had suffered from scarlet fever when 11 years old, and in whom menstruation had come on at the age of 17 years. Menstruation always set in at the regular date and was attended with severe pains in the sacral region and the abdomen. Sexual intercourse in February 1885 caused hemorrhage, and the patient was admitted to the clinic of Prof. Breisky, who was at the time in Prague. A long fissure, which occupied the whole of the right wall of the vagina was found to be present, and the vagina itself was narrowed by a great mass of cicatricial tissue. Under disinfecting lotions and the application of the acetate of aluminium the patient was able to leave the hospital in a few days. On the fourth of July, 1887, she was brought, in a pregnant condition, into the clinic of Prof. Schauta, where a complete atresia of the vagina was detected. Owing to the impossibility of dilating the narrowed vagina, and thus delivering the fœtus "per vias naturales," the operation of Porro was resorted to. The abdominal section

was commenced at some distance from the navel and extended to near the symphysis. The uterus was incised in its normal position, as the head of the fœtus was fixed to the pelvis, and it was for this reason impossible to lift this organ or to apply the elastic band. A living female child, 50 centimetres long and weighing 3500 grammes, was delivered; the detachment of the fixed head presented greater difficulties than in Cæsarean sections, because of narrowing of the pelvis. The subsequent course of the case except some slight interruptions, was rapid and favorable. The atresia of the vagina was caused by destructive processes and subsequent adhesions of the vaginal walls as the result of preceding scarlet fever.

The second case was that of a woman, 36 years old, who had several years before been confined of a dead child on the street, and who had as a consequence been badly lacerated. The patient was admitted to the gynecological ward on September 4. On the 18th of August, eight days after the cessation of movements of the fœtus, labor pains came on, but no progress was made in delivery. Examination revealed that the uterus had a cylindrical form; that it was contracted at the level of the navel, and that there was atresia of the vagina.

After due dilatation of the vagina, abdominal section was made, the uterus was lifted up and incised. The incision included the placenta, which was divided and the fœtus which was already in a macerated condition was removed. The condition of the endometrium did not permit of preserving the uterus, and it was, for this reason, amputated. The result was surprisingly favorable.

Dr. Weydlich established the following indications for delivery in the case of complete vaginal atresia:

1. Dilate the vagina to such a degree that the "lochia" can have free discharge, and, afterwards, perform conservative Cæsarean section.

2. When conservative Cæsarean section cannot be performed owing to the conditions of the uterus, the operation of Porro should be resorted to.

A Case of Movable Spleen Which Had Led to the Diagnostic Error of Movable Kidney; Laparotomy; Death.—At a recent meeting of the Imperial Royal Society of Physicians of Vienna, Prof. v. Dittel, our distinguished urologist, read a communication on an interesting case of laparotomy, which he had recently performed.

The patient, a woman, 29 years old, had been seized with symptoms of acute cystitis two years ago before; in September, 1887, she noticed that her urine contained blood, and became also aware of the presence of a tumour above Poupart's ligament, on the right side. On her admission into the general hospital, she was found to be very pale and emaciated; the internal organs, however, were normal. The abdominal parietes were flaccid, and on the right side, above Poupart's ligament, a tumour of the size of a man's fist could be felt. The form of the swelling was that of an enlarged kidney; its mobility was not considerable, and it was not excessively painful to the touch. The urine was bloody, but contained no coagula; its reaction, acid; specific gravity, normal: the quantity of albumen was augmented, owing to the large quantity of blood with which the urine was mixed.

When the sound was introduced into the bladder, it could be moved in all directions without causing any considerable pain. Most of the symptoms led Prof. v. Dittel to suggest that the hemorrhage derived its origin from the kidney, and that the tumour felt represented the degenerated kidney, which had left its normal place. Laparotomy was resorted to with a view of removing the kidney; the section was made along the "linea alba," from the navel as far as the symphysis. The abdominal layers and the peritoneum were cut through, when the tumour became visible; it was covered by the epiploon, which showed excessively dilated veins; double ligatures were applied, and an incision was practised. Severe syncope with cessation of respiration and pulsation suddenly supervened during the operation, and all attempts at reviving the patient were in vain. The patient soon died, though the operation had

not even lasted for the whole of an hour, and the quantity of chloroform used did not exceed ten grammes.

Dr. Zemann, Prosector in the Institution of Pathological Anatomy, reported on the post-mortem examination of the case under consideration, and showed the specimen of the tumour. After the detachment of the epiploon, a tumour became visible which filled the whole of the small pelvis; it could be moved towards the right side, but had no connection with the uterus. A cord which contained a thick vein led from the tumour towards the left hypochondriac region. The spleen could not be found at its normal place, and the left kidney showed amyloid degeneration and the presence of small abscesses in it. The bladder was small; its wall thickened owing to callous masses; the mucous membrane of the bladder was hyperæmic and also presented ecchymoses. The right ureter was embedded in a callous tissue; the right kidney showed the presence of large abscesses which communicated with the renal pelvis. The tumour which had been felt in the pelvis represented the enlarged spleen (being enlarged to eight times its normal size), and showed three torsions of the gastro-splenic ligament. Prof. v. Dittel now illustrated the conditions which had led him to commit the diagnostic error under consideration. First, the patient had stated that she had never suffered from intermittent fever; secondly, the tumour lay on the right side of the abdomen, whereas the usual position of a movable spleen was on the left side; thirdly, movable spleens were found very rarely, whereas movable kidneys were met with very frequently. In one of the three cases of movable spleen which had been described by Rokitsansky, obliteration of the splenic veins and partial shrinking of the parenchyma of the spleen ensued as the result of torsion of the gastro-splenic ligament. A second case of Donath of Odessa was not quite free from objection.

Prof. Kundrat remarked that the cases of movable spleen were not so excessively rare, and moreover, he stated that they were always situated on the right side.

Prof. v. Dittel opposed this statement, and said that Rokitansky had, in all his cases of movable spleen, observed that the spleen was situated on the left side.

Partial Paralysis of Sensibility of the Cutaneous Nerves.—Prof. Pick brought before a recent meeting of the Society of German Physicians of Prague a patient in whom he had observed a partial paralysis of sensation, which referred exclusively to the sensation of touch. The patient, a man, 22 years old, had suffered in his youth from scrofulous inflammation of the eye, with swelling of the glands of the neck. His sister died when a child from scrofulosis, and his mother succumbed to tuberculosis. In October of last year, the patient was obliged to frequently sleep in the open field, and was accustomed always to lie down on the right side. After the second night the patient was seized with a sensation of cold in the right arm, which gradually increased later on, and, in November, manifested itself as a sensation of pain. On the advice of a physician, the patient made use of inunctions, with “linimentum volatile,” by which an eczema was caused, owing to which the patient was admitted into the dermatological clinic. After the eczema had been cured, Prof. Pick could observe that the skin of the arm was quite normal, and that it also showed the normal sensibility to pain; the sensation of temperature, however, was considerably impaired. On the left arm, differences of temperature of from $0,5^{\circ}$ to 1° Celsius could be quite distinctly felt. On the right side, however, differences of temperature of from 14° to 42° C, were only felt as the sensation of touch. The differences of the upper part of the arm and the back of the hand on the left side were still more striking in comparison with the corresponding parts of the right one. As this disturbance could not be explained by the suggestion of a disease of the central organ, Prof. Pick was of the opinion that its cause was to be sought in an alteration of the peripheral nerves, which was due to a damaged state of the terminal apparatus of the sense of temperature.

Erythrophlæin.—Docens Dr. Königstein, of Vienna,

had recently carried out a number of experiments with erythrophlœin, with the view of testing its influence in ophthalmic surgery. He performed systematic experiments with from 0.1 to 0.05 per cent. solutions of erythrophlœin (these being solutions which had recently been recommended by Lewin), and tried the influence of the drug under consideration in three different classes, viz.: 1, on animals; 2, on the normal, and 3, on the diseased eye of man. As to the results which were thus obtained, Dr. Königstein summarizes them in the following way:

1. Two drops of a 1-10 per cent. solution were injected into the left eye of a rabbit. Winking and redness of the conjunctiva and the "palpebra tertia" supervened.

After the lapse of ten minutes, reflex action on a slight touch of the cornea was still present; a spasmodic closure of the eyelid came on when the conjunctiva was touched; after twenty minutes, the reaction of the cornea was present to a lesser degree, but that of the conjunctiva was still severe; after thirty minutes, the cornea was almost quite insensible in the centre, but more sensible towards the periphery; the conjunctiva was still much irritated, and a sudden closure of the eyelid came on when the conjunctiva was touched. Dr. Königstein now instilled some drops of cocaine, and total anæsthesia was established after two minutes.

Several drops of a 1-20 per cent. solution were instilled into the right eye, and the experiment was interrupted. After the lapse of twelve hours, severe conjunctivitis was observed in both the eyes, and on the left side there was a slight dimness of the cornea; pupil dilated. On the right side, strong dimness of the cornea; narrow pupil, and hyperæmia of the iris. This condition lasted for several hours more.

2. A from 1-15 to 1-20 per cent. solution of erythrophlœin was instilled into the healthy eye of a man in a large number of cases. Severe reaction and redness of the conjunctiva as well as epiphora immediately supervened;

lancinating pains established later on. This experiment was continued for forty minutes, but no total anæsthesia could be produced. The centre of the cornea was, after this interval of time, less sensitive than its periphery; the irritated condition of the conjunctiva, however, still persisted. On the morning of the next day, irritation of the conjunctiva, dimness of the cornea (especially in its centre) and dim vision were still present.

3. A drop of 1-10 per cent. solution of muriatic of erythrophlœin was instilled into the eye of a patient who was affected with an erosion of the cornea; the re-action in this case was, however, so severe that the patient cried out with pain, and Dr. Königstein was compelled to instill, after ten minutes, some drops of cocainé, which immediately removed the pain.

The author thus arrives at the conclusion that the muriatic of erythrophlœin would scarcely find its way into ophthalmic surgery.

THE LAW OF LOUISIANA AS TO RESIDENT STUDENTS OF THE CHARITY HOSPITAL.

*Medical Department, Tulane University of Louisiana, }
NEW ORLEANS, May 26th, 1888. }*

To his Excellency James Jeffreys, Lieutenant Governor of Louisiana and President of the Senate, and to the Hon. S. P. Henry, Speaker of the House of Representatives:

Gentlemen—The Faculty of this institution has, by unanimous vote, instructed me respectfully to protest against the re-enactment, by the General Assembly of Louisiana, of the clause in the last appropriation bill, Act No. 47 of 1886 (which expires June 30th, 1888), to the effect that “*none but resident Louisianians be admitted as resident students*” to the Charity Hospital in New Orleans.

It is obvious that this restriction must be very detrimental to the institution over which I have the honor to preside, for its prosperity depends on the patronage of students from all the States, and its students from other States are as numerous as from Louisiana. The profit annually derived by the citizens of our State from these students,

attracted from other States, is large enough to deserve favorable consideration, even from the point of view of an appropriation bill; but there are objections to the restriction protested against graver and higher than the financial one.

In the annual report for 1887, the Administrators of the Charity Hospital, through their presiding officer and also through their house-surgeon, strenuously urge that the restriction has proved detrimental to the interests of the hospital and the best care of the sick.

Also in 1887, the State Medical Society, the only organized representative of the reputable physicians of Louisiana, adopted resolutions earnestly protesting against this restriction as "unwise and illiberal." Surely it is inconsistent with the humane and noble creed of the universal brotherhood of man; a creed which rejects limitation by State lines, which has ever found sustenance in the deeds as well as in the heart of the medical profession, and which, if it merits any observance, deserves it especially in all matters which concern the sick and the afflicted.

Many of the physicians of this State have enjoyed, many will hereafter enjoy, the privileges of hospitals in other States, and even in foreign lands, as freely as if citizens thereof. To these particularly, but also to all citizens of liberal culture, it is a just cause for keen mortification that Louisiana should have arrayed itself by an invidious restriction against the comity of other States and nations, and thus invited these to retaliation.

Our State has heretofore been distinguished for notable liberality in all things appertaining to the sick, the dead, and the medical profession; never until 1886 had its Legislature imposed any illiberal restrictions on the government of the Charity Hospital. Its management was left, where it is wisest it always should be left, in the hands of administrators selected because of their superior knowledge of hospital affairs and their special fitness to fulfill all the duties of their position.

Hence, the Medical Faculty respectfully, but most earnestly, petition the present General Assembly to follow, in this matter, the example of every one of its predecessors *except the last one*, and to leave the internal management of the Charity Hospital to its administrators, designed by law and specially chosen by the Governor and the Senate for this very purpose. Yours very respectfully,

STANFORD E. CHAILLE, M. D.,
Dean of the Medical Faculty.

DR. MYLES AND SIR MORELL MACKENZIE.

NEW YORK CITY, May 16th, 1888.

Editors of the New Orleans Medical and Surgical Journal:

Gentlemen—Mr. Kershaw's letter, in your January number, has escaped my attention. He has gone very far "out of his way" to make an unreliable assertion about my opinion of "Dr. Morell Mackenzie and all his works," alleged to have been expressed by me previous to my meeting Sir Morell Mackenzie. I discussed certain theories and principles held by Dr. Mackenzie and other throat and voice specialists concerning the mechanism of the human larynx, and some things germane thereto, of which Dr. Mackenzie had written in his "Hygiene of the Vocal Organs" only. I am astonished that an effort has been made to pervert and misconstrue my words, as they had no intent or spirit "unfavorable" to "Dr. Mackenzie and all his works."

Previous to my departure from America for London, I had heard nothing but expressions of highest praise of Dr. Mackenzie, and universal acknowledgment of the great superiority of his works. I went to London with the opinion that he was the greatest man in our specialty, and that his works were the best literature on the diseases of the throat. I came away, firmly convinced from facts obtained during my acquaintance with him, that the opinion formed was correct. No words can express my admiration for this great and good man. I have never met one with

more cultured mind or with more refined manners, and during my intimate association with him as chief private assistant, I never heard from him an expression that indicated jealousy of any man.

Very truly yours,

ROBERT C. MYLES.

PROCEEDINGS OF SOCIETIES.

VERMILLION PARISH MEDICAL SOCIETY:

ABBEVILLE, LA., April 27, 1888.

The first annual meeting of the society was held at French Hall, Abbeville, Saturday, April 7th, 1888.

Dr. W. D. White, the retiring President, delivered the opening address, which was well received and frequently applauded, being full of such wholesome advice and counsel as none but one of his years and experience could give.

Dr. R. J. Young the annual orator then followed with an address profound and rhetorical, at the close of which a perfect deluge of flowers came from the audience, showing the high appreciation of the address by the society.*

The meeting having adjourned, the fraternity and invited guests repaired to the residence of F. F. Ferry, where a bountiful supply of good things for the inner man was spread. Justice was done here as well as elsewhere.

The following are the officers of the society for the ensuing year, with their postoffice addresses :

M. R. Cushman, M. D., President, Youngsville; C. J. Edwards, M. D., Vice-President, Abbeville; Robt. J. Young, M. D., Corresponding Secretary, Abbeville; J. T. Hamblet, M. D., Recording Secretary and Treasurer, Perry; W. D. White, M. D., Representative to State Medical Society; C. J. Edwards, Alternate Representative to State Medical Society.

*Dr. White's address set forth the objects of the society and medical organization in general; Dr. Young chose for his subject The Medical Science of To-Day and Quackery. We greatly regret our inability to publish the addresses, but the crowded state of our pages precludes the possibility.

The following are the Standing Committees, as announced by President Cushman :

Committee on Efficient Organization—M. R. Cushman, M. D., chairman; C. J. Edwards, M. D., F. F. Young, M. D., P. J. Young, M. D.

Committee on State Medicine—W. D. White, M. D., chairman; J. F. Hamblet, M. D., C. J. Edwards, M. D., E. J. Hall, M. D.

Committee on Scientific Essays, Reports, Discussions, Etc.—R. J. Young, M. D., chairman; J. B. Ramsey, M. D., J. T. Hamblet, M. D., C. J. Edwards, M. D.

Committee on Publication—J. T. Hamblet, M. D., chairman; R. J. Young, M. D., F. F. Young, M. D., W. D. White, M. D.

Judiciary Committee—J. B. Ramsey, M. D., chairman; W. D. White, M. D., F. F. Young, M. D., L. Le Blanc, M. D.

Next regular meeting first Saturday in July, at 2 o'clock P. M.

M. R. CUSHMAN, M. D., *President*.
J. T. HAMBLET, M. D., *Secretary*.

LEADING ARTICLES.

THE TENTH ANNUAL MEETING OF THE STATE MEDICAL SOCIETY.

Although as we stated in our last number, owing to duties from which there was no escape, none of our staff was able to be present at the annual meeting of the State Medical Society in Monroe, we gather from the official minutes of the Recording Secretary, which we publish, that the meeting was characterized by the same indifference, idleness, and slipshod irresponsibility that have for years made the Medical Society of Louisiana a disgrace, instead of a pride to the profession of the State.

A meeting of the medical societies of any one of our

sister States means the assembling of all the best and wisest members of the profession to consider well-digested plans for the advancement of our interests and regulation of our conduct; to hear and discuss the latest and most valuable contributions that they are able to offer for mutual help and profit. A meeting of the Louisiana Medical Society is the straggling together in some locality of a dozen or so of languid, inconsequent, unprepared medical men, bent for the most part upon a few days of rest, cigar-smoking and story-telling. In what we have said and are about to say, we wish it distinctly understood that we do not intend to reflect in any way upon the retiring President. That gentleman we know of our own knowledge used every endeavour to arouse some little enthusiasm and make the meeting a success, but the invertebrate indifference of committee men and members, with a few exceptions, nullified his exertions. If any one of our readers who has never had the misfortune to be present at one of these meetings, and cannot therefore have an adequate idea of the laxness with which business is carried on, in a way that would disgrace a schoolboy's debating society, the wretched excuses for committee reports—or no reports—that are received and “approved”—if any such, we say, conceives that our language is overstrong, let him review with us the report of the Tenth Annual Meeting, to be found in our number for May, 1888, pp. 876-892.

After the report of the Committee on Arrangements, which seems to have done everything to provide for the comfort and pleasure of the visiting members—our members from the parishes are unfailing in the duties and elegances of hospitality—the chairman of the Committee on Reports and Essays, the most important of all the standing committees except the Committee on Legislation, reported that during his absence from the State another member of the committee had acted as chairman, consequently he was not familiar with the work that had been done, but he presented the list of papers on the programme as his report. But the chairman omitted to report that his

departure from the State took place late in the winter, and that up to that time his duties had remained utterly neglected, and that when the temporary chairman was appointed in February, about two months before the date of the meeting, he found that not one step had been taken towards organizing the committee or soliciting from members essays or reports of cases. By the adoption at the eleventh hour of the simplest and most natural measures, the division of the committee into sub-committees, and the issuance of a large number of postal cards, nine to each member, the temporary chairman was enabled, thanks to a few members who are never derelict in their duty, to save the programme, which is properly the report of the committee, from being a blank. But the chairman also forgot to report that he made not the slightest effort to acquaint himself with even these late and necessarily inadequate efforts to spare this disgrace and humiliation to the society. And yet this report was "adopted" without one word of censure, and the nominating committee a few days later bestowed upon this able and efficient chairman the society's highest honour.

The chairman of the Committee on the State Medical Library reported that the Board of Administrators of the Charity Hospital had consented to be the custodians of our library, and the report was (of course) adopted. Twenty-four hours later a Special Committee on Locating Library recommended the acceptance of the offer of the Louisiana State University and Agricultural and Mechanical College to set aside one of their buildings for our use as a *place of meeting* and a *depository for our books*. Adopted. On the afternoon of the same day, the Nominating Committee recommends—and the recommendation was adopted—New Orleans as a *place of meeting* for the eleventh annual session. Could self-stultification go further?

We regret that we have not had the opportunity of seeing the report submitted by the Committee on State Medicine and Legislation, but it is known that the society has accomplished nothing in the way of medical legislation

during the past year. Indeed, no vigorous and sustained attempt on the part of the society or its committees is ever made, and there is nothing in the minutes of the last meeting to indicate that there is to be any change, although the Legislature just elected is so constituted as to offer us greater advantages than have presented for many years. Of four sub-committee chairmen two failed to send reports, and yet the same old perfunctory vote of *adopted* was put and carried without a word of dissent. But of what use to examine further? So the whole session went on, varied occasionally by the adoption of resolutions embodying no clause looking to their enforcement and which will never get further than the page of the Transactions upon which they are printed.

It is in no captious spirit that we write these lines, but it must have become apparent to every earnest man that the Louisiana State Medical Society should either undergo a great awakening and revivification or be abandoned—cleared away as a useless time-consumer and cumberer of earth. Surely it befits the highest organized body in the State representative of the gravest and most important of professions to be dignified, earnest, positive, self-respecting. It is only by the possession of these qualities that it can become a power within and without the ranks of the profession, and subserve the purposes for which it was created. The new president is young, and should bring to the discharge of his duties a high sense of their importance and a boundless store of energy and determination, and with these all difficulties may be overcome. But the work must be begun at once and urged forward without slackening, until on the second Tuesday in April next it is brought to a worthy fruition.

SOCIETY PRACTICE.

The custom followed by so many physicians in this city of taking “society practice,” has grown to such an extent as to threaten destruction to all legitimate work by those

few who value the dignity or well-being of the profession. Four-fifths of the people of this city are banded together into so-called "Benevolent Associations," whose objects are weekly indemnity while sick, free medical services, including drugs, and free burial in case of death. Every one of these societies annually chooses a physician, a druggist and an undertaker, and always after fierce competition. Just before the annual election a committee goes around to some fifteen or twenty physicians and the same number of druggists and undertakers, and requests each of these functionaries *to put in a bid*. Then begins the scramble. One physician will offer "to do the work," which includes attention to the families of the members, for four dollars per member per annum; another will bid three, another two, and so on until, as actually happened a few weeks ago, the final and successful bidder sees a profit and honor in the job at "forty cents (40c.) per member per annum, payable quarterly."

Perhaps the matter will be better stated by a physician who has tried it: "With large associations, say 300 members, and the pay, the usual amount, \$2.00 per member annually, the result to a conscientious physician would be eight to ten cents a visit. The doctor is expected to attend a member's household, which includes his wife, children and all those dependent upon him, such as a sister, mother, cousin, aunt; frequently servants are run in upon him as relations. No future benefit is derived from such practice. It were much better to spend this time in study and the acquiring of a private practice by strict attention to calls. This same physician, with a private practice which was increasing at the rate of \$500 to \$600 a year, took some societies; the increase stopped at once. He gave up the societies and his practice again increased—the increase amounting to more than the sum obtained from all of the societies combined, and this growth was in no measure due to private cases from the members of the societies which he had resigned. He has no doubt that had he not taken societies his private practice would now

be double what it is. If you will deduct from the sums paid by your associations your car fare, or the expense of a horse, buggy and driver, and the sums you naturally lose in the way of good cases or office visits, say only one each per day, the profits in society practice are very meagre. The society doctor lives the life of a slave, tortured in mind and body, and loses all respect for himself and the profession. For these reasons he would say to a young man contemplating society practice, 'Don't!'

To make it plainer how much the profession is lowered by such practice, it should be told how often the doctor is berated for delay or failure to relieve; how he is called up before the Society and reprimanded and made to pay the bill of some physician called in by a member, because the doctor was not to be found, and how he is spoken of as "only the society doctor, but we don't have him when anybody is very sick."

And, on the other hand, a society doctor exclaims, "Do you suppose I am going to give two dollars and a half worth of services for ten cents?" Another says, "I have not time to do them justice. I paid thirty-seven visits yesterday, the first at 5 A. M., and the last at 11 P. M., and used up two horses, and myself, too."

As the physician, quoted above, says, it is all right to practice upon that class of people in the hospital, where you can enforce their respect, but in society practice it is another thing. The people think because they have voted for you, they can say what they please, and their conduct towards a physician is often shameful, as well as humiliating to him.

If this kind of work is not degrading, we hardly know what is. It is degrading to both the physician and the patient, to the profession and the community. But more, it is directly opposed to the code of ethics of the A. M. A., and because this code is simply an expression of the relations which should exist between one gentleman and another and the community in which he lives, society practice indicates a willingness on the part of a man to

voluntarily lower himself in the eyes of his fellows and the community at large.

The subject is too big to be exhausted in one short editorial, but we propose to sift it thoroughly and, if possible, persuade the profession to change its ways.

A DANGEROUS NOSTRUM.

So long as a quack medicine may do no actual harm, it may, perhaps be just as well to let the credulous public be imposed on. But when it comes to our knowledge that danger lurks in one of these nostrums it is our duty to be no longer silent, but to warn the ignorant that they may beware. One of the most ingeniously and extensively advertised quack-medicines, which have of late come before our notice, is the so-called "Dr. Buckland's Scotch Oats Essence." It is easy to make people believe that a substance, so valuable as a food, which, according to Dr. Johnson, is in England given to horses, and in Scotland is fed to the people with such excellent results, may have extracted from it principles of great value as medicines in disease. The proprietors of Scotch Oats Essence announce with great confidence in the gullibility of the public that their "Essence" contains *avenesca*, to soothe, calm, regulate and heal; soluble oats phosphoids, to build up, nourish and supply waste; and *boskine* to regulate bowels and liver. These are expressions which are convincing to the public and the following strengthens its conviction: "Combined in Dr. Buckland's Scotch Oats Essence they make the grandest nerve formula ever known to medical men, and they unqualifiedly endorse it." Again, "There has never been any remedy known that has been so uniformly successful in all forms of brain and nerve exhaustion and also actual nerve diseases, as Scotch Oats Essence.

The daily papers, being well paid, give its advertisements conspicuous space and strongly advise and endorse its use. It has been so well advertised that scientific attention has at last been directed to it. In the *Druggists'*

Circular of April and May, this great fraud has been exposed, not simply as a harmless humbug, but as an insidious poison. "Under the bait of oats," the diabolical proprietor of this stuff, has placed the "bane of opium." A careful analysis shows that every ounce of this miserable preparation contains little less than one-half grain of sulphate of morphine. The dose recommended is from one-half to one teaspoonful at first, pushed until its full effect is felt.

The old and the young are alike advised to use it. Idiosyncrasy is recognized, much more being required to effect some than others. With this caution as to the commencing dose, it is indiscriminately advised by its inventor when pain is to be assuaged, sleep needed or exhaustion to be overcome. A teaspoonful would contain about one-sixteenth of a grain. It is easy to see, then, that taken as advised, the morphine habit could be readily induced. To this course, we feel sure, many of the morphine eaters of the future may trace their habit. It is time that respectable medical men should condemn such nostrums and warn the unsuspecting public. According to the two paragraphs published in the *Druggists' Circular* for May, 'Dr. Buckland,' the inventor of the "Essence," can be none other than Ludwig Spohr, a celebrated musical composer, who has been dead thirty years and is now resuscitated by this trafficker with human happiness for private gain. Scotch Oats Essence is probably a tincture of *avena sativa* with morphine added.

Further comment is unnecessary.

DURING April last the Louisville Training School for Nurses graduated its first-class.

THE University of Heidelberg recently conferred the degree of M. D. on Carl Umbach, who had written a brilliant dissertation on "The Influence of Anti-Pyrine on Nitrogenous Secretions." And now Umbach turns out to be a quack, and the authorities of the famous university are smoking their pipes in gloomy silence.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

GYNÆCOLOGY.

PEPPERMINT WATER IN PRURITUS PUDENDI.

Every practitioner will have had under his care cases of this troublesome affection, which have been proof against all treatment, especially in the neurosal forms, where the cause of the pruritus, which is, of course, only a symptom, is more difficult to remove. No excuse, therefore, is needed to mention a local remedy, which will, if the skin be unbroken, either cure the patient, or afford relief whilst the source of the irritation is being treated.

The agent here alluded to is peppermint water, used as a lotion. The B. P. preparation of aq. menth. pip. answers well, but is bulky for carrying about, and is incapable of concentration unless rendered alkaline. This is best done by borax, as being in itself soothing and antiseptic. Patients can easily make their own lotion, as required for use, by putting a teaspoonful of borax into a pint bottle of hot water, and adding to it five drops of ol. menth. pip., and shaking well, the parts affected to be freely bathed with a soft sponge.

If no cracks or sores are present, this lotion will remove the itching, but if there be eczema, etc., or rawness from scratching, it is inapplicable, olive oil, with five grains of iodoform to the ounce, being then more useful. The greatest and most permanent relief is afforded in the neurosal form, especially in the reflex pruritus which often accompanies pregnancy, and which then may take the place of reflex sickness or vomiting. It is also very useful in the pruritus which occurs in the climacteric, or in elderly women, in whom it may be only part of a general pruritus, and also in those cases of women of all ages, where the urine simultaneously becomes of very low specific gravity, without any evidence of having a gouty or granular kidney as a remote cause.

In pruritus due to pediculi, ascarides, an irritable urethral caruncle, an endocervical polypus, early cancer of the cervix, distension of Bartholini's ducts or glands, the leucorrhœa of vaginitis, endocervicitis, and metritis, or the irritating discharges of advanced carcinoma uteri, or to a gouty or diabetic diathesis, the drug excels all others, cocaine

inclusive, in affording relief, whilst endeavors are being made to remove the cause.

In two obstinate cases of uncontrollable pruritus of pregnancy, where this remedy only gave temporary relief, the patients were cured by applying iodine liniment to the angry looking cervix uteri, which method has been used successfully by Dr. John Phillips and others for the similarly severe vomiting of pregnancy.

Peppermint has long been used by the Chinese as a local remedy for neuralgia, and has lately been sold here, combined with camphor, as a menthol. It appears to act as a local anæsthetic, its effect lasting often many hours, and in some cases of reflex origin a single application of the lotion has cured the patient. The remedy was, I believe, named in a casual communication to the *Journal* about twenty years ago, but I have failed to find the reference, and though it has been prescribed spasmodically by my father, and perhaps by others, its extreme utility seems known to very few.—Dr. Amand Routh in *British Medical Journal*.

LATENT AND CHRONIC GONORRHŒA IN THE FEMALE.

Nœggerath (*Deutsche Med. Woch.*, No. 49, 1887) concludes a recent paper on this subject with an enumeration of the signs by which chronic gonorrhœa may be recognized. These are, he asserts:

1. A woman, previously healthy, is attacked with pelvic troubles soon after marriage, her general health frequently suffering to an extent not explicable by the slight changes observed in the sexual organs.

2. She has a purulent discharge, not depending upon the presence of an existing erosion, sarcoma or carcinoma; or there may be a scanty glairy discharge from the bright red, eroded cervix.

3. There is a catarrh of the ducts of the vulvo-vaginal glands.

4. Small acuminate condylomata are seen around the vaginal outlet; there may be a ring of them just above the anal orifice.

5. Granular vaginitis is present.

6. Evidences of peri-salpingitis or ovaritis, the latter being of the glandular variety. It is important, the writer adds, that several or all of these symptoms should be combined; a single one has no diagnostic value.—*American Journal of Medical Sciences*.

HYDRASTIS CANADENSIS IS—IN THE HUMAN SUBJECT—
NOT AN EXCITOR OF UTERINE CONTRACTIONS.—
DR. SCHATZ, IN "CENT. OF GYN."

Hydrastis, as it has so far been used, cannot be regarded as an agent which will either excite uterine contractions, or when these are in existence render them either more frequent or stronger, but it must be looked on as acting on the vaso-motor system, causing contraction of the pelvic vessels, and thus leading to local anæmia. He points out how in many cases of menorrhagia, where it is disadvantageous to occasion uterine contraction as would be done by ergot, hydrastis is a most useful remedy; and as instances of such he gives some forms of fibroids, eccentric hypertrophy of the uterus, general hyperæmia of the pelvic organs with local inflammations, acute and chronic pyosalpinx, perimetritis, oöphoritis, etc. Further, he says that it will be found to be most useful in cases where menstruation is too frequent and too profuse, either in young subjects or in those about the menopause, where no local abnormality can be detected, and also where there are signs of pelvic congestion for days previous to the onset of menstruation.—*Archives of Gynæcology.*

OPHTHALMOLOGY.

IS IT EVER JUSTIFIABLE TO PROVOKE PREMATURE LABOR
FOR THE RESTORATION OF SIGHT IN
ALBUMINURIC RETINITIS?

On October 11th, 1887, I was called twenty-five miles distant to see Mrs. J. D., aged thirty-nine, married several years, pregnant nearly eight months with her first child. Her sight had been failing for nine days, but total blindness did not set in until the day of my visit. The ophthalmoscope revealed a well-marked retinitis albuminurica with the characteristic exudations in and around the macula lutea and blood extravasations from the retinal veins. She was a very intellectual woman, short in stature, stout, of apparent plethoric habit, and, with the exception of this trouble, seemingly in good health. Her loss of sight was so complete that she could not discern even the brightest light thrown upon the eyes from the mirror of the ophthalmoscope. The urine contained much albumen. On consultation with her physicians, then present, Drs. Payne and Webb, of Franklin, Ind., I advised the immediate induction of premature labor for the preservation of both eye-

sight and life. This was promptly done, and in two days the child was delivered, but died thirty-six hours afterwards. In a few days the patient could distinguish between light and darkness, then could discern large objects, and in a few weeks sight was fully restored.

She called upon me on December 6, 1877, when I made the following additional record on my books: "The exudative patches have given place to five little white spots in the right and two in the left eye. V. equals $\frac{2}{8}$ right and $\frac{2}{8}$ left eye; can read the finest print at the usual reading distance. Dr. Payne writes that the urine shows but the slightest trace of albumen." The vision has since become quite normal. The woman is now in good health, but has not conceived since her former terrible experience. This patient was very anxious to go to full term, as she and her husband greatly desired children (they having been married so long), and had it not been that total blindness was threatened, no other cause could have induced her to make the sacrifice which she did. My reasons for this step will appear after a brief report of some other cases as follows:

Soon after my location in this city, seventeen years ago, I was called by a physician to examine the eyes of one of his patients, far advanced in pregnancy, whose sight was failing rapidly. I could not then leave my office, so put it off until after my regular office hours, but an urgent call for him to the bedside again in the evening caused us to hasten to the house, when we found her in a uræmic convulsion, from which she died in a few minutes.

I saw another similar case on October 6, 1877, with Dr. F. S. Newcomer, of this city. Mrs. M., aged 27, became suddenly blind. Dr. Newcomer saw her for the first time before breakfast on the 6th, when she complained of a violent pain in the head; labor came on almost immediately afterward, and she was delivered in less than two hours. I saw her a little past noon, and found, as in my first case, well-marked retinitis albuminurica. She was treated with salines and other remedies, but died in convulsions on the following day.

On July 27, 1885, Mrs. H. C., aged thirty-five, was brought to my office by her physician, six weeks after her confinement, with the following history: "Had convulsions ten days before parturition, and became totally blind." My record reads: "V. equals O. both eyes; pupils widely dilated; characteristic exudation all around each macula

lutea and optic disc; many partially absorbed blood-extravasations in each fundus." The patient called again January 20, 1886, when nothing was to be seen but a cicatrized patch in left macula lutea and atrophy of the optic papillæ; no nutrient vessels were to be seen in either optic disc. V equals O. right, and simple perception of light left; pupils still dilated. I have heard that sight has not improved in this case since that date. * * *

P. N. D., aged twenty-nine, a mechanical draughtsman, called upon me October 26, 1877, on account of dimness of vision, for which he desired me to examine him for glasses. His V. equals $\frac{20}{200}$ right and $\frac{15}{200}$ left eye. Negative and positive glasses were placed alternatively before each eye, but did not improve his sight in the least. The ophthalmoscope quickly pointed to the deposits and extravasations of blood in the fundus of each eye. "Have you had any trouble with your kidneys?" was asked of him. "No, I never had better health in my life, and I weigh twenty pounds more than I ever did," was his reply. His urine was found to be heavily laden with albumen, nearly all of it becoming coagulated under the application of heat and nitric acid. I advised him to consult one of our best physicians, but he seemed to think that I was unduly alarmed about his case. He subsequently called Dr. F. S. Newcomer, but soon had convulsions and died on November 25th, just one month after he called on me.—J. L. Thompson, M. D., in the *Medical Record*, March 3, 1888.

GLASS SHELLS IN IRREGULAR ASTIGMATISM.

We learn from an editorial in the *Medical News*, of Philadelphia, that Dr. Eugene Fick, of Zurich, has made some interesting and successful experiments on the correction of irregular corneal astigmatism by the use of a thin glass shell inserted after the manner of an artificial eye, immediately in front of the affected cornea. The intervening space being filled with fluid, the irregularities of the corneal surface are practically wholly substituted by the regular curve of the "contact-glass," with the result of raising the vision in one case, from $\frac{1}{30}$ to $\frac{1}{6}$ of the normal. His experiments were begun with puppies, and after finding that clouding of the intervening fluid, with roughening of the corneal epithelium and injection of the conjunctiva, followed the wearing of the glass for several hours, he reached the result that by use of a sterilized two per cent. solution of grape sugar, this was obviated, and

the glass could be worn without irritation for eight or ten hours. Six patients of Prof. Haab's Polyclinic were then tried, with the notable result above given in one case; the others showing little improvement of value. As the number of suitable cases is naturally limited, he commends the method to others who may have opportunity of employing it, without waiting till he himself shall have wider demonstration of its utility.

As the glass is practically invisible, moves freely with the eye, and is free from the limitation of the field of clear vision, which is such a drawback in the wearing of ordinary spectacles, especially when strong, the method gives promise of real usefulness, not only in cases not otherwise corrigible, but even in conical cornea and other extreme errors of refraction, where good central vision is obtainable in the usual way. Any desired curve may be given to the new cornea, so as to correct a regular as well as the irregular ametropia. Protective glasses might be required to make the patient feel safe from accident by splitting of the delicate shell, although hardly more fragile than an ordinary artificial eye. The method was experimented with by Young, in the early part of the century, but Fick none the less deserves credit for its clinical application.

LARYNGOLOGY

SOFT DRAINAGE TUBES IN TRACHEOTOMY IN PLACE OF METALIC CANULÆ.

Dr. Schmidtman, of Wilhelmshaven (*Deutsche med. Woch.*, No. 49, December 8th, 1887), claims to avoid much of the trouble after tracheotomy due to irritation of the mucous membrane from hard canulæ, by substituting soft rubber drainage tubes adjusted to the calibre of the trachea. The sides of the tracheal incision are separated by threads inserted into the walls, drawn back and tied, so as to prevent any occlusion of the soft tube by resiliency of the sides of the incision. The soft tube is secured by threads on each side passed through its substance and which are retained in place by adhesive strips. It is stated that when the tube fits the trachea it can not be expelled in the most violent paroxysms of coughing. The tubes are retained in position for three days before they are removed, and then there is no difficulty in replacing them through the well-formed fistula. Should they be removed before this time they can be replaced with the aid of dressing

forceps to pinch the sides of the orifice together. It is said, too, that the formation of coriaceous crusts which occlude the tube is much less than with metal tubes, and that as there is no impediment to the currents of expiration by striking the plate of the canula, emphysema is not likely to occur from escape of air into the connective tissue. The advantages of soft rubber tubes over the ordinary rigid tubes are thus summed up: 1. Accurate adjustment in accordance with the anatomical conditions of each case. 2. Occlusion of the trachea above the tube. 3. Greater calibre of the tube. 4. Diminished irritation of the soft parts. 5. Auto-fixation of the tube. 6. Diminished formation of crusts. 7. Less frequent changes of tubes, 8. Readiness of appliance and cheapness.—*American Journal of Medical Sciences.*

BOOK NOTICES.

Diseases of the Skin. A Manual for Practitioners and Students. By. Dr. Allan Jamieson, M. D., F. R. C. P. Edin., Extra Physician for Diseases of the Skin, Edinburgh Royal Infirmary; Consulting Physician Edinburgh City Hospital; Lecturer on Diseases of the Skin, School of Medicine, Edinburgh. With wood-cut and eight colored illustrations. Edinburgh: Young J. Pentland. Philadelphia: J. B. Lippincott Company, 1888. For sale by Armand Hawkins. Price, \$6.50.

Another work from Scotland comes to us for review, but this time the writer hails from Edinburgh and not from Glasgow. Like the book of McCall Anderson, which precedes it only a few months, it is a British work for Britishers—accurate, but conservative, risking few statements relative to the newer diseases, and preferring to present the well-known ones with greater clearness. On the subject of treatment, however, the writer is quite up to date, and among other new suggestions we find the following: “Jaborandi, or its alkaloid pilocarpine, employed in suitable cases can restore the pliancy and natural unctuousness of the skin, conditions which are all but completely in abeyance in some forms of erythematous, papular and scaly eczema. The author uses subcutaneous

injections of from 1-6 to $\frac{1}{3}$ of a grain of nitrate of pilocarpine, usually twice a day.

A strong tendency is evinced in this work towards the grouping of diseases which have certain symptoms in common, but which differ from one another in their true nature and clinical history. For instance, under the heading of Pustular Diseases, we find the consideration of boils, impetigo contagiosa, sycosis and dermatitis capilli papillaris so confused together and without separate headings, that we become doubtful whether or not the author means us to consider them all as due to the same pathological process.

The chapters on eczema are good and authoritative, particularly the one treating of eczema in children, which is a new and valuable addition to the ordinary text-book on diseases of the skin. The constant reference in this work to the best atlases illustrating the subject considered, is also a new feature, and will be useful to the student and country doctor, who may rapidly refer to these plates to confirm doubtful diagnoses. The colored illustrations which form part of the book undoubtedly add to its attractiveness.

H. W. B.

A Practical Treatise on Diseases of the Skin. By John V. Shoemaker, A. M., M. D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin; Member of the American Medical Association; of the Pennsylvania and Minnesota State Medical Societies; of the American Academy of Medicine; and the British Medical Association; Fellow of the Medical Society of London. With colored plates and other illustrations. New York: D. Appleton & Co., 1888. For sale by Armand Hawkins. Price, \$5.00.

In a text-book of 609 pages, Dr. Shoemaker presents to the medical public a full and valuable treatise on the diseases of the skin. In eight preliminary chapters on "General Considerations" the reader is prepared for the chapters on the special subjects which follow, and given many useful hints as to the relative value of medicated baths, soaps and various external applications, notably the *oleates*, by which the author has already attracted a great deal of attention. The colored plates, with the exception of one illustrating a *blue* eczema of the palm, give an excellent

idea of the diseases portrayed, while the wood-cuts are new and unusually good.

As we find stated in the preface, this "whole work has been written from the stand-point of an active general practitioner," and it may be said that the author has not fallen short of his assertion.

A formulary of 55 pages will assist many who look for good combinations of drugs, and give an insight into the author's methods.

These methods, in the home of Duhring, Van Harlingen and others prominent in dermatology, are original and scientific, and redound much to the author's credit.

Dr. Shoemaker's book is a success, and will take its place with all standard text-books. H. W. B.

The Hygiene of the Skin, or the Art of Preventing Skin Diseases. By A. Ravogli, M. D. Cincinnati: Central Medical Publishing Co., 1888. Price, \$3.00. Mailed to any address on receipt of price.

Writers of works upon diseases of the skin are, for the most part, in the habit of neglecting the question of the hygiene of that important organ, in order to condense their subject into an ordinary-sized text-book for the use of students and practitioners.

As a consequence, then, these much-pressed book-makers give us minute accounts of the evil results of bad hygiene—disease, and very meagre hints on the subject of prevention. No book since the days of Wilson has presented this subject in its true light or given to it its deserved importance. Dr. Ravogli has felt this need, and endeavors to supply it in a work of good proportions and considerable pretensions.

The whole subject is thoroughly discussed, in a style simple, though somewhat dogmatic; and imbued with the personality of the author, we imagine. The influence of diet in skin diseases is carefully treated, and the chapters on that subject are probably the most interesting in the book. Concerning the use of coffee and tea, we are led to infer that inasmuch as "no skin eruption has even yet been attributed to the action of coffee," and as tea is "not so strongly stimulant as coffee," no evil results can come of their use in skin diseases. With this we are not prepared to concur, for the very fact that they are stimulants in health makes them injurious in certain cases of disease where it is necessary to apply the mildest remedies to that

most susceptible organ, the stomach. It is barely possible that the author prefers countenancing the use of moderate stimulants as substitutes for the stronger ones, of which he says, under the heading of *Alcoholic Liquors*: "The man in good health not only does not need brandy and whiskey, but it is very wrong to begin this infernal habit; and I think every physician ought to make all efforts to persuade his patients that even the moderate use of whiskey or brandy is not only of no benefit, but is pernicious." We have been very much interested in the perusal of this book, and believe that it will supply the want that the author has aimed to fill.

W. H. B.

Cyclopædia of Obstetrics and Gynecology. Vol. V. Gynecological Diagnosis; General Gynecological Therapeutics. By R. Chrobak, Professor of Gynecology at the University of Vienna. *Electricity in Gynecology and Obstetrics.* By Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital. New York: William Wood & Co. 1887.

The description of examining tables is much improved by the addition, by the editor, of a description of Goodell's and other American tables. The author takes you carefully and conscientiously through every step of a thorough diagnosis, describing the instruments to be used and how to use them. The therapeutics, of course, are those for local application, the constitutional medication being left to the authors of the other volumes.

Dr. Grandin has given a very good summary of what has been done in the way of electrical treatment up to the present time. We think, though, that he would have made the book much more valuable had he carried out his idea to the end of employing foreign authors for the different divisions of the work. To have had Apostoli write on electrical therapeutics would have increased the value of the work.

G. B. L.

Cyclopædia of Obstetrics and Gynecology. Vol. VIII. Diseases of the Ovaries. By Dr. R. Olshausen, Professor of Obstetrics and Gynecology at the University of Halle. Edited by Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, etc. New York: William Wood & Co. 1887. [New Orleans: Armand Hawkins.]

We can only reiterate for this volume the praise we have given the others. The perusal of these volumes has given

us a knowledge of German gynecology, such as is only obtained by extensive reading of German works. Dr. Olshausen is much more generous than the other authors in the credit given to English and American authors.

We think he gives a very good criticism on Martin when he says that he could understand how Dr. Martin could perform a simple ovariectomy in 8½ minutes; but that he should give 20 minutes for a difficult one was rather incredible to him. We certainly share Dr. Olshausen's incredulity.

G. B. L.

The Modern Treatment of Pleurisy and Pneumonia.

By G. M. Garland, M. D., Instructor Clinical Medicine, Harvard Medical School, etc. Geo. S. Davis, Detroit, Mich., 1888.

This little book, No. 7 of the Physicians' Leisure Library series, is one of the most complete and interesting works of its kind that has come under our notice for some time. Nothing of any importance ever recommended in the two diseases considered seems to have been omitted, and it is all told in such a clear yet running style that is refreshing to one accustomed to the usual text-book stereotyped remarks on treatment. But much more than treatment is given, for the writer also deals with diagnosis, types, bacteriology and etiology, all of which he incorporates with the main purpose of the work in an easy yet logical manner.

If the whole series is equally effective, Mr. Davis will have laid himself liable to the thanks of all lovers of a judicious combination of brevity and thoroughness.

J. H. B.

Doctor and Patient. By S. Weir Mitchell, M. D., L. L. D. Etc. Philadelphia: J. B. Lippincott & Company, London: 10 Henrietta Street, Covent Garden, 1888. [Armand Hawkins, 194 Canal Street, New Orleans, La.] Price, \$1.50.

In this book Dr. S. Weir Mitchell has given us nothing especially new or original, but he has formulated much that is familiar pleasantly enough to make a very delightful little volume. He describes graphically the conduct of the good physician towards his patient—gentle, forbearing, loyal, helpful.—and that of the ideal patient towards the physician, trusting, grateful and affectionate, and in these days such suggestions of mutual kindness and courtesy are most opportune. The old relations of doctor and

patient seem fading away, with much else that is simple and true from our lives, and the old family doctor, the friend, the counsellor, the confessor, will soon be found only in old fashioned character novels.

The management which Dr. Mitchell recommends for nervous women and for children is full of good sense and born of wide experience, and the "wholesome neglect," and systematic discouragement of all feminine weakness, especially from the very beginning, is forcibly given.

It is a little tantalizing to those of the profession to whom "Fortune has not come with both hands full" to read of suggestions of cure, either for one's self or one's patient, which can be carried out only at great expense and with perfect leisure. It is not given to every one to camp at the Restigouche in July, and to live in Newport in August, and if the camp cure were to be attempted three miles away from our homes, as in the case of one of Dr. Mitchell's more economical medical friends, we are afraid the experimenters would endure not only the laughable discomforts of Stockton's Rudder Grangites, but return to their city home with the more serious results of fever and ague. Here we must go far away from our homes to reap the benefit of the system, but notwithstanding its various inconveniences all physicians must agree entirely with Dr. Mitchell as to the wisdom of open air life in many cases of suffering.

The book is full of allusions to all kinds of literature, familiar and obscure, modern and ancient—it is the easily written record of the experience of a successful physician, in the leisure time of his days. To all patients, women patients especially, and to all doctors, we recommend it heartily.

DEATHS.

DR. WM. J. COLE, of Baltimore, Md., died at his home, in that city, May 6, 1888, aged 35 years.

DR. WM. A. HAMILTON died at his home in the same city, May 14, 1888.

DR. A. O. COOKE, of Baltimore, died at the home of his brother in that city, during the week ending May 12, aged 48 years.

DR. GEO. W. RUST, one of the most respected and widely known physicians in the valley of Virginia, died at his home in Luray, Va., on May 12, at the age of 65.

MEDICAL NEWS AND MISCELLANY.

THE Medical Society of New York has decided to hold an International Congress of Medical Jurisprudence in the city of New York during 1889. All interested in the subject are requested to communicate with Moritz Ellinger, Esq., Corresponding Secretary of the Medico-legal Society, New York City. Would not the ends and aims of such gatherings be much better subserved if the gentlemen having this matter in hand would expend their means and energies in securing the constitution of a Section on Medical Jurisprudence in the next International Medical Congress, and bestir themselves to obtain the presence of a large and truly representative gathering of medical jurists at the meeting? Force and success lie in concentration. There will soon be as many international congresses as there are subjects of intellectual pursuit.

AT the annual session of the Georgia Medical Association recently held at Rome, Ga., the following officers for the coming year were elected: President, Dr. J. S. Todd, of Atlanta; Vice-Presidents, Drs. J. B. S. Holmes, of Rome, and E. R. Anthony, of Griffin; Secretary, Dr. K. P. Moore, of Macon. The next meeting will be held at Macon on the third Wednesday in April, 1889.

THE Eleventh Annual Meeting of the American Society of Microscopists will be held in Columbus, Ohio, on August 14, and the four days following. There is every indication that the meeting will be an exceptionably large and interesting one. Address Prof. Thos. J. Burrill, Ph. D., Cambridge, Ill., for information.

WANTED.—Copies of the following issues of this JOURNAL: November 1886, December 1887, and January and February 1888. Thirty-five cents per number will be given for copies of the first two issues, and thirty cents for copies of the last two issues. Send by mail to this office, care of I. H. Stathem, Manager.

ON May 6, 1888, at Bay St. Louis, Miss., in the Church of Our Lady of the Gulf, Dr. A. Parker Champlin, the well-known physician of the Mississippi coast, formally declared himself converted to the tenets of the Roman Catholic Church, and was baptized into its congregation.

MORTUARY REPORT OF NEW ORLEANS

FOR APRIL, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, yellow.....							
“ Malarial, unclassified	3	3	4	2	4	2	6
“ Congestive.....		1	1			1	1
“ Intermittent.....							
“ Remittent.....	3	1	4		2	2	4
“ Catarrhal.....							
“ Typhoid.....	1		1			1	1
“ Puerperal.....	1			1	1		1
“ Typho-malarial.....	1		1			1	1
“ Enteric.....							
Scarlatina.....							
Small-Pox,.....							
Measles,.....							
Diphtheria.....	11	3	9	5		14	14
Whooping cough.....	2	3	2	3		5	5
Meningitis.....	8	4	8	4	3	9	12
Pneumonia.....	12	17	16	13	17	12	29
Bronchitis.....	7	4	4	7	5	6	11
Consumption.....	51	26	43	34	75	2	77
Congestion of brain.....	5	5	4	6	5	5	10
Diarrhœa.....	5	1	4	2	6		6
Cholera infantum.....	7	1	4	4		8	8
Dysentery.....	2	3	3	2	5		5
Debility, general.....	2			2	2		2
“ senile.....	9	10	9	10	19		19
“ infantile.....	7	4	6	5		11	11
All other causes.....	166	78	129	115	161	83	244
Total.....	303	164	252	215	305	162	467

Still born children—White, 13; colored, 17; total, 30.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 20.20; colored, 28.93; total, 22.59.

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

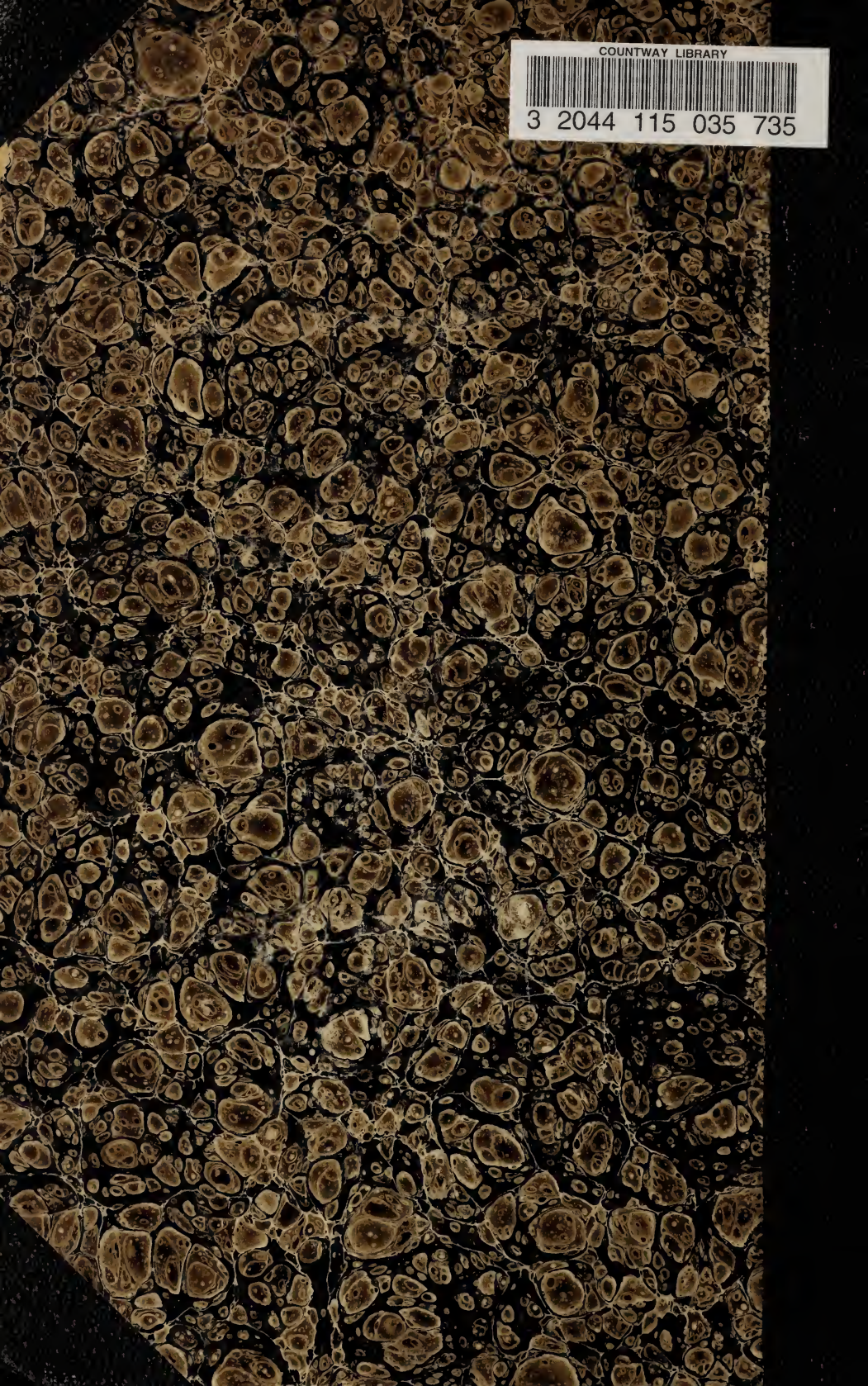
METEOROLOGICAL SUMMARY—APRIL.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.		
		Mean	Max	Min				
1	30.07	71.0	77.4	64.0	.00	Mean barometer, 30.142.		
2	29.98	72.7	81.5	68.0	.00	Highest barometer, 30.33, 26th.		
3	30.05	73.0	83.5	67.2	.00	Lowest barometer, 29.96, 2nd.		
4	30.15	72.0	82.7	63.0	.00	Monthly range of barometer, 0.37.		
5	30.23	74.3	85.0	68.5	.00	Mean temperature, 69.9.		
6	30.29	73.3	81.6	67.0	.14	Highest temperature, 85, 5th.		
7	30.20	74.0	81.2	69.0	.00	Lowest temperature, 56.3, 13th.		
8	30.08	70.0	77.2	65.2	.38	Monthly range of temperature, 28.7.		
9	30.06	73.3	81.8	66.2	T	Greatest daily range of temp., 22.0, 22nd.		
10	30.09	73.3	82.4	66.0	.00	Least daily range of temp., 6.8, 12th.		
11	30.12	70.7	78.8	66.5	.18	Mean daily range of temperature, 15.1.		
12	30.21	63.7	67.8	61.0	.18	Mean daily dew-point, 61.8.		
13	30.27	64.7	71.5	56.3	.00	Mean daily relative humidity, 77.		
14	30.23	67.0	76.0	59.4	.00	Prevailing direction of wind, E.		
15	30.12	67.7	79.6	59.3	.00	Highest velocity of wind and direction, 26 miles, north, on 23rd.		
16	30.07	69.0	79.0	60.7	.00	Total movement of wind, 5201 miles.		
17	30.12	67.7	78.0	59.0	.00	Total precipitation, 1.89 inches.		
18	30.11	71.0	80.0	61.3	.00	Number of days on which .01 inch or more of precipitation fell, 8.		
19	30.05	73.3	80.9	64.8	.00	No. of clear days, 8. No. of fair days, 21. No. of cloudy days, 1.		
20	30.08	73.0	82.1	65.0	.00	MEAN TEMPERATURE FOR THIS MONTH IN		
21	30.17	64.7	73.5	57.0	.00	1874... 65.5	1879... 68.0	1884... 68.2
22	30.13	68.7	79.0	57.0	.00	1875... 64.8	1880... 71.2	1885... 70.5
23	30.05	71.3	84.7	64.3	.58	1876... 68.9	1881... 66.8	1886... 65.6
24	30.14	65.7	70.0	62.0	T	1877... 67.9	1882... 72.5	1887... 67.9
25	30.23	66.7	73.6	60.0	.10	1878... 71.7	1883... 71.3	1888... 69.9
26	30.31	68.7	73.0	65.0	.00	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN		
27	30.28	67.7	72.4	64.1	.00	1874... 13.62	1879... 9.17	1884... 6.48
28	30.22	69.3	79.0	62.5	.00	1875... 8.05	1880... 6.88	1885... 3.67
29	30.14	68.0	79.7	63.2	.00	1876... 6.41	1881... 3.92	1886... 5.60
30	30.02	71.7	79.8	66.0	.33	1877... 4.79	1882... 4.83	1887... 1.87
31	1878... 1.51	1883... 14.20	1888... 1.89
Sums	1.89	Dates of frosts: { Light, none.		
Means	30.142	69.9	78.4	63.3	Killing, none.		
						Thunder storms on 23rd.		
						Solar halo on 23.		

R. E. KERKAM, Signal Corps Director.

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